

Opioid prescriber guide

UnitedHealthcare Community Plan of Indiana

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 (cDUR) program

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	We require prior authorization 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 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-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 in pregnancy (e.g., doxylamine/pyridoxine)• Doesn't require pharmacist to enter appropriate NCPDP codes to receive approved claim
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.
High-dose acetaminophen	<ul style="list-style-type: none">• Limits on combination opioids plus acetaminophen (APAP)• Prevents doses of APAP greater than 4 g per day

Retrospective Drug Utilization Review (rDUR) programs

These programs analyze claims daily and send communications to prescribers.

Abused medications DUR program	<ul style="list-style-type: none">• 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 and a benzodiazepine, overlapping opioid and antipsychotic medication, 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
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• Requires selected members to use a single pharmacy and/or prescriber(s) for all of their medications
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	<ul style="list-style-type: none">• Limits quantities per fill of 120 mL (units) and a 30-day maximum quantity of 360 mL (units)• Requires prior authorization for members under 18

Utilization Management (UM) programs (cont.)

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

<p>Cumulative 90 milligram morphine equivalent (MME) limit</p>	<ul style="list-style-type: none"> • Limits dosage at point-of-sale for all opioid products up to a specified MME • Prevents the processing of cumulative opioid doses exceeding the preset threshold • Requires prior authorization for doses above the preset threshold • State-specific threshold limit schedule through Oct. 1, 2026: <ul style="list-style-type: none"> - Oct. 1, 2024: 425 MME per day - Jan. 1, 2025: 400 MME per day - April 1, 2025: 375 MME per day - July 1, 2025: 350 MME per day - Oct. 1, 2025: 325 MME per day - Jan. 1, 2026: 300 MME per day - April 1, 2026: 275 MME per day - July 1, 2026: 250 MME per day - Oct. 1, 2026: 225 MME per day
<p>LAO prior authorization</p>	<p>Requires prior authorization and the following:</p> <ul style="list-style-type: none"> • Attestation of appropriate use and monitoring • Step through SAO (non-cancer pain); step through preferred LAOs • If appropriate, step through neuropathic pain alternatives (non-cancer pain)
<p>New-to-therapy SAO edit</p>	<ul style="list-style-type: none"> • Point-of-sale limit for opioid naïve members (less than 90 days of opioid therapy in last 120 days) • Limit of a maximum 7-day supply per fill and maximum of 14 days per 45 days • Requires prior authorization to exceed these quantities
<p>Overdose prevention (naloxone)</p>	<p>Prior authorization isn't required for preferred naloxone products (e.g., generic naloxone injection and Narcan® Nasal Spray).</p>
<p>Transmucosal fentanyl product prior authorization</p>	<p>Requires that prior authorization includes:</p> <ul style="list-style-type: none"> • Documentation of pain due to cancer and patient is already receiving opioids • Absence of state-defined denial criteria

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.

Opioid prescription denial criteria

- Concurrent claims for buprenorphine for MAT in the last 45 days
- Concurrent use of carisoprodol or combinations
- New opioid claims with concurrent claims for benzodiazepines in the last 30 days
- 5 or more opioid prescribers in past 60 days
- More than 1 LAO and 1 SAO used concurrently
- New opioid users attempting to fill an LAO
- New opioid users attempting to fill more than a 7-day supply for first SAO claim or more than a 14-day supply total in 45 days

Pharmacy prior authorization

Information and forms are available on our [Pharmacy Resources and Physician Administered Drugs](#) page in the Pharmacy Prior Authorization section.

We're here to help

If you have questions, call **800-641-8921**.

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](https://www.liveandworkwell.com)