



Opioid Limits Recommended by DUR Board

In response to the national opioid crisis, the DUR Board recommended limits for initial opioid prescriptions and total daily dose limits of opioids for Nebraska Medicaid patients.

These limits are intended to enhance the safe use of opioids in all patients. Commonly prescribed opioids include: buprenorphine, codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, tapentadol, and tramadol.

The Morphine Milligram Equivalent (MME) calculator is an important tool in evaluating a patient's total daily opioid use. This tool allows the user to convert a dose of any opioid to an equivalent dose of morphine for reference purposes. The total daily dose includes all short and long-acting opioids. For more information on MME, see the *Nebraska Pain Management Guidance Document*¹, page 13, or the CDC's *Opioid Guideline App*².

Limit for Acute Pain in Opioid-Naïve Patients

In accordance with the *Nebraska Pain Management Guidance Document*, non-opioid or non-pharmacologic options can effectively treat acute pain in most cases. If opioids are

indicated, treatment should be initiated for a short period, which is usually two to three days after surgery or an injury, followed by treatment with an over-the-counter medication.

The DUR Board considers patients who have not received treatment with an opioid in the previous 90 days to be "opioid-naïve". A limit of a 7-day supply, not exceeding 50 MME per day, was recommended by the DUR Board.

Beginning July 19, 2018, practitioners cannot prescribe more than a 7-day supply to pediatric patients with a few exceptions listed in Nebraska Revised Statute Section 28-401.01.

Beginning October 11, 2018, claims submitted to any Nebraska Medicaid plan exceeding this limit will reject at the pharmacy. Pharmacists will not be able to fill an initial prescription for more than a 7-day supply of 50 MME per day.

Limit for Patients with Chronic, Non-Cancer Pain

According to the *Nebraska Pain Management Guidance Document*, page 23, "For almost 30 years, common medical wisdom held that most individuals experiencing chronic pain would benefit from daily doses of opioids. Medical knowledge has matured, and our understanding

of the risk/benefit of chronic opioid use has changed, such that we now know the risks of chronic use are significant, and the benefits are often modest. Most patients with chronic non-cancer pain can be managed with nonopioid modalities or occasional opioid use. The problem we now face is the “legacy patients,” those who have been on high-dose daily opioids for years, sometimes passing from provider to provider. Many primary care practitioners care for these patients, though they may not have initiated the opioid treatment regimen. These individuals deserve compassionate care and may sincerely believe that they could not cope without continuing their medication regimen. However, current best practice suggests that a slow-dosage reduction will improve the quality of life for the majority of patients.”

For the treatment of chronic, non-cancer pain, the DUR Board recommended a total daily limit of 90 MME per day in accordance with the *Nebraska Pain Management Guidance Document*. Currently there are many patients that exceed this limit for whom it may be appropriate to taper their dose over a period of time. The *Nebraska Pain Management Guidance Document* recommends that the dose of an opiate be tapered by 5-10% of long-acting

opioids and 5-15% of short-acting opioids weekly. Refer page 50 for additional information about tapering opioid doses.

An initial limit of 300 MME daily will be put in place in December of 2018 for Nebraska Medicaid patients with chronic pain, unless being treated for active cancer, enrolled in hospice, or receiving end of life care. Claims for total daily doses of more than 300 MME will reject beginning December 6, 2018 unless a prior authorization is on file.

Nebraska Medicaid plans to lower the maximum MME to:

- 250 MME in June 2019
- 200 MME in December 2019
- 150 MME in June 2020
- 120 MME in December 2020
- 90 MME in June 2021

If patients are being treated for pain due to an active case of cancer, enrolled in hospice or receiving end of life care, a prior authorization form will need to be completed and submitted to prevent a disruption in care.

¹**Nebraska Pain Management Guidance Document**
<http://dhhs.ne.gov/publichealth/PDMP/Documents/Nebraska%20Pain%20Management%20Guidance%20Document%20v3.2.pdf>

²**CDC Opioid Guideline App**
https://www.cdc.gov/drugoverdose/pdf/App_Opioid_Prescribing_Guideline-a.pdf

CONTACT INFORMATION

DUR Director
Marcia Mueting, PharmD, RP
6221 S 58th Street, Suite A, Lincoln, NE
68516
Phone (402) 420-1500
Email dur@npharm.org

Nebraska Medicaid
Department of Health & Human Services
PO Box 95026, Lincoln, NE 68509-5026
Phone (402) 471-9029
Email dhhs.MedicaidPharmacyunit@nebraska.gov