

New Hampshire Medicaid Fee-for-Service Program

Morphine Milligram Equivalent Criteria

Approval Date: January 22, 2024

Criteria for Approval

Hospice patients and end-of-life patients are exempt from prior authorization. Patients with pain associated with cancer or sickle cell disease are exempt from prior authorization.

If ≥ 100 morphine milligram equivalent (MME) requested:

1. Patient is ≥ 18 years of age who requires management of severe, persistent pain with a continuous around-the-clock analgesic for at least 10 days; **AND**
2. Patient has tried and failed or is not a candidate for at least 3 of the following:
 - a. Topical nonsteroidal anti-inflammatory drugs (NSAIDs);
 - b. Oral NSAIDS;
 - c. Oral acetaminophen;
 - d. Transcutaneous electrical nerve stimulation;

AND
3. Patient has documented failure or adequate trial of opioid at a lower MME dose; **AND**
4. Attestation that the New Hampshire Prescription Drug Monitoring Program (PDMP) has been reviewed within the last 60 days; **AND**
 - a. The prescription is written by a pain specialist; **OR**
 - b. The prescriber consulted with a pain specialist; **OR**
 - c. The prescription is written by a prescriber specializing in the same organ system as the primary pain diagnosis; **AND**
5. Attestation that the prescriber has reviewed with the patient the risks associated with continuing high-dose opioids; **AND**
6. Confirmation that patient has a written pain agreement; **AND**
7. Attestation that the prescriber has discussed with the patient to attempt to taper the dose slowly at an individualized pace; **AND**

8. Attestation that the prescriber is monitoring the patient to mitigate overdose risk; **AND**
9. Confirmation that the patient will be prescribed concurrent naloxone.

Criteria for Denial

1. Failure to meet criteria for authorization; **OR**
2. History of severe asthma or other lung disease; **OR**
3. Concurrent benzodiazepine, sedative hypnotics, or barbiturates.

Initial approval period: Six months

Continued approval: Six months, provided there is documentation that patient continues to be assessed for pain control

References

Available upon request.

Revision History

| Reviewed by | Reason for Review | Date Approved |
|-----------------------|-------------------|---------------|
| DUR Board | New | 10/24/2017 |
| Commissioner | Approval | 12/05/2017 |
| DUR Board | Revision | 03/12/2019 |
| Commissioner Designee | Approval | 04/05/2019 |
| DUR Board | Revision | 10/28/2019 |
| Commissioner Designee | Approval | 12/03/2019 |
| DUR Board | Revision | 12/15/2020 |
| Commissioner Designee | Approval | 02/24/2021 |
| DUR Board | Revision | 06/02/2022 |
| Commissioner Designee | Approval | 07/12/2022 |
| DUR Board | Revision | 12/08/2023 |
| Commissioner Designee | Approval | 01/22/2024 |