# Opioid prescriber guide

## Health Plan of Nevada Medicaid

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 - Opioids and benzodiazepines	Point-of-sale alert for concurrent use of opioids and benzodiazepines.
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-drug interaction – Opioids and skeletal muscle relaxants	Point-of-sale alert for concurrent use of opioids and skeletal muscle relaxants.
Drug-inferred health state - Opioids and prenatal vitamins and medications used in pregnancy	<ul> <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>Doesn't require pharmacist to enter appropriate NCPDP codes to receive approved claim</li> </ul>
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> <li>Limits combination opioids plus acetaminophen (APAP)</li> <li>Prevents doses of APAP greater than 4 g per day</li> </ul>



#### Concurrent Drug Utilization Review program (cDUR) (cont.) • Enhanced point-of-sale alert for opioid doses more than 50 MME that recommends the High dose opioids - Recommend pharmacist to pharmacist offer an opioid antagonist offer 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. • 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 Abused medications DUR program overdose with an opioid fill, overlapping opioid and MAT medications, 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 programs vary by state; however, all include filling of opioids by multiple prescribers at multiple pharmacies as an inclusion Pharmacy lock-in program criterion • Requires selected members to use a single pharmacy for all medications **Utilization Management (UM) programs** These programs help promote appropriate opioid use, reduce costs and improve member health outcomes. • Limits quantities per fill of 120 mL (units) and a 30-day maximum quantity of 360 mL (units) Cough and cold products containing opioid components Requires prior authorization for members under 18 Limits dosage at point-of-sale for all opioid products up to 90 MME Cumulative 90 milligram morphine equivalent (MME) limit Prevents the processing of cumulative opioid

doses exceeding the limit



#### These programs help promote appropriate opioid use, reduce costs and improve member health outcomes. Prior authorization requires: Attestation of appropriate use and monitoring Step through SAO (non-cancer pain); step LAO prior authorization through preferred LAOs • If appropriate, step through neuropathic pain alternatives (non-cancer pain) • Point-of-sale limit for opioid naïve members (no opioid claims in last 60 days) and includes a maximum 7-day supply and 50 MME New-to-therapy SAO edit Requires prior authorization to exceed these quantities Prior authorization isn't required for preferred Overdose prevention (naloxone) naloxone products (e.g., generic naloxone injection and Narcan® Nasal Spray). Requires that prior authorization includes Transmucosal fentanyl product prior documentation of pain due to cancer and patient authorization is already receiving opioids. **Evidence-based prescribing programs** These programs focus on outreach to prescribers. Retrospective controlled substance claims analysis Fraud/waste/abuse evaluation Identifies outlier opioid prescribers Miscellaneous Verifies DFA number or license is active and Miscellaneous - Drug Enforcement Agency (DEA) license edit matches scheduled medication in the claim. Increases the refill-too-soon threshold to 90% Miscellaneous - Refill-too-soon threshold for opioids and other Schedule CII-V controlled substances.

## Pharmacy prior authorization

For prior authorization information, visit the Health Plan of Nevada **Prior Authorizations** page.

#### We're here to help

If you have questions, call 702-242-7088.

Utilization Management (UM) programs (cont.)

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

