Louisiana Medicaid
Quantity Limit and Maximum Cumulative Daily Morphine Milligram Equivalent (MME) Criteria for Narcotic Analgesics

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request authorization to override maximum quantity limits **AND/OR** maximum cumulative daily morphine milligram equivalent (MME) limits.

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available HERE.
~~*These agents may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*~~

With the exception of Actiq® and Fentora®, **prescriptions for recipients receiving narcotic analgesics with a diagnosis code indicating cancer, palliative end-of-life care, second and third degree burns and corrosions, or sickle-cell crisis are not subject to a quantity limit OR maximum cumulative daily MME**. (See Table 1) *NOTE*: Even if quantity limits and/or maximum daily MME are bypassed with these diagnoses, a non-preferred product will still require prior authorization.

Table 1. Diagnosis Codes That Bypass Narcotic Analgesic Quantity Limits or Maximum Daily MME

Diagnosis Description	Diagnosis Code
Cancer	C00*-C96*
Palliative End-of-Life Care	Z51.5
Second- or Third-Degree Burns or Corrosions	T20.2*-T20.3*, T20.6*-T20.7*, T21.2*-T21.3*, T21.6*-T21.7*, T22.2*-T22.3*, T22.6*-T22.7*, T23.2*-T23.3*, T23.6*-T23.7*, T24.2*-T24.3*, T24.6*-T24.7*, T25.2*-T25.3*, T25.6*-T25.7*
Sickle-Cell Crisis	D57.0*, D57.21*, D57.41*, D57.81*

* Any number or letter or combination of **UP TO FOUR** numbers and letters of an assigned ICD-10 diagnosis code

Quantity Limits and Maximum Cumulative Daily Morphine Milligram Equivalent (MME) Limits

- Quantity limits for short-acting narcotic analgesics are based upon a 7-day supply per month or a 15-day supply per month depending on the recipient's recent history of opioid use. Quantity limits for long-acting narcotic analgesics are based upon a 30-day supply. (See Table 2)
- The MME is a value assigned to each opioid to represent the potency of that opioid using morphine as the standard for comparison. For more information on MME, please visit https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm#T1_down.
- The maximum cumulative daily MME for all concomitant opioid medications is limited to 90 MME per day.

Approval Criteria for Initiation of Therapy to Exceed Maximum Quantity Limit or Maximum Cumulative Daily MME

- **ONE** of the following is required and is **stated on the request**:
    - The recipient has had a *positive response to the requested therapy* as evidenced by an improvement in function and/or signs and symptoms of pain, *without evidence of adverse effects, abuse, or dependence*; **AND**
        - The recipient *is currently taking the requested dosage and quantity*; **OR**

        - The recipient *has taken the requested dosage and quantity in the past*; **OR**
    - The recipient had a *partial but inadequate response* to the requested medication *at a lower dosage and quantity* **AND ALL** of the following:
        - Medication *non-adherence was ruled out* as a reason for the inadequate response; **AND**
        - The recipient *tolerated* the medication at *the lower dosage*; **AND**
        - There was *no evidence of adverse effects, abuse, or dependence* at the lower dose; **AND**
        - The *medication quantity and dose, as requested, are necessary for this patient*; **OR**
    - The recipient *has not previously used this medication*; however, the prescriber is *citing references* for supporting quantity limit exception with this request (for example, a peer-reviewed journal article demonstrating the safety and efficacy of the requested dose for the indication); **AND ALL** of the following:
        - The requested quantity and dosing are supported in the accepted medical compendia; **AND**
        - The *medication quantity and dose, as requested, are necessary for this patient*; **OR**
    - Concomitant narcotic analgesic therapies may **OR** may not exceed individual quantity limits, but the total daily MME exceeds the maximum cumulative daily MME limit; **AND**
        - The *recipient is currently being treated with the requested cumulative daily MME* with a *positive response to treatment* as evidenced by an improvement in function and/or signs and symptoms of pain, *without evidence of adverse effects, abuse, or dependence*; **OR**
        - The recipient is *not currently being treated with the requested cumulative daily MME*, but the addition of new therapy causes the cumulative daily MME to exceed the maximum cumulative daily MME limit, and *the requested cumulative daily MME is necessary for this patient*; **AND**
- For all products, except tramadol 50mg, the total daily dose of the requested medication cannot be achieved with a lower quantity of a higher strength (e.g. two hydromorphone 4mg tablets should not be used to build an 8mg hydromorphone dose when an 8mg tablet is available); **AND**
- The prescriber **states on the request** that the Prescription Drug Monitoring Program (PDMP) has been reviewed prior to prescribing the requested opioid medication; **AND**
- **ONE** of the following: (must be **stated on the request**)
    - The recipient has had a treatment failure with a non-opioid medication; **OR**
    - There is clinical justification why a non-opioid medication cannot be used.
- ~~By submitting the authorization request, the prescriber attests to the following:~~
    - ~~The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**~~
    - ~~All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**~~
    - ~~The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.~~

