Michigan Department of Health and Human Services (MDHHS)
Prior Authorization (PA) Request
Chronic Opioid Management with High Morphine Milligram Equivalents (MME)

General Instructions:

Michigan Medicaid recognizes that certain patients will require chronic opioid use at doses higher than the CDC recommendation. In an effort to improve opioid prescribing practices to the Michigan Medicaid population, requests for chronic high dose opioids must be submitted with documentation that supports a chronic pain (pain lasting longer than three months) diagnosis that requires continued use of opioid medications. It is important that all practitioners follow best practices for prescribing chronic opioids. NOTE: A taper to reduce high MME is not always clinically appropriate.

Best Practices for Opioid Prescribing:

- **Multifaceted approach** to pain management which includes**:**
  - Assess patient's opioid abuse/addiction potential utilizing a validated risk assessment tool (multiple validated tools such as the Opioid Risk Tool (ORT) are available, and any template is acceptable)
  - Use of non-opioid pharmacologic treatments
  - Use of adjuvant, non-pharmacologic therapies, such as weight loss, physical therapy (PT), occupational therapy (OT), and behavioral therapy
- **MAPS report** before every controlled substance prescription
- **Toxicology screens (urine or blood) at appropriate intervals**
- **Comprehensive Treatment Plan** with:
  - Discussion of possibility of tapering from high dose opioids (optimize opioids at the lowest dose for pain management while maximizing patient's ability to function)
  - Explanation of risks and benefits of long-term opioid use
  - Pain agreement that includes an informed consent, signed by patient
- Recording any **overdose history** (prescription or illicit drugs) and the outcome
- Making **Narcan® (naloxone)** opioid overdose recovery medication available to all chronic opioid patients along with instructions on how and when to use.
  - Naloxone covered for all Michigan Medicaid beneficiaries without a prior authorization
  - Prescriptions obtained from practitioner directly or under the State of Michigan Naloxone Standing order at a participating pharmacy
  - Information about Michigan's Standing Order is available online at either www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79678---,00.html or www.michigan.gov/documents/mdhhs/Standing_Order_571880_7.pdf
- The SUPPORT for Patients and Communities Act requires state Medicaid programs to monitor concurrent prescribing of opioids and other drugs, such as benzodiazepines.
  - Information about the CMS guidance to promote proper use of prescription opioids is available at https://www.medicaid.gov/federal-policy-guidance/downloads/cib080519-1004.pdf

Submitted documentation must include:

- Current **history and physical with explanation of medical necessity of high MME**
- **Medication List** complete with *all* current medications including over-the-counter
- **Identification of the total daily MME of all combined opioid medications and the date that the high MME dosing regimen was initiated**
- ***Pregnant* patients** on opioids are considered high-risk patients and need to be followed by an OB/GYN whose name must be submitted with request

References: K. Kroenke, MD, et al. Challenges with Implementing the Centers for Disease Control and Prevention Opioid Guideline: A Consensus Panel Report. Pain Medicine, 20(4), 2019;724-735, January 2019 https://academic.oup.com/painmedicine/article/20/4/724/5301726

Submit requests to:
Magellan Medicaid Administration
11013 W Broad Street Suite 500
Glen Allen, VA 23060
Fax: 888-603-7696 **Phone**: 877-864-9014

This form is available at https://michigan.magellanrx.com/provider/forms/

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All information addressed on this form must be provided for consideration of approval.
Incomplete requests will not be considered for approval and will be returned. Completed requests may be resubmitted at any time.

