UnitedHealthcare Community Plan

Changes to Long-Acting Opioid & Short-Acting Opioid Policies for UnitedHealthcare Community Plan Members Effective Dec. 27, 2017

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. The Pennsylvania Department of Human Services (DHS) is requiring all Managed Care Organizations to implement opioid edits that closely align with CDC guidelines. As a result, effective Dec. 27, 2017, we're implementing a change to our opioid policies.

Changes Effective Dec. 27, 2017
Who is affected: Members that were grandfathered from our previous opioid initiatives
What is changing: These members will now be required to get prior authorization for the following:

- The use of any long-acting opioid product
- Situations where the prescriber is requesting anything greater than the following limits:
    - Short-acting opioids day supply:
        - Members aged 21 or older: A limit of a cumulative 7-day supply per 180 days.
        - Members younger than 21: A limit of a cumulative 7-day supply per 365 days.
    - A 90 MME cumulative dose limit across all opioid products. This edit will add all active opioid prescription doses and limit each member to a total of 90 MMEs per day before requiring a prior authorization

History: Previous Policy Implementations: Effective Sept. 15, 2017, we changed the days' supply limit on short-acting opioids for opioid members. Members aged 21 and older were limited to a cumulative 7-day supply per 180 days and members younger than 21 were limited to a cumulative 7-day supply per 365 days.

Additionally, we implemented a 90 MME cumulative edit across all opioid products for new utilizers of opioids and for those utilizers currently utilizing less than 90 MME per day. This edit added all active opioid prescription doses and limited each member to a total of 90 MMEs per day before requiring a prior authorization.

Previously, these implementations only applied to new utilizers and those under the 90 MME dose. Those who were currently on therapy at the time of these implementations were grandfathered.

Resources: Please consult the Opioid Changes Toolkit on the following page to help you with the new requirements.

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Opioid Changes Toolkit

Please use this toolkit to help you navigate the changes to the UnitedHealthcare Community Plan opioid prior authorization requirements.

Conversion Chart

The following conversion chart can help you calculate a drug's MED:

Opioid	Conversion Factor	FDA Label Max Dose Per Day
Buprenorphine Transdermal	12.6	20mcg/hr
Buprenorphine Buccal	0.03	1,800mcg
Butorphanol	7	
Codeine	0.15	360mg
Hydrocodone	1	
Hydromorphone	4	
Fentanyl Transdermal	7.2	
Levorphanol tartrate	11	
Meperidine	0.1	600mg
Methadone	-	Varies by methadone total dose per day
Morphine	1	
Oxycodone	1.5	Xtampza Only = 288mg
Oxymorphone	3	
Pentazocine	0.37	
Tapentadol	0.4	
Tramadol	0.1	400ng IR products 300mg ER products

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. Avoid increasing total daily opioid dosages over 90 mg of morphine equivalents – see the conversion factor table. Doses of opioids over the 90 mg of morphine equivalent 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. 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. Monitor patients for opioid dependence disorder and comorbid mental health conditions.

For more information on the 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
- CDC Opioid Prescribing Guideline Mobile Application. (NOTE: This includes an MED Calculator Cumulative calculator)

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:
This is a 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 Provider Services at **800-414-9025.** Thank you.