THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:

☒ Imperial
☒ Riverside/San Bernardino
☒ Los Angeles
☐ Orange
☒ Sacramento
☒ San Diego

LINES OF BUSINESS:

☒ Molina Medi-Cal Managed Care
☐ Molina Medicare Options Plus
☐ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
☐ Molina Marketplace (Covered CA)

PROVIDER TYPES:

☒ **Medical Group/ IPA/MSO**

Primary Care
☒ IPA/MSO
☒ Directs

Specialists
☒ Directs
☒ IPA

☒ **Hospitals**

Ancillary
☐ CBAS
☒ SNF/LTC
☐ DME
☐ Home Health
☐ Other

FOR QUESTIONS CALL PROVIDER SERVICES:
(855) 322-4075, Extension:

Los Angeles/Orange Counties
X111113 X123071 X127657

Riverside/San Bernardino Counties
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Sacramento County
X121360

San Diego County
X121805 X121401 X127709 X121413 X123006 X121599

Imperial County
X125682 X125666

Medi-Cal Drug Utilization Review (DUR) Educational Article – Morphine Equivalent Daily Dosing (MEDD)

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding Morphine Equivalent Daily Dosing.

Morphine Equivalent Daily Dosing MEDD can be used as an indicator of potential dose-related risk for adverse drug reactions, including overdose.

There is no completely safe dose of opioids. The Medical Board of California (MBC) recommends *proceeding cautiously at 80 mg MEDD*. Referral to an appropriate specialist should be considered when higher doses are contemplated. In the Medi-Cal fee-for-service population, the vast majority (97.4%) of paid claims for opioids were well under the 80 mg MEDD threshold recommended by the MBC for a yellow flag warning. Online and mobile application calculators are available to help clinicians determine morphine milligram equivalency. These calculators are not intended for dosage conversion from one product to another but can be used to assess the comparative potency of opioids using a morphine equivalency standard. In order to be most effective, MEDD calculations need to include all opioid prescriptions written for a patient, including those written by other providers.

Effective October 2, 2018, it is mandatory to consult the Controlled Substance Utilization Review and Evaluation System (CURES) 2.0 database: https://oag.ca.gov/cures prior to prescribing, ordering, administering, or furnishing a Schedule II – IV controlled substance.

Effective January 1, 2019, California prescribers are now required to offer a prescription to a patient for either naloxone or another drug approved by the U.S. Food and Drug Administration (FDA) for the complete or partial reversal of opioid-induced respiratory depression when certain conditions are present, including when the prescription dosage for the patient is ≥90 mg MEDD.

A patient's cumulative MEDD is one indicator of potential dose-related risk for adverse drug reactions to opioids, including overdose. The terminology for daily morphine equivalency may vary depending on the resource used and may be described as MEDD, morphine equivalent dose (MED), or

morphine milligram equivalent (MME). Daily morphine milligram equivalents are used to assess comparative potency but not to convert a particular opioid dosage from one product to another. The calculation to determine morphine milligram equivalents includes drug strength, quantity, days' supply, and a defined conversion factor unique to each drug. By converting the dose of an opioid to a morphine equivalent dose, a clinician can determine whether a cumulative daily dose of opioids approaches an amount associated with increased risk. Equianalgesic dose ratios are only approximations and do not account for genetic factors, incomplete cross-tolerance between various opioids, and variable pharmacokinetics that may affect relative potency. If used to estimate a conversion, it is recommended that after calculating the appropriate conversion dose, the prescribed dose be reduced by 25 – 50% to ensure patient safety. Compared with patients receiving an MEDD of 1 – 20 mg, who had a 0.2% annual overdose rate, patients receiving an MEDD of 100 mg or more had almost nine times as much risk of overdose and a 1.8% annual overdose rate as compared to the lowest doses.4 The CDC review of opioid prescribing and overdose found that among patients who are prescribed opioids, an estimated 80% are prescribed low doses.

While there is no completely safe dose of opioids, the ability to calculate the morphine equivalent dose adds an additional assessment tool to combat potential opioid overdose and/or overuse. Health care providers should follow CDC and MBC guidelines for use of opioids and calculation of MEDD, promote case management and, as needed, referrals to appropriate pain specialists as higher doses of opioids are considered, and offer a prescription for naloxone (or similar drug) as indicated by new California regulations. Finally, all providers who prescribe opioids are now required to enroll in and access California's prescription drug monitoring program, CURES 2.0. In order to be most effective, MEDD calculations need to include all opioid prescriptions written for a patient, including those written by other providers.

Clinical Recommendations:

- Follow the CDC Guideline for Prescribing Opioids for Chronic Pain https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf which includes the following recommendations: – Use opioids only when benefits are likely to outweigh risks.
- Start with the lowest effective dose of immediate-release opioids. For acute pain, prescribe only the number of days that the pain is expected to be severe enough to require opioids.
- Reassess benefits and risks if considering dose increases. Review the Guideline Resources available on the CDC website, https://www.cdc.gov/drugoverdose/prescribing/resources.html which include clinical tools and materials for patients.
- Review materials and resources for preventing prescription drug abuse that are available through the California State Board of Pharmacy https://www.pharmacy.ca.gov/consumers/rx_abuse_prevention.shtml.
- Medical Board of California https://www.mbc.ca.gov/Licensees/Prescribing/OverdosePrevention/, and the California Department of Public Health.

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Offer a prescription for naloxone or another drug approved by the FDA for the complete or partial reversal of opioid-induced respiratory depression to a patient when one or more of the following conditions are present:

- The prescription dosage for the patient is ≥90 mg MEDD.
- An opioid medication is prescribed concurrently with a prescription for a benzodiazepine.
- The patient presents with an increased risk for overdose, including a patient with a history of overdose, a patient with a history of substance use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.
- For detailed information on naloxone dosage and administration, providers may visit the Prescribe to Prevent website.

Follow best practices for responsible opioid prescribing, including:

- Consult the CURES 2.0 database initially and at every subsequent visit. – Conduct a physical exam, urine drug test, and document pain history prior to prescribing opioids.
- Screen for substance abuse, mental health problems, and other physical conditions that are contraindicated for opioid use. – Advise against concomitant use of alcohol, sedatives, and hypnotics.
- Implement pain treatment agreements.
- Prescribe the lowest effective dose of short-acting opioid producing analgesia and improved function (no more than 80 mg MEDD) in a limited supply with no refills.
- Regularly evaluate the role of opioid therapy beyond three months for non-cancer chronic pain.
- Use tapering (not abrupt cessation) to discontinue or reduce dose of opioids.
- Track and document levels of pain and function at every visit.
- Exercise vigilance at high doses. If opioid use disorder is suspected based on patient concerns, patient behaviors, findings in prescription drug monitoring program data, or findings from urine drug testing, health care providers should discuss their concerns with their patients and provide an opportunity for the patient to disclose related concerns or problems.
- Health care providers should assess for the presence of opioid use disorder or arrange for a substance use disorder treatment specialist to assess for the presence of opioid use disorder.
- For patients meeting criteria for opioid use disorder, health care providers should offer or arrange for patients to receive evidence-based treatment, including medication-assisted treatment (MAT) with buprenorphine in combination with behavioral therapies.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.

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