IMPORTANT INFORMATION REGARDING

Morphine Equivalent Dose Limit POS Messaging

Effective Date: 11/01/2017

UHC Employer and Individual Plans

Effective November 1, 2017, OptumRx, the pharmacy benefit manager for UnitedHealthcare Employer and Individual, will administer Point of Sale (POS) messaging to members that fill opioid prescriptions that exceed 180 mg of Morphine Equivalent Dose (MED). The cumulative total daily MED value will be calculated based on the conversion factors defined by the Centers for Disease Control and Prevention (CDC) and all opioid drugs prescribed for the member over a period of time, which includes incoming claims and active claims history.

If an opioid claim is submitted which results in a total calculated daily MED value exceeding 180 mg, the claim will pay but the following conflict message will be displayed to the pharmacy at point-of-sale:

TOTAL OPIOID DOSE PA REQ AS OF 1/1

It is advisable for pharmacists and technicians servicing members at point of sale receiving this message to note this message and to communicate to these members that their claims for opioids that result in a cumulative daily dose over 180mg MED will require prior authorization from their physician/provider effective January 1, 2018.

Starting January 1, 2018, such claims will trigger a hard reject at point-of-sale with the following message:

MED 180 EXCEEDED CALL 18007114555

If this hard reject is encountered, the prescriber will need to request a prior authorization by calling 1-800-711-4555 (instead of calling Help Desk). PLEASE NOTE: Repeated point of sale submission of a claim for an opioid may falsely elevate the MED.

TO REDUCE PROCESSING ERRORS, PLEASE CONFIRM THE INFORMATION ON MEMBER’S ID CARD PRIOR TO SUBMITTING PRESCRIPTION CLAIMS.

Should you have any questions or require assistance, please contact the OptumRx Help Desk:
Pharmacy Help Desk: (800) 788-7871 (24 hours a day, 7 days a week)
Provider Relations (877) 633-4701 or e-mail provider.relations@optum.com

For questions regarding this communication call:
Provider Relations (877) 633-4701 or e-mail provider.relations@optum.com

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The PA approval criteria are as follows:

A. **Member with Cancer or End of Life related Pain**
   1. Members who have on file a diagnosis for certain cancers, a hospice residence, or a history of claims for cancer treatment agents will be excluded and will not receive this message at point of sale. If a patient with cancer or end of life pain encounters the hard reject, the Prior Authorization will be approved with their diagnosis.

B. **Member with Non-Cancer and Non-End of Life Pain**
   1. All of the following:
      a. Prescriber attestation

      -AND-

      b. Completion of ALL of the following:

      i. The total daily desired morphine equivalent dose
      ii. The diagnosis associated with the need for pain management with opioids.
      iii. A description of the patient’s treatment plan including non-pharmacologic and non-opioid treatment alternatives.
      iv. Patient demonstrates meaningful improvement in pain scale score. Attestation that the prescriber has discussed the risks and benefits associated with high dose opioid treatment with the patient and/or their caregivers.
      v. Identification of concurrently prescribed controlled substances from state prescription drug monitoring program (PDMP).
      vi. If used in patients with medical comorbidities or if used concurrently with a benzodiazepine or other drugs that could potentially cause drug-drug interactions, the prescriber has acknowledged that they have completed an assessment of increased risk for respiratory depression. Patient has been screened for substance abuse/opioid dependence.
      vii. Identify rationale for not tapering and discontinuing opioid.

      -AND-

      c. The opioid regimen is not being used in combination with buprenorphine containing products for opioid dependence.

Once members receive a Prior Authorization approval, the claim can be resubmitted.

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