Opioid overutilization prevention and use disorder treatment programs

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	• 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)	• Point-of-sale duplication of therapy edit • Alerts to concurrent use of multiple SAOs
Duplicate therapy – long-acting opioids (LAOs)	• 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
Opioid overutilization program	• 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 as part of the pharmacy lock-in program
Drug-drug interaction – opioid and medication-assisted therapy (MAT) (e.g., buprenorphine products)	Retrospective drug-disease alert: • 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	• 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	• Prior authorization/medical necessity requires: - 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 – MAT (e.g., buprenorphine products)	• 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 and nalmefene)	• Prior authorization is not required for preferred products, which include naloxone nasal spray (generic Narcan®), naloxone injection (generic Narcan), Kloxado® nasal spray, Narcan nasal spray, Opvee®, Rextovy™, RiVive®, Zimhi™
Supply limit – LAOs	• 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	• 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	• 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.

Opioid overutilization management program

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

Program	Description
Pharmacy lock-in	• Locks member into a single pharmacy for all medications • Members identified through evaluation of opioid overutilization quarterly reporting or other referrals

Additional resources

Program	Description
Substance Use Disorder Helpline	**1-855-780-5955,** 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.

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