Alabama Medicaid
Pharmacy Override

Morphine Milligram Equivalents (MME) Daily Cumulative Override Instructions

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Overview
MME Daily Cumulative Override Form: Override Request Submittal

Effective August 1, 2019 the Alabama Medicaid Agency will implement a cumulative daily MME edits for opioid experienced recipients. The edit will begin at 250 cumulative MME per day and will gradually decrease over time. This edit is different, and in addition to, the short-acting opioid naïve edit implemented on November 1, 2018**.**

Pharmacy override requests for quantities exceeding the MME limit may be submitted to Keystone Peer Review Organization, LLC (Kepro) and will be reviewed for medical necessity.

Edit Details:

- Claims prescribed by oncologists will bypass the edit.
- Long term care and hospice recipients are excluded.
- Children are included in the edit.
- Additional edits such as therapeutic duplication, maximum quantity limitations, early refill, non-preferred edits, etc. will still apply.
- A Recipient Information Sheet for prescribers and pharmacists to provide to recipients can be found at

https://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.13_Pharmacy_Services/9.4.13_Opioid_Edit_Recipient_Handout.pdf

Section One
MME Daily Cumulative Override Form: Patient Information

Below are fields to be completed on the Override Form.

Form States	Your Response
Patient Name	Record the patient's name as it appears on the Medicaid card.
Patient Medicaid #	Record patient's Medicaid number.
Patient DOB	Record patient's date of birth.
Patient Phone # With Area Code	Record the patient's phone number including area code.

Section Two
MME Daily Cumulative Override Form: Prescriber Information

Below are fields to be completed on the Override Form.

Form States	Your Response
Prescriber Name	Record the prescribing practitioner's name.
NPI #	Record the prescribing practitioner's NPI number.
License #	Record the prescribing practitioner's license number.
Phone # With Area Code	Record the prescribing practitioner's phone number with area code.
Fax # With Area Code	Record prescribing practitioner's fax number with area code.
Address (optional)	Prescribing practitioner's mailing address is optional
Prescribing Practitioner Signature/Date	The prescriber should sign and date in this section on the prescribing practitioner signature line*

By signing in the designated space, the prescriber certify that he/she has not charged the patient cash for the office visit or for the treatment of the patient's pain management. He/she certifies that the treatment is indicated and necessary and meets the guidelines for use as outlined by the Alabama Medicaid Agency. He/she attests that all information included within the request is accurate. He/she will be supervising the patient's treatment. Supporting documentation is available in the patient record.

Section Three
MME Daily Cumulative Override Form: Clinical Information

Below are fields to be completed on the Override Form.

Form States	Your Response
Drug Requested	Enter the name of the drug requested.
Strength	Enter the strength of the requested drug
Drug Code	Enter the NDC number for the requested drug
Quantity Requested	Enter the quantity of the drug being requested.
Day's Supply for Quantity Requested	Enter the day's supply for the quantity requested.
Date of Last Urine Drug Screen	Enter the date of the patient's last urine drug screen
Diagnosis/Specific Description of Pain/Medical Justification	Record diagnoses that justify the requested drug. Diagnosis **or** ICD-10 codes may be used. Use of ICD-10 codes provides specificity and legibility and will usually expedite review.

Specific Clinical Information

General Pain diagnoses will not be approved. For patients who do not meet specific chronic pain diagnosis requirements but require an override must either:

- submit a tapering plan, or
- for legacy patients for which tapering is not recommended, submit a pain care agreement/contract regarding mutual responsibilities (with an emphasis on functional improvement).

Required question for all requests include:

- Has the prescriber reviewed the patient's PDMP within the past 30 days prior to prescribing the requested medication?
- Has the patient been educated on being a candidate to carry naloxone* and/or prescribed naloxone*?
- For female patients, has the patient been counseled on the risk of being/ becoming pregnant while on the requested medication, including the risk of neonatal abstinence syndrome (NAS)?
- Has the prescriber counseled the patient on the risk of concurrent use of the requested medication with benzodiazepines, sedative/hypnotics, or barbiturates?
- Does the patient currently suffer from respiratory depression, acute or severe bronchial asthma, or hypercarbia?

* Per CDC Guidelines for Prescribing Opioids for Chronic Pain, before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use, are present.
https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm

Tapering and Legacy Requirements

Tapering to a reduced opioid dosage or tapering and discontinuing opioid therapy should be considered when the patent:

- Requests a dosage reduction
- Does not have clinically meaningful improvement in pain and function (ie at least 30% improvement on the 3-item PEG scale)
- Is on dosages >/= 50MME/day without benefits or opioids are combined with benzodiazepines
- Shows signs of substance use disorder (ie work or family problems related to opioid use, difficult controlling use)
- Experiences overdose or other serious adverse events
- Shows early warning signs for overdose risk such as confusion, sedation, or slurred speech
- Tapering plans should be individualized and should minimize symptoms of opioid withdrawal while maximizing pain treatment with nonpharmacologic therapies and nonopioid medications.

In general:

- A decrease of 10% of the original dose per week is a reasonable starting point. Some patients who have taken opioids for a long time might find even slower tapers (e.g., 10% per month) easier. Discuss the increased risk for overdose if patients quickly return to a previously prescribed higher dose.

Legacy patients are defined as a patient in which further dose tapering is not in the patient's best interest at this time due to many possible factors. Approval may be granted for up to 3 months with:

- Physician attestation that the patient is stable
- Chart notes to support reason for non-tapering
- Treatment care plan
- Pain care agreement/contract regarding mutual responsibilities (with an emphasis on functional improvement)

Section Four
MME Daily Cumulative Override Form: Dispensing Pharmacy Information

(Information in this area may be completed by the pharmacy).

Below are fields to be completed on the Override Form.

Form States	Your Response
Dispensing Pharmacy	Enter the pharmacy name.
NPI #	Enter the pharmacy NPI number.
Phone # With Area Code	Enter the pharmacy phone number with area code.
Fax # With Area Code	Enter the pharmacy fax number with area code.