

Opioid prescriber guide

UnitedHealthcare Community Plan of New Jersey

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 program (cDUR)

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 – Amphetamines (immediate and extended release) and medication-assisted treatment (MAT)	<ul style="list-style-type: none">• Enhanced point-of-sale alert for concurrent use of amphetamines and MAT drugs• Doesn't require pharmacist to enter appropriate NCPDP codes to receive approved claim
Drug-drug interaction – Atazanavir and MAT	Point-of-sale alert for concurrent use of atazanavir and MAT drugs.
Drug-drug interaction – Benzodiazepines and MAT	Point-of-sale alert for concurrent use of benzodiazepines and MAT drugs.
Drug-drug interaction – Fluconazole and MAT	Point-of-sale alert for concurrent use of fluconazole and MAT drugs.
Drug-drug interaction – Gabapentinoids (gabapentin/pregabalin) and MAT	Point-of-sale alert for concurrent use of gabapentinoids and MAT drugs.
Drug-drug interaction – Opioids and benzodiazepines	Point-of-sale alert for concurrent use of opioids and benzodiazepines.
Drug-drug interaction – Opioids and MAT	Point-of-sale alert for concurrent use of opioids and MAT drugs.
Drug-drug interaction – Opioids and skeletal muscle relaxants	Point-of-sale alert for concurrent use of opioids and skeletal muscle relaxants.

Concurrent Drug Utilization Review program (cDUR) (cont.)

Drug-drug interaction – Psychotropics and MAT	<ul style="list-style-type: none"> Enhanced point-of-sale alert for concurrent use of psychotropics and MAT drugs Doesn't require pharmacist to enter appropriate NCPDP codes to receive approved claim
Drug-drug interaction – Rifampin and MAT	<ul style="list-style-type: none"> Enhanced point-of-sale alert for concurrent use of rifampin and MAT drugs Doesn't require pharmacist to enter appropriate NCPDP codes to receive approved claim
Drug-drug interaction – Sedative hypnotics (non-benzodiazepines) and MAT	<ul style="list-style-type: none"> Enhanced point-of-sale alert for concurrent use of sedative hypnotics and MAT drugs Doesn't require pharmacist to enter appropriate NCPDP codes to receive approved claim
Drug-drug interaction – Selective serotonin reuptake inhibitors (SSRIs) and MAT	Point-of-sale alert for concurrent use of SSRIs and MAT drugs.
Drug-drug interaction – Topiramate and MAT	<ul style="list-style-type: none"> Enhanced point-of-sale alert for concurrent use of topiramate and MAT drugs Doesn't require pharmacist to enter appropriate NCPDP codes to receive approved claim
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 for 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 – Long-acting opioids (LAOs)	Alerts to concurrent use of multiple LAOs.
Duplicate therapy – Short-acting opioids (SAOs)	Alerts to concurrent use of multiple SAOs.
High dose acetaminophen	<ul style="list-style-type: none"> Limits combination opioids plus acetaminophen (APAP) Prevents doses of APAP greater than 4 g per day
High dose opioids – Recommend pharmacist to offer opioid antagonist	<ul style="list-style-type: none"> Enhanced point-of-sale alert for opioid doses more than 50 MME that recommends the pharmacist offer an opioid antagonist Doesn't require pharmacist to enter appropriate NCPDP codes to receive approved claim

Retrospective Drug Utilization Review (rDUR) programs

These programs analyze claims daily and send communications to prescribers.

Narcotic DUR program	<ul style="list-style-type: none">• Identifies members monthly 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, high daily doses of opioids, large quantities of units being filled, overlapping opioid and MAT medications, and concurrent use with a benzodiazepine or an antipsychotic medication with an opioid• Patient-specific information sent to all prescribers with medication fill history in last 3 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 for all medications for 2 years

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
Cumulative 90 milligram morphine equivalent (MME) limit	<ul style="list-style-type: none">• Limits dosage at point-of-sale for all opioid products up to 90 MME• Prevents the processing of cumulative opioid doses exceeding the limit
LAO prior authorization	<p>Prior authorization requires:</p> <ul style="list-style-type: none">• Attestation of appropriate use and monitoring• Step through SAO (non-cancer pain) and step through preferred LAOs• If appropriate, step through neuropathic pain alternatives (non-cancer pain)
New-to-therapy SAO edit	<ul style="list-style-type: none">• Point-of-sale limits for opioid naïve members (no opioid claims in last 60 days) and includes a maximum 7-day supply and 50 MME• Requires prior authorization to exceed these quantities

Utilization Management (UM) programs (cont.)

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

Overdose prevention (naloxone)	Prior authorization isn't required for preferred naloxone products (e.g., generic naloxone injection and Narcan® Nasal Spray).
Transmucosal fentanyl product prior authorization	Requires that prior authorization includes documentation of pain due to cancer and patient is already receiving opioids.

Evidence-based prescribing programs

These programs focus on outreach to prescribers.

Fraud/waste/abuse evaluation	<ul style="list-style-type: none">• Retrospective controlled substance claims analysis• Identifies outlier opioid prescribers
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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.

Pharmacy prior authorization

Information and forms are available on our [New Jersey Community Plan Pharmacy Prior Authorization Forms](#) page.

We're here to help

If you have questions, call **888-362-3368**.

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 provider
- [liveandworkwell.com](https://www.liveandworkwell.com)