Many Americans have or have had a bottle of opioids in their medicine cabinets, but few realize the potential dangers of getting one of these prescriptions filled.

In previous decades, these powerful painkillers were primarily reserved for cancer treatment, serious pain (e.g., after surgery), and end-of-life care. The unprecedented volume of prescription painkillers in the market and the leftover supply sitting in people’s medicine cabinets has triggered illegal use — a major contributor to overdose and a potential gateway to heroin.

Opioid misuse has become a national health crisis that needs swift, effective attention.

UnitedHealthcare is confronting the opioid epidemic, at every opportunity and from all angles. We are joining with care providers and communities and using powerful data and analytics to help prevent opioid misuse and addiction, deliver tailored treatment to those who are addicted, and support long-term recovery.

Every 13 minutes someone in the U.S. dies from an opioid overdose²

2 million Americans are estimated to have a substance use disorder with prescription painkillers³

Nearly 250 million opioids were dispensed in 2013 — enough for every U.S. adult to have a bottle of pills⁴

80% of the world’s supply of opioids are consumed in the U.S.⁵

4 out of 5 new heroin users start out misusing prescription painkillers and turn to heroin when their prescriptions run out or become too expensive¹
PREVENTING MISUSE AND ADDICTION

Too many prescriptions have too many pills or too many days’ supply, falling outside CDC guidelines. Thanks to the vast resources of the UnitedHealth Group enterprise, UnitedHealthcare is uniquely positioned to help address this crisis by connecting efforts across the entire health system and continuum of care.

1 **Tracking compliance with CDC guidelines.**

UnitedHealthcare actively tracks prescription compliance with the CDC guidelines on dosage, length of prescription and appropriate use (e.g. end of life care and cancer care). In addition, we routinely engage network care providers as part of our work together to support their ongoing education and adherence to the CDC guidelines, sharing with them important reference documents, publishing stories in our monthly Network Bulletin, and having in-person conversations.

2 **Implementing prior authorizations.**

UnitedHealthcare has implemented prior authorization requirements for long-acting opioids to provide coverage for these powerful products to members in alignment with current CDC guidelines. Since implementation within our commercial population in January 2017, we’ve seen:

<table>
<thead>
<tr>
<th>Change</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Reduction in members using long-lasting opioids</td>
<td>19%</td>
</tr>
<tr>
<td>Decrease in the average daily morphine equivalent dose</td>
<td>17%</td>
</tr>
</tbody>
</table>

In addition, UnitedHealthcare does not require prior authorization on preferred medications that are used to treat opioid dependence — including buprenorphine and buprenorphine/naloxone products — or those that are used to treat an opioid overdose, such as naloxone.

3 **Implementing safety and use edits.**

Our claims processing systems screen for high risk drug combinations in conjunction with opioids. For example, the pharmacist will be prompted to talk with a member and/or prescriber when a person is already on a medication to treat opioid use disorder (OUD), and will soon be prompted if a person is receiving benzodiazepines, which are used to treat anxiety and a variety of other medical and mental health concerns.

4 **Implementing supply limits.**

We have placed limits on the quantity of prescription opioids and refills that can be received without consultation so that people do not unintentionally accumulate more opioids than they need.

5 **Educating dental professionals.**

Although only 11% of all opioid prescriptions annually are generated by dentists, 47% of all opioid prescriptions for teens (ages 15 – 19) are prescribed by dentists. These prescriptions are most commonly associated with wisdom teeth extractions. As young people are one of the highest risk populations for opioid misuse, we are in touch with oral surgeons and dentists in addition to the ongoing educational efforts with all physicians to bring these prescriptions in line with CDC guidelines.
In addition to efforts around improving access to appropriate medications to treat opioid overdoses, UnitedHealthcare actively promotes and develops care provider networks focused on medication-assisted treatment (MAT), which combines medications with psychosocial support services, as the personalized and evidence-based approach to treatment.

### TREATING ADDICTED MEMBERS

#### 1 Broad access to MAT.

The medications prescribed as part of MAT, including buprenorphine, methadone or naltrexone, **block the euphoric effects of opioids, relieve cravings and reduce withdrawal symptoms**, which allow the person to focus on treatment.

- **95%** of members are an average of 20 miles from an MAT provider
- UnitedHealthcare offers the largest MAT network in the country with 2,000 providers and 4,000 locations.

#### 2 Reducing Neonatal Abstinence Syndrome.

Reducing Neonatal Abstinence Syndrome by **decreasing the number of opioids prescribed to pregnant women** and increasing the number of members referred to case management for early MAT treatment or other assistance.

#### 3 Collaborating with care providers.

Collaborating with care providers to **offer members personalized care plans with access to evidence-based treatment**, while promoting the use of Naloxone to decrease the number of overdoses.

#### 4 No Prior Authorization for Naloxone.

Naloxone (or Narcan®) is a **life-saving antidote that can be used when someone overdoses on opioids**. UnitedHealthcare does not require prior authorization for naloxone (injectable or nasal spray), allowing greater access to our members. UnitedHealthcare also does not require prior authorization on preferred medications that are used to treat opioid dependence.
SUPPORTING LONG-TERM RECOVERY

1 Partnering with communities.
UnitedHealthcare has launched the Opioid Community Partnership in 10 highly impacted cities across the U.S. to explore ways it can work more closely with local care providers in Accountable Care Organizations, local health departments and community agencies, to deploy market-specific action plans addressing the opioid crisis. This is a pilot program, with the goal of expanding to other cities after evaluation. The action plans focus on:

- Encouraging compliance with CDC guidelines and sharing information on appropriate use of opioids, including avoiding dangerous combinations with opioids such as benzodiazepines and carisoprodol, a muscle relaxant
- Working with pharmacies on appropriate prescribing levels and identifying outliers
- Reducing Neonatal Abstinence Syndrome
- Promoting and educating on use of naloxone
- Increasing MAT referrals

2 Reviewing pain treatment alternatives.
UnitedHealthcare advocates for alternative treatment options for common pain conditions, in accordance with clinical guidelines. We are reviewing benefit plans and copays to provide financially sound alternatives to opioids for members seeking pain relief, including physical therapy, chiropractic and acupuncture.

100 million + Americans have chronic pain — more people than diabetes, heart disease and cancer combined

62% of people are less likely to use opioids for their back pain in the future, if they try physical therapy or chiropractic care first

3 Using data to get ahead of the problem.
We are using data and analytics to help communities try and get ahead of the problem, such as identifying those most at risk for addiction and helping doctors and pharmacists know when to reach out to individuals who may need support.

About 70% of misused opioid prescriptions were obtained, stolen or purchased from a friend or relative. We’re doing our part to help direct them to the intended recipient.

Optum reviews prescriptions in real time, and UnitedHealthcare’s technology tracks member prescriptions retrospectively for the most commonly misused drugs, including opioids. The following areas are monitored:

- Potential for drug diversion, such as reselling a prescription
- Potential for false medical claims (e.g., multiple doctors writing same prescription)
- Potential for patient harm, such as dangerous interactions

Such analytics include noting doctors with high rates of opioid prescribing, pharmacies with a high rate of opioid dispensing, and patients seeking prescriptions from multiple prescribers or pharmacies. Leveraging our data and analytics in this way can help predict and prevent opioid misuse as well as identify patients at greater risk.

For more information visit https://newsroom.uhc.com/opioids.html