UnitedHealthcare Community Plan

Benefit Coverage Changes for Long-Acting Opioids for UnitedHealthcare Community Plan Prescription Drug List, Effective Jan. 1, 2017, for New Starts

Due to concerns regarding the potential for opioid abuse, the Centers for Disease Control and Prevention (CDC) released new recommendations in March 2016 around prescribing opioids. To align with the CDC's recommendations, UnitedHealthcare is implementing changes to our Prescription Drug List regarding the coverage and utilization management of long-acting opioids, **effective Jan. 1, 2017, for new starts.**

Adjusted Supply Limits for Long-Acting Opioids
Studies have shown that the risk for adverse events significantly increases at > 50 mg morphine equivalent doses (MED) per day. A second increase in the risk ratio occurs at doses > 90 MED. For this reason, the CDC recommends that clinicians avoid increasing the total daily opioid dosage above 90 MED from all sources of opioids for chronic non-cancer pain.

As a result, UnitedHealthcare Community Plan will implement a 90 MED supply limit for the long-acting opioid class starting Jan. 1, 2017, for new starts. Please consider initiating opioid tapers to align with the new supply limits prior to the official implementation. To calculate a drug's MED, you can use the following conversion chart.

Long-Acting Opioid	Conversion Factor	Daily 90 MED Equivalent
Buprenorphine Transdermal (e.g. Butrans®)	12.6	50 mcg/hr
Buprenorphine Buccal (e.g. Belbuca™)	0.03	3000 mcg
Hydrocodone (e.g. Zohydro® ER)	1	90 mg
Hydromorphone (e.g. Exalgo®)	4	22.5 mg
Fentanyl Transdermal (e.g. Duragesic®)	7.2	37.5 mcg/hr
Methadone	3	30 mg
Morphine (e.g. generic MS Contin)	1	90 mg
Oxycodone (e.g. Oxycontin)	1.5	60 mg
Oxymorphone (e.g. Opana® ER)	3	30 mg
Tapentadol (e.g. Nucynta® ER)	0.4	225 mg

Updated Prior Authorization Criteria for ALL Long-Acting Opioids
We're also modifying our prior authorization criteria to coincide with the CDC's recommendations for the treatment of chronic non-cancer pain. Prior authorization will apply to **ALL long-acting opioids**, including those products that currently don't require authorization such as methadone, fentanyl transdermal and generic MS Contin.

To submit a prior authorization request with supporting documentation, please fax the completed form to **866-940-7328.** Prior authorization forms can be found online at **UHCCommunityPlan.com** > For Health Care Professionals > Maryland > Pharmacy Program > Pharmacy Prior Authorization Forms.

Key Takeaways from New CDC Guidelines

- **Use non-opioid therapies.** Instead of opioids, recommend non-pharmacologic therapies such as exercise and cognitive behavioral therapy and non-opioid pharmacologic therapies for chronic pain. Do not use opioids routinely for chronic pain. When opioids are used, combine with non-pharmacologic or non-opioid pharmacologic therapy, as appropriate, to provide greater benefits.

- **Start low and go slow.** Prescribe the lowest possible effective dosage and start with immediate-release opioids instead of extended-release/long-acting opioids. Only provide the quantity needed for the expected duration of pain. For patients who need continued opioid therapy, create a pain management plan and a pain management/opioid contract signed by the patient. Consider naloxone for patients at a higher risk for overdose, which is defined by the CDC as doses > 50 MED, those using narcotics with benzodiazepines and those who have a history of substance abuse or overdose. Avoid increasing total daily opioid dosages over 90 MED – see the conversion factor table above. Doses of opioids over the 90 MED risk threshold should be prescribed by, or in consultation with, a pain management specialist.
- **Follow up.** Regularly monitor patients to make sure opioids are improving pain and function without causing harm and utilize the PDMP (CRISP) when prescribing additional opioids to monitor for high-risk combinations. Additionally, consider random urine drug screens for all patients, and monitor patients for opioid dependence disorder and comorbid mental health conditions. Patients who continue to have escalating dosing requirements or who receive little to no benefit from continued opioid use should be considered for tapering and discontinuation of the opioid.

For more information on CDC guidelines around long-acting opioids, please visit **cdc.gov** > More CDC Topics > Injury, Violence & Safety > Prescription Drug Overdose > CDC Guideline for Prescribing Opioids for Chronic Pain.

Tools and Resources
Please use this list of tools and resources to help manage your patients with chronic pain.

Resources:
- Interagency Guideline on Prescribing Opioids for Pain: **agencymeddirectors.wa.gov** > Interagency Guidelines > AMDG 2015 Interagency Guideline on Prescribing Opioids for Pain
- National Center for Biotechnology Information: **ncbi.nlm.nih.gov** > enter either "3218789" or "The Role of Psychological Interventions in the Management of Patients with Chronic Pain" in Search engine
- Opioid Use Disorder Diagnostic Criteria from the American Psychiatric Association: Found in American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th edition. Washington, DC: American Psychiatric Association; 2013.

Screening Tools:
- Pain Assessment Scale: **painedu.org/nipc-resourcecenter** > Pain Assessment Scales CAGE-AID (Adapted to Include Drugs): opioidrisk > Type in "CAGE-AID" in the Search engine > Select CAGE - "Aid Screen Tool"

Patient Substance Use Treatment Helpline:
- Free, confidential service for UnitedHealthcare members. Specialized licensed clinicians provide treatment advocate services 24 hours a day, 7 days a week.
- Phone: **855-780-5955**
- Website: **liveandworkwell.com**

If you have questions, please contact us at **888-362-3368.** Thank you.