

Opioid overutilization prevention programs for Rocky Mountain Health Plan

Prescriber guide

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 carisoprodol	<ul style="list-style-type: none">• Point-of-sale alert for concurrent use of opioids and carisoprodol
Drug-drug interaction – Opioids and quetiapine	<ul style="list-style-type: none">• Point-of-sale alert for concurrent use of opioids and quetiapine
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-drug interaction – 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 can be locked into 1 pharmacy and/or prescriber(s) for controlled substances and/or all of their medications

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

LAO prior authorization

- Prior authorization requires:
 - Attestation of appropriate use and monitoring
 - Step through short-acting opioid (non-cancer pain); step through preferred LAOs
 - If appropriate, step through neuropathic pain alternatives (non-cancer pain)

New to therapy SAO edit

- Point-of-sale limits for members who are opioid naïve (21 days or less of opioids in previous 180 days)
- Point-of-sale limits include 3 fills of a maximum of a 7-day supply and a maximum of 56 units (8 units/day)
- Prior authorization required to exceed these quantities 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)
- Prior authorization is required for members under age 18 prior to filling a cough and cold product containing opioid components

Utilization Management (UM) programs (cont.)

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

Drug-drug interaction – opioids and benzodiazepines	<ul style="list-style-type: none">• Prior authorization is required for concurrent use of opioids and benzodiazepines
Transmucosal fentanyl product prior authorization	<ul style="list-style-type: none">• Prior authorization requires:<ul style="list-style-type: none">– Documentation of pain due to cancer and patient is already receiving opioids
Overdose prevention (naloxone)	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Retrospective controlled substance claims analysis• Identifies outlier opioid prescribers
Peer comparison reporting	<ul style="list-style-type: none">• Identification of and outreach to outlier opioid prescribers compared to peers within like specialties

Miscellaneous

Substance use disorder helpline	<ul style="list-style-type: none">• 24/7 helpline: 855-780-5955. For members or caregivers, staffed by licensed behavioral health providers• Reference: liveandworkwell.com
Miscellaneous – Drug Enforcement Agency (DEA) license edit	<ul style="list-style-type: none">• Verifies DEA is active and matches scheduled medication in the claim
Miscellaneous – Refill-too-soon-threshold	<ul style="list-style-type: none">• 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 **970-248-5031** or **800-641-8921**.