

UnitedHealthcare commercial plans: Opioid overutilization prevention and use disorder treatment programs

Quick reference guide

The programs described in this guide were created to help UnitedHealthcare commercial 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 (cDUR) and point-of-sale 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. 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.

| Program | Description |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TherDose acetaminophen | <ul style="list-style-type: none">• Combination opioids plus acetaminophen (APAP) limit• Point-of-sale quantity limit• Prevents doses of APAP greater than four grams per day |
| Drug-drug interaction — opioids and drugs to treat opioid use disorder (OUD) | Point-of-sale alert for concurrent use of opioids and medications to treat OUD. |
| Duplicate therapy — short-acting opioids (SAOs) | <ul style="list-style-type: none">• Point-of-sale duplication of therapy edit• Alerts to concurrent use of multiple SAOs |
| Duplicate therapy — long-acting opioids (LAOs) | <ul style="list-style-type: none">• Point-of-sale duplication of therapy edit• Alerts to concurrent use of multiple LAOs |

| Program (cont.) | Description (cont.) |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Opioids and pregnancy | Enhanced point-of-sale alert for use of opioids during pregnancy, such as concurrent use of opioids and prenatal vitamins. |
| Opioids and benzodiazepines (higher risk for overdose) | Point-of-sale alert for concurrent use of opioids and benzodiazepines. |
| Drug enforcement agency (DEA) license edit | Verifies that the prescriber DEA license is active and matches scheduled medication in the claim. |
| Refill-too-soon threshold | The refill-too-soon threshold is 90% utilization for opioids and other Schedule II-V controlled substances before a refill may be obtained. |

Retrospective drug utilization review (rDUR) programs

These programs analyze claims on a monthly basis and send communications to prescribers.

| Program | Description |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| High utilization narcotic program | <ul style="list-style-type: none"> Quarterly identification of members who are getting multiple opioid prescriptions from multiple prescribers and filling at multiple pharmacies Patient-specific information sent to all prescribers with peer-to-peer follow-up as relevant Repeat members may be required to select one pharmacy to fill prescriptions pharmacy lock-in program |
| Drug-drug interaction — opioid and medication-assisted therapy (MAT) (e.g., buprenorphine products) | <p>Retrospective drug-disease alert:</p> <ul style="list-style-type: none"> Identifies prescribers whose patients are receiving opioids in addition to medications used to treat OUD Report is run quarterly and prescribers receive patient-specific data |

Utilization management (UM) programs

These programs help promote appropriate opioid use, reduce costs and improve member health outcomes.

| Program | Description |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cumulative morphine milligram equivalents (MME) limit | <ul style="list-style-type: none"> Point-of-sale dosage limit for all opioid products Prevents opioid claims from processing when cumulative opioid doses exceed a preset threshold Prior authorization required for doses above a preset threshold |
| Prior authorization/medical necessity — LAOs | <ul style="list-style-type: none"> Prior authorization/medical necessity requires: <ul style="list-style-type: none"> Appropriate use criteria (pain unrelated to cancer or end-of-life care) Step-through, short-acting opioid (pain unrelated to cancer or end-of-life care) and step-through preferred LAOs If appropriate, step-through neuropathic pain alternatives Less than 90 MME supply limit (pain unrelated to cancer or end-of-life care) Strict reauthorization review criteria |

| Program (cont.) | Description (cont.) |
|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Prior authorization/medical necessity and prior authorization/notification – transmucosal fentanyl products | Requires documentation of pain due to cancer and that patient is already receiving opioids. |
| Prior authorization/medical necessity – MAT (e.g., buprenorphine products) | <ul style="list-style-type: none"> • Prior authorization is not required for preferred MAT medications, which include buprenorphine sublingual tablet, buprenorphine–naloxone sublingual tablet/film (generic Suboxone®) and Zubsolv® • Prior authorization/medical necessity is required for non-preferred MAT products |
| Prior authorization/medical necessity – overdose prevention (naloxone) | <ul style="list-style-type: none"> • Prior authorization is not required for preferred products, which include generic naloxone injection, Narcan® Nasal Spray, naxolone hydrochloride nasal spray, Kloxxado® and Zimhi™. |
| Supply limit – LAOs | <ul style="list-style-type: none"> • Supply limits of 90 MME daily • No quantity ceiling limit for pain due to cancer or end-of-life diagnoses |
| New-to-therapy, short-acting opioid days supply edits | <ul style="list-style-type: none"> • Day supply edits for SAOs for opioid naïve members • Members ages 19 and younger restricted to a 3-day supply for initial fill • Members ages 20 and older restricted to up to a 7-day supply for • Initial fill Initial fill for all ages is limited to < 50 MME daily |
| Prior authorization/medical necessity – opioid-containing cough and cold products | Prior authorization/medical necessity required for individuals under age 18. |

Evidence-based prescribing programs

These programs focus on outreach to prescribers.

| Program | Description |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fraud/waste/abuse evaluation | <ul style="list-style-type: none"> • Retrospective controlled substance claims analysis • Identifies outlier opioid prescribers |
| Opioid quality metrics in provider reporting | Reporting for providers across multiple specialties to measure appropriate opioid prescribing. |
| Reporting for Accountable Care Organizations (ACOs) | Reporting on multiple opioid metrics for ACOs at the group, care provider and member levels. |

High-opioid utilizer management program

This program identifies and manages treatment for members who have high opioid use.

| Program | Description |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pharmacy lock-in | <ul style="list-style-type: none">Locks member into a single pharmacy for all medicationsMembers identified through evaluation of High Utilization Narcotics quarterly reports or other referrals |

Additional resources

| Program | Description |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Substance Use Disorder Helpline | 855-780-5955, available 24/7 for members or caregivers. |
| Retail and home delivery pharmacy opioid limit to 30-day supply | Retail pharmacy and Optum® Home Delivery opioid prescriptions are limited to a 30-day supply. |
| Drug disposal kits | To support the safe, convenient and effective disposal of unused drugs, especially opioids, Optum Rx® offers members the Deterra® prescription drug disposal kit at no cost. |



We're here to help

For more information, please email us at pharmacy_news@uhc.com.

Some UnitedHealthcare commercial plans may not participate in the programs outlined in this guide. State/federal laws/regulations/contracts will take precedence over UnitedHealthcare Pharmacy Policy when applicable.

Ohio prescribers: Reference the following standards, procedures and guidelines to be followed in the diagnosis and treatment of chronic pain: Ohio Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain 80 mg of a Morphine Equivalent Daily Dose (MED) "Trigger Point" and ORC Ann. 4731.052.

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