Measure 2 Overview: Percent of index opioid prescriptions that exceed a reference dose (nonsurgical)

Numerator: The number of index opioid prescriptions prescribed in the measurement year that exceeded the recommended dose (100 morphine milligram equivalence (MME)).
Denominator: The number of index opioid prescriptions prescribed in the measurement year.

Key understandings:

- Total MME is the **MME of the total prescription**, for example, the whole bottle (not daily MME).
- An index opioid prescription is the **first prescription provided** to an opioid naïve patient.
- An opioid naïve patient is **someone without an active opioid prescription for 90 days before** the date of the prescription. Patients counted in this measure had to have been enrolled in Medicaid for 3 months before the first prescription. **It cannot be someone new to Medicaid.**

Why is it important to measure this prescribing behavior?

- Opioid analgesia remains an important tool for managing, severe, acute pain; however, opioids may not be more effective than non-opioids for some acute conditions.[i]
- Odds for long-term use may be greater with higher dose and duration of initial exposure.[ii,iii]
- Clinicians who prescribe to opioid naïve people should be aware of the conditions and diagnoses that most frequently generate an index opioid prescription and whether the amount aligns with best practices.

Community standards for treating acute pain

- Avoid opioids if possible and only prescribe for indicated conditions
- Use scheduled acetaminophen and/or NSAIDs unless contraindicated
- Use the lowest strength, short-acting dose for the shortest duration in the initial opioid prescription, usually up to 100 MME total
- Provide patient with follow-up instructions if the pain does not resolve as expected

Universal standards of care for any pain phase

- Communicate realistic expectations about anticipated pain
- Conduct a risk assessment
- Weigh risks vs. benefits
- Educate about opioid risks, safe use and disposal
- Check the Prescription Monitoring Program
- Offer Naloxone for patients at risk of overdose
- Avoid "PRN" instructions, clearly explain how to take and stop using opioids

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[i] Chou R, Wagner J, Ahmed A, et al. Treatments for acute pain: A systematic review. Comparative effectiveness review no. 240. AHRQ Publication No. 20(21)-EHC006. Available at: https://www.ncbi.nlm.nih.gov/books/NBK566508/

[ii] Webster BS, Verma SK and Gatchel RJ. Relationship between early opioid prescribing for acute occupational low back pain and disability duration, medical costs, subsequent surgery and late opioid use. *Spine* 2007; 32(18): 2127-2132.

[iii] Shah A, Hayes CJ and Martin BC. Characteristics of initial prescription episode and likelihood of long-term opioid use – United States, 2006-2015. *MMWR Morb Mortal Wkly Rep* 2017: 66(1);265-269