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## Medicare Announces New Guidelines on High-Dose Opioids

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New limits for high-dose opioid prescriptions will be enacted next year for Medicare Part D users, the Centers for Medicare & Medicaid Services (CMS) announced on April 2. Prescriptions will be held to a standard of 90 morphine equivalent milligrams (MME) per day, which follows the CDC prescribing guidelines for primary care physicians released last year.

The Medicare announcement—part of the 2019 Medicare Advantage and Part D Rate Announcement and Call Letter—also sets limits for opioid-naïve patients on seven-day prescriptions, and notes the expansion and combination of the Overutilization Monitoring System and other government facets to identify “high-risk” opioid users, defined as using high levels of opioids from multiple sources, and “potentiator” users, who are using other medications (e.g., benzodiazepines) that increase the risk for adverse effects from opioids. CMS also plans to increase education on overdose risk and prevention.

With around 42.8 million people enrolled in Medicare Part D as of 2017, and a precedent for setting industry example, the agency hopes to “address the opioid epidemic” with these limits, aiming for an “overall reduction in opioid overuse and overdoses.”

The limits will not affect patients in long-term care facilities, hospice, palliative care or those effected by cancer-related pain. It also excludes patients seeking medication-assisted treatment for opioid addiction, such as those on buprenorphine.

Some research has shown higher doses can be correlated with overdose. A Veterans Health Administration sample of chronic pain showed overdose patients had an average dosage of 98 MME per day, compared with other patients who had an average of 48 MME per day. The CDC also said an opioid dosage at or above 50 MME per day doubles the overdose risk, compared with dosages less than 20 MME per day. The standard of 90 MME per day now set by Medicare is equivalent to 90 mg of hydrocodone per day, 60 mg of oxycodone or about 20 mg of methadone.

This 90 MME threshold can be adjusted, however. If the physician sees a higher dose necessary, s/he can consult the pharmacist for an override, which continues to a secondary limit of 200 MME. Dosage above that limit would need further intervention.

But the average number of daily MME per prescription has been declining, from 60 to 50 MME per day between 2006 and 2015, according to numbers from the CDC. Those with high-dose prescriptions ( $\geq 90$  MME per day) also have declined, to an average 6.7 per 100 people in 2015. And overall prescriptions are down, at around 70 per 100 persons that same year, although that number is still three times higher than in 1999.

*—Meaghan Lee Callaghan*