

## Enhanced CDUR edits

### Applies to Optum Rx Commercial and Managed Medicaid clients

Optum Rx is embarking on an initiative to curb the rising tide of opioid abuse across the US. Effective December 1, 2017, Optum Rx Commercial and Managed Medicaid clients were enrolled in our new enhanced Concurrent Drug Utilization Review (CDUR) edits.

**Soft rejects due to these edits return a message stating “DUR Reject Error,” followed by the reason for clinical concern.**

The pharmacist can override the soft reject using appropriate DUR/PPS reason, professional, and result codes. Prescriber consultation and approval are required prior to using the PPS codes.

#### **The enhanced CDUR program has most of the following items set as a soft reject, which can be overridden with DUR-PPS override codes:**

- Drug-Drug Interaction: opioid/benzodiazepine
- Drug-Drug Interaction: opioid/prenatal
- Drug-Drug Interaction: opioid secondary to Medication Assisted Treatment (MAT) therapy
- Drug-Drug Interaction: opioid secondary to antipsychotic (Medicaid only)
- Drug-Drug Interaction: antipsychotic secondary to opioid (Medicaid only)
- Therapy Dose Check on APAP: cumulative therapy dose check on APAP exceeding FDA daily maximum of 4 grams
- MEDLIMIT: cumulative opioid dosage check exceeding 90 MME
- MEDLIMIT: cumulative opioid dosage check exceeding 180 MME (optional)
- MEDLIMIT: New to Opioids – cumulative opioid dosage check exceeding 50 MME
- MEDLIMIT: New to Opioids – 7-day supply limitation
- MEDLIMIT: New to Opioids – immediate-release opioid required before extended-release form

Enhanced CDUR edits promote a pharmacist safety check at the point-of-sale to screen for dangerous opioid combinations and excess dosing.

- **Drug-drug interaction between opioids and benzodiazepines:** This combination should be avoided, per Centers for Disease Control and Prevention (CDC) guidelines, as it increases risk of overdose death due to the combined respiratory effects of both compounds.
- **Concurrent use of opioids and prenatal vitamins:** Designed to identify opioid prescriptions for consumers currently receiving prenatal vitamins, this edit helps prevent the rapidly rising incidence of Neonatal Abstinence Syndrome.
- **Concurrent use of opioids and medication assisted treatment (MAT):** This edit screens for opioids secondary to MAT prescriptions, such as Suboxone, which is used to treat opioid addiction.
- **Concurrent use of opioids and antipsychotics:** The FDA issued a black box warning for the combination as it increases the risk of overdose death due to respiratory depression.
- **Cumulative acetaminophen dose check with opioid-containing drugs:** This edit aligns with the maximum 4 grams per day dosage recommended by the U.S. Food and Drug Administration (FDA). Acetaminophen doses exceeding 4g per day significantly increase the risk of liver damage.
- **Cumulative morphine milligram equivalent (MME) dosage limit across all opioid prescriptions:** This group of edits screens for cumulative opioid dosage. Per CDC guidelines, total daily doses exceeding 50 MME for individuals who have not taken opioids before and 90 MME for all individuals taking opioids must be reviewed for clinical appropriateness. Note: clients may opt in to require a prior authorization for quantities exceeding 180 MME.
- **New to opioid therapy: 50 MME dosage, 7-day supply limitation and immediate-release opioid required before extended-release form:** When starting opioid therapy, CDC guidelines recommend that clinicians prescribe the lowest effective dose of immediate-release opioids at a quantity not exceeding the expected duration of pain severe enough to require opioids. For acute pain, 3 days or less was suggested as sufficient, while more than 7 days would rarely be needed.