Approval Criteria for Continuation of Therapy to Exceed Maximum Quantity Limit or Maximum Cumulative Daily MME

- By submitting the authorization request, the prescriber attests that the recipient has met initial approval criteria; **AND**
- The prescriber **states on the request** that the recipient has had a *positive response to treatment* as evidenced by an improvement in function and/or signs and symptoms of pain, *without evidence of adverse effects, abuse, or dependence*; **AND**~~.~~
- The prescriber **states on the request** that the Prescription Drug Monitoring Program (PDMP) has been reviewed prior to prescribing the requested opioid medication; **AND**
- **ONE** of the following: (must be **stated on the request**)
    - The recipient has had a treatment failure with a non-opioid medication; **OR**
    - There is clinical justification why a non-opioid medication cannot be used.

Duration of Authorization Approval for Override of the Quantity Limit AND/OR MME Limit

- **Initiation and continuation of therapy approval for non-cancer diagnosis for long-term care recipients: 6 months**
- **Initiation and continuation of therapy approval for non-cancer diagnosis: 4 months**

Table 2. Narcotic Analgesic Quantity Limits

Short-Acting Quantity Limits by Generic			
No Opioid Claim in Previous 90 days		**Opioid Claim in Previous 90 days**	
Generic	**7-day Quantity Limit**	**Generic**	**30-day Quantity Limit**
Codeine/Acetaminophen	28 units	Codeine/Acetaminophen	Not Addressed
Benzhydrocodone/Acetaminophen	28 units	Benzhydrocodone/Acetaminophen	45 units
Fentanyl Buccal/Sublingual	Not Addressed	Fentanyl Buccal/Sublingual	120 units
Hydrocodone/Acetaminophen	28 units	Hydrocodone/Acetaminophen	45 units
Hydrocodone/Ibuprofen	28 units	Hydrocodone/Ibuprofen	30 units
Hydromorphone	28 units	Hydromorphone	45 units
Meperidine	28 units	Meperidine	45 units
Morphine	28 units	Morphine	45 units
Oxycodone	28 units	Oxycodone	45 units total
Oxycodone/Acetaminophen		Oxycodone/Acetaminophen	
Oxymorphone	28 units	Oxymorphone	45 units
Tapentadol	28 units	Tapentadol	45 units
Tramadol	28 units	Tramadol	45 units
Tramadol/Acetaminophen	28 units	Tramadol/Acetaminophen	40 units
Tramadol/Celecoxib	28 units	Tramadol/Celecoxib	45 units
Oral Opioid Liquid Formulation Quantity Limits if No Opioid Claim in Previous 90 days			
All oral opioid liquid products have a quantity limit of 6 ounces (180ml) or a 7-day supply (whichever is less) if there is no opioid claim in the previous 90 days.			
Long-Acting 30-day Quantity Limits by Generic (Brand Example)			
Fentanyl Patch (Duragesic®) 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr			10 units
Fentanyl Patch (Duragesic®) 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr			20 units
Hydromorphone (Exalgo®)			30 units
Hydrocodone (Zohydro ER®)			60 units
Hydrocodone (Hysingla ER®)			30 units

Morphine (Avinza®)	30 units
Morphine (Kadian®)	30 units
Morphine (MS Contin®)	60 units
Oxycodone (Oxycontin®)	60 units
Oxycodone (Xtampza ER®)	60 units
Oxymorphone (Opana ER®)	60 units
Tapentadol (Nucynta ER®)	60 units
Tramadol ER (Conzip®)	30 units

References

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; https://www.clinicalkey.com/pharmacology/

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill; https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861

REMS https://www.accessdata.fda.gov/scripts/cder/rems/index.cfm 04/09/2021 updated - includes all opioid analgesics

Revision / Date	**Implementation Date**
Added Apadaz Point-of-Sale edits to Criteria	October 2019
Added Liquid Opioid Quantity Limit	November 2019
Added tramadol/celecoxib / April 2022	October 2022
Formatting changes and policy clarifications / September 2022	January 2023
Modified dose building criterion, formatting changes / February 2024	February 2024
Addition of PDMP review requirement, inclusion of non-opioid treatment failure, formatting changes / November 2024	March 2025