

Opioid overutilization prevention and opioid use disorder treatment programs

UnitedHealthcare Community Plan of Kansas

In response to the U.S. opioid epidemic, we've developed programs to help our members receive the care and treatment they need in safe and effective ways. We've based our measures on the Centers for Disease Control and Prevention's (CDC) opioid treatment guidelines to help prevent overuse of short-acting and long-acting opioid medications. Please use this quick reference guide to learn more about our programs.

Concurrent drug utilization review (cDUR) programs

The cDUR program uses the pharmacy claims processing system to screen all prescriptions at the point of service and checks for possible inappropriate drug prescribing and utilization, as well as potentially dangerous medical implications or drug interactions. The program includes communication to the dispensing pharmacy at point of service through claims edits and messaging to the dispensing pharmacy at point of service. The pharmacist will need to address the clinical situation at the point of sale before entering appropriate National Council for Prescription Drug Programs (NCPDP) codes to receive an approved claim, unless otherwise stated in the following table.

Program name	Details
THERDOSE acetaminophen	<ul style="list-style-type: none"> • Combination opioids plus acetaminophen (APAP) limit • Prevents doses of APAP greater than 4 grams per day
Duplicate therapy – Short-acting opioids (SAOs)	Alerts to concurrent use of multiple SAOs
Duplicate therapy – Long-acting opioids (LAOs)	Alerts to concurrent use of multiple LAOs
Drug-drug interaction – Opioids and medication-assisted treatment (MAT)	Point-of-sale alert for concurrent use of opioids and MAT drugs
Drug-drug interaction – Opioids and benzodiazepines	Point-of-sale alert for concurrent use of opioids and benzodiazepines
Drug-drug interaction – Opioids and carisoprodol	Point-of-sale alert for concurrent use of opioids and carisoprodol
Drug-drug interaction – Opioids and sedative hypnotics	Point-of-sale alert for concurrent use of opioids and sedative hypnotics
Drug-drug interaction – Opioids and first-generation antihistamines	Point-of-sale alert for concurrent use of opioids and first-generation antihistamines
Drug-inferred health state – Opioids and prenatal vitamins and medications used in pregnancy	<ul style="list-style-type: none"> • Enhanced point-of-sale alert for concurrent use of opioids and prenatal vitamins and for concurrent use of opioids and medications used in pregnancy (e.g., doxylamine/pyridoxine) • This custom message does not require the pharmacist to enter appropriate NCPDP codes to receive an approved claim

Retrospective drug utilization review (rDUR) programs

The rDUR program analyzes claims daily and sends communications to prescribers.

Program name	Details
Abused Medications DUR program	<ul style="list-style-type: none"> Daily identification of members who are getting multiple opioid prescriptions from multiple prescribers and/or filling at multiple pharmacies Identifies members with chronic early refill attempts, overlapping LAOs, overlapping SAOs, high daily doses of opioids, a diagnosis of opioid overdose with an opioid fill, overlapping opioid and MAT medications, overlapping opioid, muscle relaxant and benzodiazepine, and overlapping opioid and opioid potentiator Patient-specific information sent to all prescribers with medication fill history for the last 4 months
SUPPORT Act program	<ul style="list-style-type: none"> Quarterly identification of members who are concurrently receiving an opioid and benzodiazepine, or opioid and antipsychotic Care providers with medication fill history in the last 120 days receive a letter identifying all members who have received concurrent therapy
Pharmacy Lock-In program	<ul style="list-style-type: none"> Pharmacy lock-in programs vary by state; however, all include filling of opioids by multiple prescribers at multiple pharmacies as an inclusion criterion for the program Members chosen for the program will be locked into 1 pharmacy for all their medications for a period of 1 year Lock-in periods vary by state

Utilization management (UM) programs

UM programs promote appropriate use, help reduce costs and can help improve the health status of members.

Program name	Details
Cumulative 90 morphine milligram equivalents (MME) limit	<ul style="list-style-type: none"> Point-of-sale dosage limit for all opioid products up to 90 MME Prevents cumulative opioid doses above the preset threshold from processing Prior authorization required for doses above the preset threshold
LAO prior authorization	<p>Prior authorization requires:</p> <ul style="list-style-type: none"> Attestation of appropriate use and monitoring Patient must have received 90 days of SAO treatment in the last 120 days (non-cancer pain). There is also a step requirement through 2 preferred SAO fentanyl patches that requires cancer diagnosis or palliative care-related pain. Methadone requires diagnosis of terminal cancer pain
Short-acting supply limit	<ul style="list-style-type: none"> Point-of-sale limits include maximum of a 7-day supply per fill and must not exceed 14-cumulative-day supply in the last 60 days Prior authorization required to exceed these quantities
Chronic opioid use supply limit	<ul style="list-style-type: none"> Prior authorization is required for members needing to exceed 90-day supply of opioid therapy in the last 120 days Appropriate use criteria (non-cancer pain)
Cough and cold products containing opioid components	Quantity per fill of 120 mL (units) is applied, as well as a 30-day maximum quantity of 360 mL (units)

rDUR programs	
Transmucosal fentanyl product prior authorization	Prior authorization requires documentation of pain due to cancer and prescriber must be enrolled in Risk Evaluation and Mitigation (REM) program
Overdose prevention (naloxone)	No prior authorization is required

Evidence-based prescribing programs

Focuses on outreach to prescribers identified as outliers.

Program name	Details
Fraud, waste and abuse evaluation	<ul style="list-style-type: none"> Retrospective controlled substance claims analysis Identifies outlier opioid prescribers

Miscellaneous resources

Name	Details
Substance Use Disorder Help Line	24/7 Help Line: Call 855-780-5955 . For members or caregivers, staffed by licensed behavioral health providers. Reference: liveandworkwell.com
Miscellaneous – Drug Enforcement Agency (DEA) License Edit	Verifies DEA is active and matches scheduled medication in the claim
Miscellaneous – Refill-Too-Soon Threshold	Increases the refill-too-soon threshold to 90% on opioids and other controlled substances CII-V

How to submit prior authorizations

- **Online:** Sign in to the [UnitedHealthcare Provider Portal](#) and click on the Prior Authorization tool
- **Phone:** Call **800-310-6826**
- **Fax:** Fax your completed form to 866-940-7328
 - Pharmacy Prior Authorization forms are available at UHCprovider.com > Health Plans by State > Medicaid (Community Plan) > Pharmacy Resources and Physician-Administered Drugs > **Pharmacy Prior Authorization**

Questions?

For more information, please call Provider Services at **888-362-3368**.