



SmartPA Criteria Proposal

Drug/Drug Class:	Morphine Milligram Equivalent Accumulation Clinical Edit			
First Implementation Date:	May 1, 2018			
Revised Date:	April 7, 2022			
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 Opioids are substances that act on opioid receptors to produce morphine-like effects. **Selected:** 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

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

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- 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
 - o 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: MedWatch Form:		Progress Notes: Other:	X			
Disposition of Edit						
Denial: Exception code "0097" (Opioid Limits Exceeded) Rule Type: CE						
Default Approval Per	iod					
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 11, 2021.
- 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 11, 2021.
- 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 11, 2021.

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