

# Opioid Medication Coverage FAQ for Medicaid Providers



## Since the 1990s, there has been a dramatic rise in overdose deaths and hospitalizations across the nation

This has been driven by an increase in the prescription of opioids for pain.

The Centers for Disease Control and Prevention (CDC) guidelines indicate clinical studies have consistently found that higher doses of long-term opioids are associated with risk for overdose or death. The Oregon Health Authority (OHA) and the Centers for Medicare and Medicaid Services have since lowered their recommended daily morphine milligram equivalents (MME). In light of these recommendations, PacificSource initiated 90 MME point-of-sale safety edits as required by OHA.

## Opioid point-of-sale safety edits

### Opioid quantity above 90 morphine milligram equivalents:

**For patient safety, point-of-sale edits for opioids greater than 90 MME per day require prior authorization.**

As of June 17, 2019, chronic use of opioids with a morphine milligram equivalents per day greater than 90 MME is not covered by PacificSource. Doses exceeding the 90 MME per day require prior authorization or an exception request submitted via InTouch with a taper plan.

### Opioid naïve 7-day limit:

**Best practices for treating pain recommend that new starts use opioids for less than 7 days. When a person takes opioids for more than 7 days, they are likely to continue taking them even when not needed. This may lead to problems, such as long-term opioid use, misuse, and overdose.**

The Oregon Health Authority (OHA) requires initial prescriptions for opioids to be restricted to a 7-day supply to help reduce risk of opioid misuse, as well as decrease waste and costs.

## Who does this opioid change affect?

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

## Who may be exempt 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 or end-of-life care

Proper documentation is required for approval.

## What are morphine milligram equivalents?

Morphine milligram equivalents can also be referred to as morphine equivalent doses (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.

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## How is MME calculated?

Pharmacy Services will calculate daily MME for patients based on claims data and standard equivalency factors published for individual opioids. The CDC method for calculating MME/day is often used to gauge the potential for opioid overdose.

Calculating the total daily dosage of opioids also helps to identify patients who may benefit from closer drug monitoring, reduction or tapering of opioids, naloxone prescribing, and other measures to reduce risks of overdose.

## Why did PacificSource move toward a 90-MME target?

As the number of MMEs 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.\*

The 2022 CDC Clinical Practice Guidelines for prescribing opioids for pain recommend prescribers to carefully consider the benefits versus risks before increasing total opioid dosage to  $\geq 50$  MME/day. Dosage increases to  $>50$  MME/day are unlikely to provide substantially improved pain control for most patients while overdose risk increases with dosage. If a patient's opioid dosage for all sources of opioids combined reaches or exceeds 50 MME/day, prescribers should implement additional precautions, such as increased frequency of follow-ups, prescribing naloxone, and providing opioid overdose prevention education to both the patient and the patient's household members.

The guidelines also remind prescribers that additional dosage increases beyond 50 MME/day are progressively more likely to yield diminishing returns in benefits for pain and function relative to risks to patients.\*

\*CDC Clinical Practice Guideline for Prescribing Opioids for Pain - United States, 2022. Centers for Disease Control and Prevention, 3 Nov. 2022, [CDC.gov/mmwr/volumes/71/rr/rr7103a1.htm?s\\_cid=rr7103a1\\_w](https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w).

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

Our Pharmacy Services team is happy to help.

Call: **844-877-4803**, TTY: 711. We accept all relay calls.

Email: [Pharmacy@PacificSource.com](mailto:Pharmacy@PacificSource.com)