



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services
New Jersey Drug Utilization Review Board

NEWSLETTER

Volume 34 No. 01

March 2024

TO: Physicians, Nurse Practitioners, Independent Clinics, and Federally Qualified Health Centers - **For Action**
Providers of Pharmaceutical Services, Health Maintenance Organizations – **For Information Only**

SUBJECT: Morphine Milligram Equivalents (MMEs)

PURPOSE: To provide practitioners updated clinical information regarding the prescribing of opioid medications.

BACKGROUND: The Drug Utilization Review Board (DURB) serves as an advisory board to both the New Jersey Department of Human Services and the New Jersey Department of Health. Among its responsibilities is the recommendation of clinical standards based on the evaluation of prescription drug use within the State's prescription drug programs. Additionally, the Board disseminates information to encourage appropriate drug utilization.

ACTION: Attached is DURB Educational Newsletter designed to encourage prescribers to carefully consider the potential for exceeding safe dosage of opioid medications. It advocates the use of Morphine Milligram Equivalents (MMEs) as a useful guide during the initial prescription of opioids or when re-assessing the clinical needs of members receiving pharmacy benefits.

This conversion factor table was updated in 2022 by the Center for Disease Control (CDC). The purpose of this Newsletter is to provide the updated table for MMEs. This Newsletter may be viewed on the NJ DURB website at: <https://www.state.nj.us/humanservices/dmahs/boards/durb/newsletters/> or the DMAHS fiscal agent's website at: <https://www.njmms.com/>. The Board invites your comments regarding the information shared in this Newsletter. Comments may be sent to the DURB Secretary, Sam Emenike, at semenike@gainwelltechnologies.com.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE



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**Educational Newsletter
March 2024
Morphine Milligram Equivalents (MMEs)**

This Newsletter aims to encourage prescribers to closely consider the addiction potential of opioid medications and to use Morphine Milligram Equivalents (MMEs) as a practical guide when initially prescribing or re-assessing the clinical needs of State members receiving pharmacy benefits. The MME is the milligrams of morphine an opioid dose is approximately equal to when prescribed.

According to the Centers for Disease Control and Prevention (CDC), over 109,000 individuals died from drug overdoses nationwide in 2022, 2,892 of which occurred in New Jersey. Opioid overdose risk factors include high doses of prescribed narcotics, opioids combined with other central nervous system (CNS) depressants, multiple controlled substances prescribed from different practitioners, low-income status, and behavioral health or substance use disorder diagnoses.

Nationwide efforts are underway to reduce opioid overdoses, including limiting initial prescription quantities, promoting the use of prescribing guidelines for chronic pain and MMEs, and requiring use of state-sponsored Prescription Monitoring Programs (PMPs). This Newsletter emphasizes the value of incorporating MMEs into professional practice to assess opioid drug utilization by patients. Individuals with specific conditions, such as cancer or sickle cell disease, may have different guidelines than those included in this Newsletter.

To determine a patient's total MMEs, providers should calculate the total daily dose of each opioid drug in use, **accessing the State's PMP as a source of this information.**

CAUTION: Do not use the calculated dose in MMEs to determine dosage for converting one opioid to another. The new opioid should be prescribed with caution to avoid unintentional overdose, since the pharmacokinetics may differ with the new opioid. Consult the medication label.

The Centers for Medicare and Medicaid Services (CMS) recommends a total daily dose of no more than 50 MME for opioid naïve members, and 90 MME for opioid tolerant members. Doses prescribed beyond these limits may require documentation of medical necessity. The CDC MME Conversion Factors Table and MME serve as guides to assist in clinical decision-making and are not substitutes for a provider’s judgement.

Morphine Milligram Equivalent (MME) doses for commonly prescribed opioids for pain management

| Opioid | Conversion Factor |
|----------------------------------|-------------------|
| Codeine | 0.15 |
| Fentanyl transdermal (in mcg/hr) | 2.4 |
| Hydrocodone | 1.0 |
| Hydromorphone | 5.0 |
| Methadone | 4.7 |
| Morphine | 1.0 |
| Oxycodone | 1.5 |
| Oxymorphone | 3.0 |
| Tapentadol | 0.4 |
| Tramadol | 0.2 |

From: CDC Clinical Practice Guidelines for Prescribing Opioids for Pain - United States, 2022 https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm#T1_down

What changed?

Eight medications were deleted from the table and the conversion factor changed for four medications.

| Deleted | Change in conversion factor |
|------------------------------|--------------------------------------|
| Meperidine | Tramadol (0.1 to 0.2) |
| Dihydrocodeine | Hydromorphone (4.0 to 5.0) |
| Pentazocine | Methadone consolidated (4.7) |
| Opium | Fentanyl TD patch consolidated (2.4) |
| Heroin (SC diacetylmorphine) | |
| Levorphanol | |
| Buprenorphine TD Patch | |
| Buprenorphine SL & Buccal | |

References:

- Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. Accessed 2023. https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w
- Guideline recommendations and guiding principles. Centers for Disease Control and Prevention. March 16, 2023. Accessed 2023. <https://www.cdc.gov/opioids/healthcare-professionals/prescribing/guideline/recommendations-principles.html>.