Beneficiary Information

BENEFICIARY'S LAST NAME:

BENEFICIARY'S FIRST NAME:

ID NUMBER:

DATE OF BIRTH: ___ – ___ – ____

GENDER: MALE ☐ FEMALE ☐ | **PREGNANT:** NO ☐ YES ☐ Expected Delivery Date:

(If yes, complete the ***Pregnant Patients*** section; if no and post-partum, indicate delivery date: _____)

Prescriber Information

LAST NAME:

FIRST NAME:

PLEASE SELECT ONE: ☐ MD ☐ DO ☐ DDS ☐ DPM ☐ PA ☐ NP

NPI NUMBER:

SPECIALTY:

DEA #: ___ - ____

DEA # EXP: ___ – ___ – ____

COLLABORATING PHYSICIAN'S NAME:

COLLABORATING PHYSICIAN'S DEA #

PHONE NUMBER: ___ – ___ – ____

FAX NUMBER: ___ – ___ – ____

Person Completing Form

LAST NAME:

FIRST NAME:

TITLE:

PHONE NUMBER: ___ – ___ – ____

FAX NUMBER: ___ – ___ – ____

Drug Name	Strength	Quantity per Day	Quantity Prescribed	Duration of Treatment

(Form continued on next page.)

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BENEFICIARY'S LAST NAME:

BENEFICIARY'S FIRST NAME:

1. Does the patient have current cancer-related pain? ☐ Yes ☐ No
2. Does the patient have pain related to sickle cell disease? ☐ Yes ☐ No
3. Is the patient in hospice or palliative care? ☐ Yes ☐ No
4. Does the patient reside in a long-term care or other facility that is exempt from reporting to or checking the state Prescription Drug Monitoring Program (i.e., MAPS)? ☐ Yes ☐ No

If answered "Yes" to any of the above questions 1–4, no further information is required.
If answered "No" to all of the above, responses to questions 5–12 and supporting documentation for items 13–17 are required.

5. Has a risk assessment been performed? ☐ Yes ☐ No
6. Has a pain medication agreement with informed consent been reviewed with, completed, and signed by the patient? ☐ Yes ☐ No
7. Has the MAPS/NarxCare report been reviewed by the prescriber in the last 30 days? (Please ***do not*** submit the MAPS report.) ☐ Yes ☐ No
8. Have concurrently-prescribed drugs been reviewed, and based on the prescriber's assessment, are the drugs and doses safe for the patient? ☐ Yes ☐ No
9. Have non-opioid pain interventions been recommended and utilized, including but not limited to non-opioid medications and adjuvant therapies, such as physical therapy (PT), occupational therapy (OT), behavioral therapies, or weight loss? ☐ Yes ☐ No
10. Has a toxicology screen (urine or blood) from either an on-site UDS or a commercial lab been performed at appropriate intervals and showed expected results? ☐ Yes ☐ No
11. Has the patient been counseled on obtaining a Narcan (naloxone) kit and on appropriate utilization? ☐ Yes ☐ No
12. If applicable, has the patient been counseled on the potential increased risk of adverse effects when opioids are taken concomitantly with opioid potentiators (e.g., benzodiazepines, sedative hypnotics, stimulants, gabapentinoids, or muscle relaxers)? ☐ Yes ☐ No
13. Submit current pain-related history and physical(s), including clinical justification supporting need for exceeding high MME.
14. Submit list of all recent non-opioid medications utilized for pain management (if none utilized, then document rationale explaining why these cannot be used).
15. Submit list of all current opioid medications (long- and short-acting) and document the date that the current high MME dosing regimen was initiated. _____
16. Document the combined total daily morphine milligram equivalent (MME) of all current opioid medications. _____
    (NOTE: Values above 90 MME trigger this high MME prior authorization.)
    - There are numerous apps that can be used to calculate the daily MME. Additional information on Calculating Total Daily Dose of Opioids is available at:
        - CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022 | MMWR
        - Opioid Oral Morphine Milligram Equivalent (MME) Conversion Factors | Guidance Portal (hhs.gov)
17. If patient is currently pregnant, document the name of the OB services provider following this high-risk pregnancy:

For Renewal Requests for Continuation of Therapy (if answered "No" to all of questions 1–4):

- The patient must continue to meet high MME criteria
- All required documentation must be submitted
- Documentation is required of taper plan or rationale why taper is not appropriate