

## **DRUG QUANTITY MANAGEMENT – MORPHINE MILLIGRAM EQUIVALENT (MME)**

**POLICY:** MME 90 Opioid Quantity Limit for 30-Day Period

**DATE REVIEWED:** 05/21/2020

### **DRUGS AFFECTED:**

**Note: This is not an inclusive list. As new products become available, they will roll into this policy and the list will be updated periodically.**

Benzhydrocodone – combination oral tablets  
Butorphanol - injectable, nasal solution  
Codeine - oral tablets, combination product oral tablets/capsules, combination product oral solution, combination product oral suspension  
Dihydrocodeine – combination oral tablets/capsules  
Fentanyl - transmucosal lozenges, buccal tablets, nasal solution, sublingual spray, sublingual tablet, injectable, transdermal patches  
Hydrocodone - oral tablets, oral capsules, combination product oral tablets, combination product oral solution  
Hydromorphone - injectable, oral tablets, oral solution, rectal suppositories,  
Levorphanol - oral tablets  
Meperidine - oral tablets, oral solution, injectable  
Methadone - oral tablets, oral solution, injectable  
Morphine - oral tablets, oral capsules, oral solution, injectable, rectal suppositories  
Nalbuphine - injectable  
Oxycodone – oral tablets, oral capsules, oral solution, combination product oral tablets, combination product oral solution  
Oxymorphone - oral tablets, injectable  
Pentazocine - injectable  
Pentazocine/naloxone - oral tablets  
Tapentadol - oral tablets  
Tramadol - oral tablets, oral capsules, combination product oral tablets

### **OVERVIEW**

Use of morphine milligram equivalent as a method to assess opioid-associated risk based on overall daily opioid dose has been cited in the professional literature and pain guidelines.<sup>1-4</sup> While there is not one universally accepted morphine milligram equivalent (MME) that has been found to represent the dose at which a patient is at the greatest risk for adverse effects, there is general opinion that as opioid doses are increased the risk of patient adverse events increases. Current published guidelines for the treatment of non-cancer related pain list ranges of 50 – 120 MME to be used as a reference for maximum daily opioid doses to assist in reducing the risk of overdose, addiction, and other adverse events associated with opioid therapy.<sup>1-4</sup> The Centers for Medicare and Medicaid Services (CMS) recommends the use of a 200 mg MME as the cumulative threshold for implementing hard point-of-service (POS) edits.<sup>5</sup>

### **POLICY STATEMENT**

The MME 90 policy works in combination with the MME 200 policy. A quantity of each opioid medication referenced in this policy is limited to 30 days and will be covered without prior authorization if there are no other opioid claims for the same chemical. A total quantity of opioid up to a MME 90 is allowed with a quantity limit. This policy includes multiple formulations of the medications listed on page 1; the list is not inclusive. As new products become available, they will roll into this policy and the list will be updated periodically.

A MME is calculated for each member's opioid prescription claim using the appropriate conversion factor associated with the opioid product for the claim. After converting the member's opioid medications to their MME, a member's cumulative prescription opioid daily dose (MME) is calculated to determine if the member exceeded the 90 MME threshold. A prescription will reject at POS that, if filled, would cause the member to exceed the cumulative daily MME threshold of 90. Opioid cough and cold products are excluded from the calculations of MME.

The intent of this policy is to prevent stockpiling, misuse and/or overuse of controlled release opioids. Authorization may be given using the Recommended Authorization Criteria below.

**Automation:** This policy will target new users of opioid products only. If the patient has a history of any opioid within the past 130 days, the claim will adjudicate. If the patient has a current prescription for a cancer medication in the past 180 days (see Appendix A), the claim will adjudicate. When available, the ICD-9/ICD-10 codes for cancer will be used as part of automation to allow approval of the requested medication (see Appendix B).

