

# Use of Opioids From Multiple Providers (UOP)



## Supporting Safe Opioid Prescribing & Lock-In Program Information

### Measure Description

The proportion of patients 18 years of age and older, receiving prescription opioids for greater than or equal to 15 days during the measurement year, who received opioids from multiple providers.

#### Three rates are reported:

- 1. Multiple Prescribers.** The proportion of patients receiving prescriptions for opioids from four or more different prescribers during the measurement year.
- 2. Multiple Pharmacies.** The proportion of patients receiving prescriptions for opioids from four or more different pharmacies during the measurement year.
- 3. Multiple Prescribers and Multiple Pharmacies.** The proportion of patients receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year.

*A lower rate indicated better performance for all three rates.*

### Measurement Period

January 1-December 31

### Included Opioid Medications

Benzhydrocodone, buprenorphine (transdermal patch and buccal film), butorphanol, codeine, dihydrocodeine, fentanyl, hydrocodone, hydromorphone, levorphanol, meperidine, methadone, morphine, opium, oxycodone, oxymorphone, pentazocine, tapentadol, tramadol

### Excluded Opioid Medications

Injectables, opioid cough and cold products, single-agent and combination buprenorphine products used as part of medication-assisted treatment of opioid use disorder (buprenorphine sublingual tablets, buprenorphine subcutaneous implant, and all buprenorphine/naloxone combination products), lonsys® (fentanyl transdermal patch), methadone for the treatment of opioid use disorder.

### Tips to Improve Measure Performance

- Use best practices to manage pain and establish a comprehensive pain management plan.
- Educate patients on opioid safety, risks associated with the use of multiple opioids from different providers, and use of naloxone (Narcan).
- Educate patients on the importance of using a single pharmacy to fill prescriptions.

### Lock-In Program

The **Lock-In Program** is a utilization management program designed to improve safety for members who may be at risk due to **opioid over-utilization or unsafe prescribing patterns**.

### How the Lock-In Program Works

When enrolled:

- The member is **restricted to ONE designated opioid prescriber**.
- The member is **restricted to ONE designated pharmacy**.
- Opioid prescriptions **outside of the lock-in providers are not covered**.
- Emergency care exceptions may apply.

# Use of Opioids From Multiple Providers (UOP)

## How Providers Can Help Prevent Lock-In Enrollment

- Serve as the **single coordinating prescriber** when possible
- Consolidate opioid prescribing and pharmacy use
- Respond promptly to outreach related to opioid safety or care coordination
- Document clinical rationale for opioid therapy clearly

## If Your Patient is Already Locked In

- Confirm you are the designated prescriber before issuing opioids.
- Prescriptions must be sent to the assigned pharmacy.
- Coordinate closely with care management teams.
- Continue regular reassessment of pain, function, and risk.

## Key Takeaways for UOP & Lock-In Programs

- ✓ UOP focuses on multiple opioid prescribers and pharmacies.
- ✓ Prescription drug monitoring program (PDMP) checks and care coordination are critical.
- ✓ Lock-In programs improve safety but limit patient flexibility.
- ✓ Proactive prescribing helps protect patients and quality outcomes.