Overview of Current Applications and Uses of MMEs

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Uses of MMEs in the United States

• Clinical practice
• State regulations influencing opioid prescribing
• Dispensing and reimbursement
• Research

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Clinical Practice
Opioid Analgesic Therapy Changes

- Switching, adding, or removing opioid drug or route
- Goal is analgesia without overdose

Policies and Regulations

State Prescribing Limits Related to MMEs

• 43 states have limits on the amount of opioid prescribed or dispensed
• 15 states have MME-based limits. Examples:
  – “Lowest effective dose”
  – Limit 30 MMEs per day for initial opioid prescriptions
  – Limit 100 MMEs per day for all opioid prescriptions
  – Limit certain total MMEs for different pain levels
• 4 additional states have MME-related limits. Examples:
  – Prescription Drug Monitoring Program check if > 50 MMEs per day
  – Pain Management Agreement if > 90 MME total doses
• 6 states: co-prescribe naloxone if above certain MMEs per day

Prescription Drug Monitoring Programs (PDMPs)

- Some PDMP software calculates daily MMEs and risk indicators/scores to aid prescribing decisions.

Dispensing and Reimbursement:
Health Care Plans

• Prescription claim approval and reimbursement
  – Prescription claim being approved or denied
  – Above certain MMEs per day may need prior authorization

• Pharmacy Quality Alliance assesses health care plan performance measures
  – Percentage of patients with initial opioid Rx ≥ 50 average MMEs/day
  – Percentage of patients with any opioid Rx ≥ 90 average MMEs/day for ≥ 90 days

Source: Pharmacy Quality Alliance. PQA Opioid Measure Set. Available at: https://www.pqaalliance.org/assets/Measures/PQA_Opioid_Core_Measure_Set_Description.pdf. Accessed 7 May 2021
Dispensing and Reimbursement:
Health Care Systems

• Integrated Delivery Networks
  – Increased monitoring above certain MMEs/day
  – Pain specialist consultation above certain MMEs/day
  – Different thresholds for severe pain

• Hospital systems
  – Limits set by Pharmacy & Therapeutics Committee

• Physician/medical groups
Use in Research

• Intended to standardize and compare opioid exposure across opioid moieties
• To assess association with specific outcomes, such as chronic use or overdose
• Examples of metrics used in analyses:
  – Calculated MMEs per day for a prescription
  – Total MMEs in a prescription
  – Daily or total MMEs for multiple prescriptions or concurrent prescriptions
Real-World Considerations When Using Prescription Claims Data

• Overlapping or concomitant prescriptions
  – Therapy change or concomitant therapy?

• Gaps between prescriptions
  – As-needed use or therapy interruption?

• Days’ supply is entered by the pharmacy staff
  – Influenced by prescriber instructions and insurance requirements
  – May assume patients take maximum dose allowable
Takeaway Points

• MMEs are widely used in many areas of the U.S. health care system and research
• Used in prescribing limits across states
• Can directly influence patient care, such as prescription dispensing and reimbursement
• In research, consider real-world use patterns when calculating daily MMEs