Opioid prescriber guide
UnitedHealthcare Community Plan of Virginia

The programs described in this guide were created to help UnitedHealthcare Community Plan members receive the opioid care and treatment they need in safe and effective ways. We've based our measures on Centers for Disease Control and Prevention (CDC) opioid treatment guidelines to help prevent misuse of short-acting and long-acting opioid medications.

Concurrent Drug Utilization Review program (cDUR)

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. The pharmacist needs 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.

Drug-drug interaction – Opioids and benzodiazepines	Point-of-sale alert for concurrent use of opioids and benzodiazepines.
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 sedative hypnotics	Point-of-sale alert for concurrent use of opioids and sedative hypnotics.
Drug-drug interaction – Opioids and skeletal muscle relaxants	Point-of-sale alert for concurrent use of opioids and skeletal muscle relaxants.
Drug-inferred health state – Opioids and prenatal vitamins and medications used in pregnancy	• 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) • Doesn't require pharmacist to enter appropriate NCPDP codes to receive approved claim
Duplicate therapy – Long-acting opioids (LAOs)	Alerts to concurrent use of multiple LAOs.
Duplicate therapy – Short-acting opioids (SAOs)	Alerts to concurrent use of multiple SAOs.
High dose acetaminophen	• Limits combination opioids plus acetaminophen (APAP) • Prevents doses of APAP greater than 4 g per day

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Concurrent Drug Utilization Review program (cDUR) (cont.)

High dose opioids – Recommend pharmacist to offer opioid antagonist	• Enhanced point-of-sale alert for opioid doses more than 50 MME that recommends the pharmacist offer an opioid antagonist • Doesn't require pharmacist to enter appropriate NCPDP codes to receive approved claim

Retrospective Drug Utilization Review (rDUR) programs
These programs analyze claims daily and send communications to prescribers.

Abused medications DUR program	• Identifies members daily 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, muscle relaxant and benzodiazepine and overlapping opioid and opioid potentiator • Sends patient-specific information to all prescribers with medication fill history in last 4 months
Patient Utilization Management and Safety (PUMS) programs	• Pharmacy lock-in program that includes filling of opioids by multiple prescribers at multiple pharmacies as an inclusion criterion for the program • Requires selected members to use a single pharmacy for all medications for 1 year • Case management includes referrals for assessment, member engagement and monitoring

Utilization Management (UM) programs
These programs help promote appropriate opioid use, reduce costs and improve member health outcomes.

Cough and cold products containing opioid components	Requires prior authorization for members under 18.
Cumulative 90 milligram morphine equivalent (MME) limit	• Limits dosage at point-of-sale for all opioid products up to 90 MME • Prevents the processing of cumulative opioid doses exceeding the limit

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Utilization Management (UM) programs (cont.)
These programs help promote appropriate opioid use, reduce costs and improve member health outcomes.

LAO prior authorization	• Prior authorization requires proper diagnosis, Prescription Drug Monitoring Program (PDMP) check and a naloxone prescription for high-risk patients • For chronic pain, prior authorization requires a urine drug screen or serum drug level
Overdose prevention (naloxone)	Prior authorization isn't required for preferred naloxone products (e.g., generic naloxone injection and Narcan® Nasal Spray).
SAO supply limit	• Limits fills at point-of-sale to maximum of a 7-day supply and must not exceed 14-cumulative-day supply in last 60 days • Requires prior authorization to exceed these quantities
Transmucosal fentanyl product prior authorization	Requires that prior authorization includes documentation of pain due to cancer and prescriber is enrolled in Risk Evaluation and Mitigation (REM) program.

Evidence-based prescribing programs
These programs focus on outreach to prescribers.

Fraud/waste/abuse evaluation	• Analyzes retrospective controlled substance claims • Identifies outlier opioid prescribers

Miscellaneous

Miscellaneous – Drug Enforcement Agency (DEA) license edit	Verifies DEA number or license is active and matches scheduled medication in the claim.
Miscellaneous – Refill-too-soon threshold	Increases the refill-too-soon threshold to 90% for opioids and other Schedule CII-V controlled substances.

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Pharmacy prior authorization

Information and forms are available on our **Virginia Community Plan Pharmacy Prior Authorization Forms** page.

We're here to help

If you have questions, call **888-362-3368.**

Support for your patients:

- 24/7 substance use helpline at **855-780-5955,** available to our members who are your patients, and their caregivers; staffed by licensed behavioral health providers

- **liveandworkwell.com**

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