



**COLORADO**

**Department of Health Care  
Policy & Financing**

Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203

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### **Morphine Equivalents Policy and PA Criteria**

In alignment with the Governor's initiative to decrease the misuse and abuse of prescription opioids, the Department will implement a limit on total daily morphine equivalents of 300mg **effective 2/1/2016**. This includes opioid-containing products where conversion calculations are applied. Prescriptions that cause the member's drug regimen to exceed the maximum daily limit of 300 milligrams of morphine equivalents (MME) will be denied. In addition, the current policy that limits short-acting opioids to four per day, except for acute pain situations, will continue to be in effect.

Prior authorizations will be granted to allow for tapering. Periodically, the Department anticipates decreasing the limit until a limit of 120MME is reached. Ample notice will be provided before any changes are made to the limit. Doses greater than 120MME have been associated with a higher risk of opioid overdose death. This is in agreement with the Policy for Prescribing and Dispensing Opioids published by the Colorado Department of Regulatory Agencies.

The Prior Authorization (PA) Help Desk can be reached at 1-800-365-4944.

#### **Criteria:**

- Diagnosis of sickle cell anemia will receive a preemptive PA for lifetime.
- A one year PA will be granted for admission to or diagnosis of hospice or end of life care.
- A one year PA will be granted for diagnoses of pain from metastatic cancer, bone cancer, and pain from recent cancer treatment.
- Medicaid provides guidance on the treatment of pain, including tapering, on our website [Pain Management Resources and Opioid Use](#) at [www.Colorado.gov/hcpf](http://www.Colorado.gov/hcpf) then search Pain Management.
- **Only** one long-acting oral opioid agent (including different strengths) and one short-acting opioid agent (including different strengths) will be considered for a prior authorization.

Member should be counseled to not take opioids and drink alcohol concurrently. Also, concomitant use of benzodiazepines and opiates has been associated with a higher incidence of opioid-related overdose. Functional and pain assessment should be performed during patient visits. If member has not shown clinically meaningful improvement, then continuing opioids is not considered appropriate care in most cases. Thirty percent improvement is considered clinically meaningful from baseline assessment or at dose change.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
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