## RECOMMENDED AUTHORIZATION CRITERIA

### **For opioids**

Approve up to 200 MME for up to 12 months if ONE of the following criteria is met (A, B, or C):

- A) The patient has a cancer diagnosis; OR
- B) The patient is in hospice program, end-of-life care, or palliative care; OR
- C) For patients who do not have a cancer diagnosis, approve if the patient meets all of the following criteria (i, ii, and iii):
  - i. Non-opioid therapies (e.g., non-opioid medications [e.g., nonsteroidal anti-inflammatory drugs {NSAIDs}, tricyclic antidepressants, serotonin and norepinephrine reuptake inhibitors {SNRIs}, anticonvulsants], exercise therapy, weight loss, cognitive behavioral therapy) have been optimized and are being used in conjunction with opioid therapy according to the prescribing physician; AND
  - ii. The patient's history of controlled substance prescriptions has been checked using the state prescription drug monitoring program (PDMP), unless unavailable in the state, according to the prescribing physician; AND
  - iii. Risks (e.g., addiction, overdose) and realistic benefits of opioid therapy have been discussed with the patient according to the prescribing physician.

**Note: As of 05/21/2020, the state of Missouri is the only state in the US that does not have a PDMP program in place.**

## REFERENCES

1. Interagency Guideline on Prescribing Opioids for Pain. Washington State Agency Medical Directors' Group. Available at: <http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf>. Accessed May 21, 2020.
2. Chou R, Fanciullo GJ, Fine PG, et al. Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. *J Pain*. 2009;10:113–130.
3. American Society of Interventional Pain Physicians. *Guidelines for Responsible Opioid Prescribing in Chronic Non-cancer Pain: Part 2 – Guidance*. Paducah (KY): ASIPP; 2012.
4. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recommendations and Reports*. 2016;65(1):1-49. Available at: <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>. Accessed May 21, 2020.
5. Announcement of Calendar Year (CY) 2017 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter. The Centers for Medicare and Medicaid Services. Available at: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2017.pdf>. May 21, 2020.

6. Nuckols T, Anderson L, Popescu I, et al. Opioid prescribing: a systematic review and critical appraisal of guidelines for chronic pain. *Ann Intern Med.* 2014;160:38–47.
7. Opioid Dose calculator: available at <http://www.agencymeddirectors.wa.gov/opioiddosing.asp>. Accessed May 21, 2020.
8. Center for Disease Control and Prevention, Morphine Equivalent Conversion Factors for Opioids. CDC, Atlanta, GA, 2014. Available at: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Opioid-Morphine-EQ-Conversion-Factors-March-2015.pdf>. Accessed May 21, 2020.

## **Appendix A**

**Note: This list is not inclusive. As new STCs become available, they will roll into this policy and the list will be updated periodically.**

