

# Opioid FAQ for Commercial Providers

## Overview

Since the year 2000, there has been a dramatic rise in overdose deaths and hospitalization across the nation; this has paralleled with an increase in the prescription of opioids for pain.

The Centers for Disease Control, Oregon Health Authority, and the Centers for Medicare and Medicaid Services have lowered their recommended daily morphine milligram equivalents (MME). In light of these new recommendations, **PacificSource will initiate a limit of 300 MME on August 22, 2020, with a goal of moving down to 90 MME over the next 24 months.**

Doses exceeding the values listed below will require preauthorization or an exception request submitted via InTouch with a taper plan.

## What is the timeline for the changes to the formulary?

The table below includes the upcoming changes we anticipate to our opioid coverage for commercial members.

	TARGETED MME THRESHOLD (requiring preauthorization)	EFFECTIVE DATE
Total opioid use	≥ 300 MME per day	August 22, 2020
	≥ 250 MME per day	November 22, 2020
	≥ 200 MME per day	February 22, 2021
	≥ 150 MME per day	May 22, 2021
	≥ 120 MME per day	August 22, 2021
	≥ 110 MME per day	November 22, 2021
	≥ 100 MME per day	February 22, 2022
	≥ 90 MME per day	May 22, 2022

## Who does this change affect?

These formulary changes apply to all commercial PacificSource members who are currently taking opioid medications, as well as those who may be prescribed opioids in the future.

## Who is PacificSource notifying about this?

Approximately 60 days before new MME threshold is effective (see table above), letters will be sent to affected members. Prescribers will also receive letters if they have patients with a fill history above the new MME threshold.



## Who may be excluded from this program?

Patients prescribed opioids for:

- Pain related to current active cancer
- Chronic pain related to sickle cell disease
- Pain related to hospice care
- Acute pain management (such as recent trauma or surgery)

Proper documentation is required for approval.

## What are morphine milligram equivalents (MME)

Morphine Milligram Equivalents (MME) can also be referred to as Morphine Equivalent Dose (MED). Our language has changed to favor the use of MME. Individual opioid products have different potencies or strengths, which makes it challenging to quantify the amount of opioids an individual patient takes when compared to other opioid products. This becomes especially difficult for patients taking multiple opioid products in the same day. MME is used to standardize the total dose of opioids received in a 24-hour period.

## How is MME calculated?

Pharmacy Services will calculate daily MME for patients based on claims data and standard equivalency factors published for individual opioids.

## Why is PacificSource moving toward a 90-MME target?

As the number of MME a patient takes increases, so does their risk of overdose. Studies have found that compared to patients taking 1 to <20 MME/day, patients on  $\geq 100$  MME/day are 2.0 to 8.9 times more likely to overdose.

A statement from the 2016 CDC Guideline for prescribing opioids for chronic pain states: "When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to  $\geq 50$  morphine milligram equivalents (MME)/day, and should avoid increasing dosage to  $\geq 90$  MME/day or carefully justify a decision to titrate dosage to  $\geq 90$  MME/day."



## Who should I contact if I have additional questions?

Our Pharmacy Services team is happy to help.

Call: **(844) 877-4803**

Email: **pharmacy@pacificsource.com**