

SmartPA Criteria Proposal

Drug/Drug Class:	Morphine Milligram Equivalent Accumulation Clinical Edit
First Implementation Date:	May 1, 2018
Proposed Date:	December 17, 2020
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: Monitor and ensure appropriate cumulative levels of morphine milligram equivalents in opioid therapy

Why Issue Selected: Opioids are substances that act on opioid receptors to produce morphine-like effects. Medically they are primarily used for pain relief, including anesthesia. In 2017, the President declared the opioid crisis a national public health emergency. In 2015, there were more than 33,000 reported opioid-involved overdose deaths. In 2016, the CDC published a set of guidelines for prescribing opioids for chronic pain; further clarification of these guidelines was published in April 2019. The US Department of Health and Human Services also published recommendations for pain management in May 2019. The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule in June 2020, which provides more details on opioid recommendations for the SUPPORT Act; states are required to establish MME threshold amounts for implementation regardless of whether the prescription is for the treatment of chronic or acute pain. MO HealthNet is using these guidelines as a basis for clinical edits meant to reduce the risk of dependence, misuse, overdose and death.

Type of Criteria: Increased risk of ADE Preferred Drug List
 Appropriate Indications Clinical Edit

Data Sources: Only Administrative Databases Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Opioids
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Documented **or-inferred** diagnosis of cancer **OR**
- Documented diagnosis of sickle cell disease in the past 6 months **OR**
- Participant currently enrolled in Hospice care or receiving palliative care in the past year **OR**

- Accumulated Morphine Milligram Equivalent (MME) \leq 150 MME for current claim and all claims in the last 30 days **OR**
- **Participant demonstrates compliance without dose escalation to prescribed therapy over the current MME threshold OR**
- Approval based upon clinical consultant review and/or receipt of signed Opioid Attestation Form from prescriber

Denial Criteria

- Therapy will be denied if all approval criteria are not met
- **Denial criteria contained within the High Risk Therapies Clinical Edit: Claim is for an opioid (excluding buprenorphine tablets and buprenorphine/naloxone combinations) and:**
 - **Participant has history of > 3 days of select oral benzodiazepine therapy (alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, lorazepam, and oxazepam) in the past 60 days AND**
 - **Participant lacks history of at least 1 claim for an opioid emergency reversal agent in the past 2 years**

Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

Denial: Exception code "0097" (Opioid Limits Exceeded)
Rule Type: CE

Default Approval Period

7 days

References

- Centers for Disease Control and Prevention. CDC Guideline for Prescribing Opioids for Chronic Pain. <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>. Accessed November 3, 2020.
- Department of Health and Human Services. Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. <https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf>. Accessed November 3, 2020.
- Centers for Medicare & Medicaid Services. Medicaid Program; Establishing Minimum Standards in Medicaid State Drug Utilization Review (DUR) and Supporting Value-Based Purchasing (VBP) for Drugs Covered in Medicaid, Revising Medicaid Drug Rebate and Third Party Liability (TPL) Requirements. <https://s3.amazonaws.com/public-inspection.federalregister.gov/2020-12970.pdf>. Accessed November 3, 2020.