New Hampshire Medicaid Fee-for-Service Program Morphine Milligram Equivalent Criteria

Approval Date: June 5, 2025

Criteria for Approval

Hospice patients and end-of-life patients are exempt from prior authorization. Patients with pain associated with cancer or sickle cell disease are exempt from prior authorization.

If ≥ 100 morphine milligram equivalent (MME) requested:

1. Patient is ≥ 18 years of age who requires management of severe, persistent pain with a continuous around-the-clock analgesic for at least 10 days; **AND**
2. Patient has tried and failed or is not a candidate for at least 3 of the following:
   a. Topical nonsteroidal anti-inflammatory drugs (NSAIDs); **OR**
   b. Oral NSAIDS; **OR**
   c. Oral acetaminophen; **OR**
   d. Transcutaneous electrical nerve stimulation; **AND**
3. Patient has documented failure or adequate trial of opioid at a lower MME dose; **AND**
4. Attestation that the New Hampshire Prescription Drug Monitoring Program (PDMP) has been reviewed within the last 60 days; **AND**
   a. The prescription is written by a pain specialist; **OR**
   b. The prescriber consulted with a pain specialist; **OR**
   c. The prescription is written by a prescriber specializing in the same organ system as the primary pain diagnosis; **AND**
5. Attestation that the prescriber has reviewed with the patient the risks associated with continuing high-dose opioids; **AND**
6. Confirmation that patient has a written pain agreement; **AND**
7. Attestation that the prescriber has discussed with the patient to attempt to taper the dose slowly at an individualized pace; **AND**
8. Attestation that the prescriber is monitoring the patient to mitigate overdose risk; **AND**
9. Confirmation that the patient will be prescribed concurrent naloxone.

Criteria for Denial

1. Failure to meet criteria for authorization; **OR**
2. History of severe asthma or other lung disease; **OR**
3. Concurrent benzodiazepine, sedative hypnotics, or barbiturates.

Initial approval period: Six months

Continued approval: Six months, provided there is documentation that patient continues to be assessed for pain control

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	10/24/2017
Commissioner	Approval	12/05/2017
DUR Board	Revision	03/12/2019
Commissioner Designee	Approval	04/05/2019
DUR Board	Revision	10/28/2019
Commissioner Designee	Approval	12/03/2019
DUR Board	Revision	12/15/2020
Commissioner Designee	Approval	02/24/2021
DUR Board	Revision	06/02/2022
Commissioner Designee	Approval	07/12/2022
DUR Board	Revision	12/08/2023
Commissioner Designee	Approval	01/22/2024
DUR Board	Revision	04/08/2025
Commissioner Designee	Approval	06/05/2025