### 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 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
- ☑ 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
  o Documented diagnosis of chronic non-malignant pain (CNMP) in the past 6 months OR
  o 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:
  o Participant has history of > 3 days of oral benzodiazepine therapy in the past 60 days OR
  o Participant has history of > 3 days of select sedative hypnotic therapy (eszopiclone, zaleplon, or zolpidem) in the past 60 days OR
  o Participant has history of > 3 days of gabapentinoid therapy (gabapentin or pregabalin) in the past 60 days AND
  o Participant lacks history of at least 1 claim for an opioid emergency reversal agent in the past 2 years

**Required Documentation**

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<thead>
<tr>
<th>Laboratory Results:</th>
<th>Progress Notes:</th>
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**Disposition of Edit**

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

**Default Approval Period**

7 days

**References**