| <b>SK_STC</b> | <b>SK_STC_Desc</b>                                 |
|---------------|--|
| 0473          | ANTIBIOTIC ANTINEOPLASTICS                         |
| 8585          | ANTINEOPLAST HUM VEGF INHIBITOR RECOMB MC ANTIBODY |
| B759          | ANTINEOPLAST,HISTONE DEACETYLASE (HDAC) INHIBITORS |
| 0470          | ANTINEOPLASTIC - ALKYLATING AGENTS                 |
| 6323          | ANTINEOPLASTIC - ANTIANDROGENIC AGENTS             |
| H309          | ANTINEOPLASTIC - ANTIBIOTIC AND ANTIMETABOLITE     |
| G590          | ANTINEOPLASTIC - ANTI-CD38 MONOCLONAL ANTIBODY     |
| 0471          | ANTINEOPLASTIC - ANTIMETABOLITES                   |
| G607          | ANTINEOPLASTIC - ANTI-SLAMF7 MONOCLONAL ANTIBODY   |
| C593          | ANTINEOPLASTIC - AROMATASE INHIBITORS              |
| H617          | ANTINEOPLASTIC - BRAF KINASE INHIBITORS            |
| C370          | ANTINEOPLASTIC - EPOTHILONES AND ANALOGS           |
| D560          | ANTINEOPLASTIC - HALICHONDRIN B ANALOGS            |
| E150          | ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITOR        |
| D426          | ANTINEOPLASTIC - IMMUNOTHERAPY, THERAPEUTIC VAC    |
| G545          | ANTINEOPLASTIC - IMMUNOTHERAPY, VIRUS-BASED AGENTS |
| E039          | ANTINEOPLASTIC - JANUS KINASE (JAK) INHIBITORS     |
| G575          | ANTINEOPLASTIC - MEK1 AND MEK2 KINASE INHIBITORS   |
| C232          | ANTINEOPLASTIC - MTOR KINASE INHIBITORS            |
| I264          | ANTINEOPLASTIC - PROTEIN METHYLTRANSFERASE INHIBIT |
| C532          | ANTINEOPLASTIC - TOPOISOMERASE I INHIBITORS        |
| E600          | ANTINEOPLASTIC - VEGF-A,B AND PLGF INHIBITORS      |
| F501          | ANTINEOPLASTIC - VEGFR ANTAGONIST                  |
| 0472          | ANTINEOPLASTIC - VINCA ALKALOIDS                   |
| H317          | ANTINEOPLASTIC- CD22 ANTIBODY-CYTOTOXIC ANTIBIOTIC |
| H329          | ANTINEOPLASTIC- CD33 ANTIBODY-CYTOTOXIC ANTIBIOTIC |
| H214          | ANTINEOPLASTIC COMB - KINASE AND AROMATASE INHIBIT |
| 8569          | ANTINEOPLASTIC EGF RECEPTOR BLOCKER MCLON ANTIBODY |
| 7977          | ANTINEOPLASTIC IMMUNOMODULATOR AGENTS              |
| 8254          | ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR. |
| 8460          | ANTINEOPLASTIC LHRH(GNRH) ANTAGONIST,PITUIT.SUPPRS |
| 9150          | ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS          |

|      |  |
|------|--|
| H018 | ANTINEOPLASTIC, PDGFR-ALPHA BLOCKER MC ANTIBODY    |
| F665 | ANTINEOPLASTIC,ANTI-PROGRAMMED DEATH-1 (PD-1) MAB  |
| G802 | ANTINEOPLASTIC-B CELL LYMPHOMA-2(BCL-2) INHIBITORS |
| H868 | ANTINEOPLASTIC-CD123-DIRECTED CYTOTOXIN CONJUGATE  |
| H324 | ANTINEOPLASTIC-CD19 DIR. CAR-T CELL IMMUNOTHERAPY  |
| H768 | ANTINEOPLASTIC-CD22 DIRECT ANTIBODY/CYTOTOXIN CONJ |
| F495 | ANTINEOPLASTIC-INTERLEUKIN-6(IL-6)INHIB,ANTIBODY   |
| H289 | ANTINEOPLASTIC-ISOCITRATE DEHYDROGENASE INHIBITORS |
| 7235 | ANTINEOPLASTICS ANTIBODY/ANTIBODY-DRUG COMPLEXES   |
| 0475 | ANTINEOPLASTICS,MISCELLANEOUS                      |
| I054 | ANTINEOPLASTIC-SELECT INHIB OF NUCLEAR EXP (SINE)  |
| G857 | ANTI-PROGRAMMED CELL DEATH-LIGAND 1 (PD-L1) MAB    |
| D687 | CYTOTOXIC T-LYMPHOCYTE ANTIGEN(CTLA-4)RMC ANTIBODY |

\* Excluding topical products

### **Appendix B**

| <b>Cancer ICD-10 Codes</b> |
|----------------------------|
| C00.* to D09.*             |
| D3A.* to D48.*             |
| E34.0*                     |
| Q85.0*                     |

\*Indicates the inclusion of subheadings.