SmartPA Criteria Proposal

Drug/Drug Class:	Morphine Milligram Equivalent Accumulation Clinical Edit
First Implementation Date:	May 1, 2018
Revised Date:	April 20, 2023
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	☒Existing Criteria ☐Revision of Existing Criteria ☐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. 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**
- ☒ **Appropriate Indications**
- ☐ **Preferred Drug List**
- ☒ **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 diagnosis of cancer in the past 6 months **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) ≤ 50 MME for current claim and all claims in the last 30 days **OR**

- Accumulated Morphine Milligram Equivalent (MME) ≤ 90 MME for current claim and all claims in the last 30 days **AND**
  - Documented diagnosis of chronic non-malignant pain (CNMP) in the past 6 months **OR**
  - Reason of medical necessity for opioid therapy including treated diagnosis **OR**
- Participant demonstrates compliance without dose escalation to prescribed therapy over the current MME threshold **OR**
- Approval based upon Clinical Consultant Review: Initial requests for therapy > 90 MME and any subsequent increases in MME level require progress notes and reason of medical necessity for high dose opioid therapy including treated diagnosis

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 oral benzodiazepine therapy in the past 60 days **OR**
  - Participant has history of > 3 days of select sedative hypnotic therapy (eszopiclone, zaleplon, or zolpidem) in the past 60 days **OR**
  - Participant has history of > 3 days of gabapentinoid therapy (gabapentin or pregabalin) 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:		Progress Notes:	
MedWatch Form:		Other:	X

Disposition of Edit

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

Default Approval Period

7 days

References

- 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 4, 2022.
- 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 4, 2022.