

UnitedHealthcare Community Plan of Texas

Prescriber guide

Opioid overutilization prevention and opioid use disorder treatment programs

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 what we offer.

Concurrent Drug Utilization Review (cDUR) program

The cDUR program uses the pharmacy claims processing system to screen all prescriptions at the point of service. It also checks for possible inappropriate drug prescribing and utilization, as well as potentially dangerous medical implications or drug interactions. The program includes communication with the dispensing pharmacy at point of service using claims edits and messaging. 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 below.

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)	<ul style="list-style-type: none">• Alerts to concurrent use of multiple SAOs
Duplicate therapy – Long-acting opioids (LAOs)	<ul style="list-style-type: none">• Alerts to concurrent use of multiple LAOs
Drug-drug interaction – Opioids and medication assisted treatment (MAT)	<ul style="list-style-type: none">• Point-of-sale alert for concurrent use of opioids and MAT drugs
Drug-drug interaction – Opioids and benzodiazepines	<ul style="list-style-type: none">• Point-of-sale alert for concurrent use of opioids and benzodiazepines
Drug-drug interaction – Opioids and antipsychotics	<ul style="list-style-type: none">• Point-of-sale alert for concurrent use of opioids and antipsychotics• This custom message does not require the pharmacist to enter appropriate NCPDP codes to receive an approved claim
Drug-drug interaction – Opioids and carisoprodol	<ul style="list-style-type: none">• Point-of-sale alert for concurrent use of opioids and carisoprodol
Drug-drug interaction – Opioids and sedative hypnotics	<ul style="list-style-type: none">• Point-of-sale alert for concurrent use of opioids and sedative hypnotics
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 concurrent use of opioids and medications used during 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) program

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

Abused medications DUR program

- Daily identification of members who are getting multiple opioid prescriptions from multiple prescribers and/or filling at multiple pharmacies
- Also 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 and a benzodiazepine, overlapping opioid and an antipsychotic medication, 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

Pharmacy lock-in program

- 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 periods of 36 months and 60 months or it may last a lifetime, under certain circumstances. Lock-in periods vary by state.

Utilization Management (UM) programs

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

Cumulative 90 morphine milligram equivalent (MME) limit

- 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

New to therapy edit

- Below point-of-sale limits for members who are opioid naïve (less than or equal to 7 days of opioids in the prior 60-day period)
- Point-of-sale edit limits include a maximum of a 10-day supply and 90 MME or less per day cumulative dose. Prior authorization is required to exceed these quantities for opioid-naïve members.
- Prior authorization required to fill a long-acting opioid product for opioid-naïve members

Cough and cold products containing opioid components

- Limited to a quantity per fill of 120 mL (units) as well as a 30-day maximum quantity of 360 mL (units) for certain products

Utilization Management (UM) programs (cont.)

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

Transmucosal fentanyl product prior authorization

- Prior authorization is required

Overdose prevention (naloxone)

- No prior authorization is required for preferred naloxone products (Generic naloxone injection, Narcan® Nasal Spray)

Evidence-based prescribing programs

Focuses on outreach to prescribers identified as outliers.

Fraud, waste and abuse evaluation

- Retrospective controlled substance claims analysis
- Identifies outlier opioid prescribers

Miscellaneous

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

You can submit prior authorization requests in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool using the UnitedHealthcare Provider Portal at UHCprovider.com
 - Click Sign In at the top-right corner to log in using your One Healthcare ID and password
 - If you don't have either, go to UHCprovider.com/access to get started
- **Phone:** Call **800-310-6826**
- **Fax:** Send your completed form to 866-940-7328
- Go to [Community Plan Pharmacy Prior Authorization for Prescribers](#) for pharmacy prior authorization forms



Questions? We're here to help.

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