



MONTANA HEALTHCARE PROGRAMS NOTICE

December 4, 2019

**Pharmacy, Mid-Level, Physician, Indian Health Service/Tribal
638 Providers**

Effective January 9, 2020

Dosage Restrictions for all Opioids based on Morphine Milligram Equivalents (MME)

Effective January 9, 2020, the Department will reduce the daily allowed maximum Morphine Milligram Equivalent (MME) dose from 120 MME to 90 MME for all opioids used in the treatment of non-malignant pain for enrolled Montana Medicaid members. **Medications provided for Medication-Assisted Treatment (MAT) will be exempt from this policy.**

Morphine milligram equivalents (MME) is also described as MEDD (Morphine Equivalent Daily Dose) or MED (Morphine Equivalent Dose). Morphine milligram equivalents are used to assess comparative potency to morphine. Recent clinical studies demonstrate that a patient's cumulative daily morphine milligram equivalents (MME) can be utilized as an indicator of potential dose-related risk for serious harms, such as motor vehicle injury, opioid use disorder, and overdose.

Individual claims or multiple claims which exceed an average daily dose of 90 MME will reject at the pharmacy and will require a prior authorization from the prescriber. This edit will also reject any prescription claim for a member who has > 5 prescribers.

This information is being provided in advance of the limit implementation to allow prescribers to collaborate with patients on a specific dose reduction plan and reduce to the maximum allowed dose of 90 MME. The Department has identified members who are currently receiving greater than 90 MME, and providers will be contacted prior to the edit implementation date to prior authorize a dose reduction plan. Providers are also encouraged to be proactive and call the Drug Prior Authorization Unit at Mountain-Pacific Quality Health. The goal is to make this transition as smooth as possible for providers and members.

[For further reference, the Department utilizes the Washington State opioid conversion guidelines, which can be found here <http://agencydirectors.wa.gov/Calculator/DoseCalculator.htm>.](http://agencydirectors.wa.gov/Calculator/DoseCalculator.htm)

For questions regarding this policy, please contact Shannon Sexauer, PharmD, Medicaid Pharmacist at (406)-444-5951 or Dani Feist, Pharmacy Program Officer at (406) 444-2738.

Contact Information

Drug Prior Authorization Unit
Mountain-Pacific Quality Health
3404 Cooney Drive
Helena, MT 59602

(406) 443-6002 or (800) 395-7961 (Phone)

(406) 513-1928 or 1-800-294-1350 (Fax)

[For claims questions or additional information, contact Montana Provider Relations at \(800\) 624-3958 or \(406\) 442-1837 or email \[MTPRHelpdesk@conduent.com\]\(mailto:MTPRHelpdesk@conduent.com\).](#)

[Visit the Montana Healthcare Programs Provider Information website at <https://medicaidprovider.mt.gov>.](https://medicaidprovider.mt.gov)