TO: Pharmacy Providers, Physicians, Nurse Practitioners, Physician Assistants, Clinics,
Dentists, Podiatrists, Long Term Care Providers, Nurse Midwives and Hospitals

RE: Implementation of the Milligram Morphine Equivalency (MME) Audit

The Department of Social Services (DSS), in an effort to combat the growing opioid epidemic, is implementing a new pharmacy audit that calculates daily Milligram Morphine Equivalency (MME). MME is the calculated amount of morphine being taken by a client based on select drugs which exhibit morphine-like properties as determined by the Centers for Disease Control and Prevention (CDC). This tool will assist providers in identifying, monitoring, and addressing potentially harmful opioid dosages being taken by their clients.

Pharmacy claims for opioid prescriptions and refills with dates of service on or after September 1, 2016 will be subject to the MME audit. Please note that compound drug claims will not be subject to the MME audit.

As part of this audit process, the DSS claims system will display the current MME value when a claim for an opioid drug is submitted. The following message will be displayed on the NCPDP claim response:

“CUMULATIVE MILLIGRAM MORPHINE EQUIVALENT PER DAY FOR CLIENT IS XXX.XX MG”

The calculation of the daily MME will include any relevant claim(s) in history submitted over the previous 30 days, regardless of the billing pharmacy provider or the prescribing provider.

The maximum manufacturer recommended dose of morphine in adults for acute pain is 15-30mg every 4 hours, which equates to 180 MME. According to the CDC, the mortality rate rises rapidly in patients whose prescribed MME dose approaches 200 MME/day.

Please click on link below to read “CDC Guideline for Prescribing Opioids for Chronic Pain”.

http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm.

The Department will not pay or deny claims based upon MMEs. At this time, reports of MMEs are being used to inform prescribers about the amounts of morphine equivalents being prescribed to a particular member, by that prescriber and by other prescribers. The provision of this information is intended to limit excessive and unsafe prescribing of opioids to Medicaid members. The Department recognizes that “excessive prescribing” and “unsafe prescribing” can only be defined on a case by case basis; MMEs are an additional tool by which prescribers can assess the safety and appropriateness of their prescribing practices.

At some point in the future, the following message may be returned to the pharmacy on the National Council for Prescription Drug Programs (NCPDP) claim response:

“CUMULATIVE MILLIGRAM MORPHINE EQUIVALENT PER DAY FOR CLIENT IS XXX.XX MG. THIS IS OVER THE DSS THRESHOLD OF XXX.XXMG. CONTACT PRESCRIBER TO VERIFY CURRENT OPIOID TREATMENT. IF CUMULATIVE OPIOID DOSAGE HAS BEEN VERIFIED AND APPROVED BY PRESCRIBER, ENTER A 7 IN THE SUBMISSION CLARIFICATION CODE FIELD TO OVERRIDE AUDIT.”
The pharmacist will then need to document prescriber approval and actively override the audit through submission of NCPDP Submission Clarification Code (Field 42Ø-DK), by entering a value of 7 (Medically Necessary) to allow the claim to override the audit.

As a reminder, all practitioners who prescribe greater than a seventy-two hour supply of any controlled substance (Schedule II-V) are required to review the patient’s records in the Connecticut Prescription Monitoring and Reporting System (CPMRS) at www.ctpmp.com. The full requirements are discussed in the Provider Bulletin PB16-36, released on 06/20/2016.