

# Community Plan of Washington

Quick reference guide

## Opioid overutilization prevention and opioid use disorder treatment programs for UnitedHealthcare Community Plan of Washington

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 for information on what we offer.

### Concurrent Drug Utilization Review (cDUR) 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 to the dispensing pharmacy at point of service. The pharmacist will need to address the clinical situation at the point of sale before entering appropriate NCPDP codes to receive an approved claim, unless otherwise stated below.

<b>THERDOSE Acetaminophen</b>	<ul style="list-style-type: none"><li>• Combination opioids plus acetaminophen (APAP) limit</li><li>• Prevents doses of APAP greater than 4 grams per day</li></ul>
<b>Duplicate Therapy – Short-Acting Opioids (SAOs)</b>	<ul style="list-style-type: none"><li>• Alerts to concurrent use of multiple SAOs</li></ul>
<b>Duplicate Therapy – Long-Acting Opioids (LAOs)</b>	<ul style="list-style-type: none"><li>• Alerts to concurrent use of multiple LAOs</li></ul>
<b>Drug-Drug Interaction – Opioids and Medication-Assisted Treatment (MAT)</b>	<ul style="list-style-type: none"><li>• Point-of-sale alert for concurrent use of opioids and MAT drugs</li></ul>
<b>Drug-Drug Interaction – Opioids and Carisoprodol</b>	<ul style="list-style-type: none"><li>• Point-of-sale alert for concurrent use of opioids and carisoprodol</li></ul>
<b>Drug-Drug Interaction – Opioids and Benzodiazepines</b>	<ul style="list-style-type: none"><li>• Point-of-sale alert for concurrent use of opioids and benzodiazepines</li></ul>
<b>Drug-Drug Interaction – Opioids and Sedative Hypnotics</b>	<ul style="list-style-type: none"><li>• Point-of-sale alert for concurrent use of opioids and sedative hypnotics</li></ul>
<b>Drug-Inferred Health State – Opioids and Prenatal Vitamins and Medications Used in Pregnancy</b>	<ul style="list-style-type: none"><li>• 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)</li><li>• This custom message does not require the pharmacist to enter appropriate NCPDP codes to receive an approved claim</li></ul>

## Retrospective Drug Utilization Review (rDUR) programs

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 will be locked into 1 pharmacy for all of their medications for a period of 24 months.

## Utilization Management (UM) programs

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

### Cumulative 120 Morphine Milligram Equivalent (MME) Limit

- Point-of-sale dosage limit for all opioid products up to 120 MME
- Prevents cumulative opioid doses above the preset threshold from processing
- The care provider must sign and submit the Washington State Attestation document to exceed this MME limit
- Doses above 200 MME will be reviewed on a case-by-case basis and require the submission of chart notes and a pain management consultation

### Chronic Opioid Use Supply Limit

- Chronic use is defined as 42 days of opioid therapy (combination of both short- and long-acting) within the last 90 days. If patient requires additional therapy, Attestation document submission is required.
- The care provider has signed and submitted the Washington State Attestation document

### LAO Prior Authorization

Prior authorization requires:

- Step through short-acting opioid (non-cancer pain) with a minimum of 42 days of therapy in the last 90 days and step through preferred LAOs
- The care provider has signed and submitted the Washington State Attestation document

### SAO Supply Limit

- Ages 20 and younger: Limited to 18 tablets or capsules or 90 ML per prescription
- Ages 21 and older: Limited to 42 tablets or capsules or 210 ML per prescription
- Attestation document submission required to exceed these quantities
- The care provider has signed and submitted the Washington State Attestation document

### Transmucosal Fentanyl Product Prior Authorization

- Prior authorization requires documentation of pain due to cancer and patient is already receiving opioids

### Overdose Prevention naloxone)

- No prior authorization is required for preferred naloxone products (generic naloxone injection, Narcan<sup>®</sup> Nasal Spray)

## Evidence-Based Prescribing programs

Focuses on outreach to prescribers identified as outliers

### Fraud/Waste/Abuse Evaluation

- Retrospective controlled substance claims analysis
- Identifies outlier opioid prescribers

## Miscellaneous

### Substance Use Disorder Helpline

- 24/7 helpline: **855-780-5955**. For members or caregivers, staffed by licensed behavioral health providers
- Reference: [liveandworkwell.com](http://liveandworkwell.com)

### Miscellaneous – Drug Enforcement Agency (DEA) License Edit

- Verifies DEA is active and matches scheduled medication in the claim

### Miscellaneous – Refill-Too-Soon Threshold

- Increases the refill-too-soon threshold to 85% on opioids and other controlled substances CII-V

## Abbreviations

**APAP** Acetaminophen

**MME** Morphine Milligram Equivalent

**CDC** Centers for Disease Control and Prevention

**ML** Milliliters

**cDUR** Concurrent Drug Utilization Review

**PA** Prior Authorization

**DEA** Drug Enforcement Agency

**rDUR** Retrospective Drug Utilization Review

**LAOs** Long-Acting Opioids

**SAOs** Short-Acting Opioids

**MAT** Medication-Assisted Treatment

**UM** Utilization Management

## We're here to help

For more information, please call Provider Services at 888-362-3368.

How to submit prior authorizations

- Online: Use the Prior Authorization and Notification tool in Link. For more information, go to [UHCprovider.com/paan](http://UHCprovider.com/paan).
- Phone: Call **800-310-6826**
- Fax: Fax your completed form to **866-940-7328**
- Pharmacy Prior Authorization forms are available at [UHCprovider.com](http://UHCprovider.com) > Menu > Health Plans by State – choose your state > Medicaid (Community Plan) > Pharmacy Resources and Physician-Administered Drugs > **Pharmacy Prior Authorization**