

New Hampshire Medicaid Fee-for-Service Program Morphine Milligram Equivalent Criteria

Approval Date: April 5, 2019

Criteria for Approval

*Hospice, cancer, end-of-life patients and sickle cell are **exempt** from prior authorization.*

If ≥ 100 Morphine Milligram Equivalent (MME) requested:

1. Patient is ≥ 18 years of age; **AND**
2. Patient has a diagnosis of chronic pain; **AND**
3. Patient has documented failure or adequate trial of opioid at a lower MME dose; **AND**
4. Attestation that the New Hampshire Prescription Drug Monitoring Program (PDMP) has been reviewed within the last 60 days; **AND**
 - a. The prescription is written by a pain specialist; **OR**
 - b. The prescriber consulted with a pain specialist; **OR**
 - c. The prescription is written by a prescriber specializing in the same organ system as the primary pain diagnosis; **AND**
5. Confirmation that patient has a written pain agreement; **AND**
6. Confirmation that the patient will be prescribed concurrent naloxone.

Criteria for Denial

1. Failure to meet criteria for authorization; **OR**
2. History of severe asthma or other lung disease; **OR**
3. Concurrent benzodiazepine, sedative hypnotics, or barbiturates.

Initial approval period: Six months

Continued approval: Six months, provided there is documentation that patient continues to be assessed for pain control.

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	10/24/2017
Commissioner	Approval	12/05/2017
DUR Board	Revision	03/12/2019
Commissioner Designee	Approval	04/05/2019