

Overview of Current Applications and Uses of MMEs

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Uses of MMEs in the United States

- Clinical practice
- State regulations influencing opioid prescribing
- Dispensing and reimbursement
- Research

Clinical Practice

Opioid Analgesic Therapy Changes

- Switching, adding, or removing opioid drug or route
- Goal is analgesia without overdose

Policies and Regulations

State Prescribing Limits Related to MMEs

- 43 states have limits on the amount of opioid prescribed or dispensed
- 15 states have MME-based limits. Examples:
 - “Lowest effective dose”
 - Limit 30 MMEs per day for initial opioid prescriptions
 - Limit 100 MMEs per day for all opioid prescriptions
 - Limit certain total MMEs for different pain levels
- 4 additional states have MME-related limits. Examples:
 - Prescription Drug Monitoring Program check if > 50 MMEs per day
 - Pain Management Agreement if > 90 MME total doses
- 6 states: co-prescribe naloxone if above certain MMEs per day

Prescription Drug Monitoring Programs (PDMPs)

- Some PDMP software calculates daily MMEs and risk indicators/scores to aid prescribing decisions



Per CDC guidance, the conversion factors and associated daily morphine milligram equivalents for drugs prescribed as part of medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain.



Dispensing and Reimbursement: Health Care Plans

- Prescription claim approval and reimbursement
 - Prescription claim being approved or denied
 - Above certain MMEs per day may need prior authorization
- Pharmacy Quality Alliance assesses health care plan performance measures
 - Percentage of patients with initial opioid Rx ≥ 50 average MMEs/day
 - Percentage of patients with any opioid Rx ≥ 90 average MMEs/day for ≥ 90 days



Dispensing and Reimbursement: Health Care Systems

- Integrated Delivery Networks
 - Increased monitoring above certain MMEs/day
 - Pain specialist consultation above certain MMEs/day
 - Different thresholds for severe pain
- Hospital systems
 - Limits set by Pharmacy & Therapeutics Committee
- Physician/medical groups

Use in Research

- Intended to standardize and compare opioid exposure across opioid moieties
- To assess association with specific outcomes, such as chronic use or overdose
- Examples of metrics used in analyses:
 - Calculated MMEs per day for a prescription
 - Total MMEs in a prescription
 - Daily or total MMEs for multiple prescriptions or concurrent prescriptions



Real-World Considerations When Using Prescription Claims Data

- Overlapping or concomitant prescriptions
 - Therapy change or concomitant therapy?
- Gaps between prescriptions
 - As-needed use or therapy interruption?
- Days' supply is entered by the pharmacy staff
 - Influenced by prescriber instructions and insurance requirements
 - May assume patients take maximum dose allowable

Takeaway Points

- MMEs are widely used in many areas of the U.S. health care system and research
- Used in prescribing limits across states
- Can directly influence patient care, such as prescription dispensing and reimbursement
- In research, consider real-world use patterns when calculating daily MMEs



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