

**STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES**

**West Virginia Medicaid Lock-In Criteria**

The West Virginia Medicaid Pharmacy Program requires that members with prescription drug utilization meeting the criteria listed, obtain their prescriptions for controlled substances from one pharmacy. On a monthly basis, the Retrospective Drug Utilization Review (DUR) Committee reviews member profiles that have been selected because of therapeutic criteria exceptions, including potential overutilization of controlled substances. Members who meet the criteria listed below **may be restricted or “locked-in” to one pharmacy for twelve (12) months at the discretion of the reviewer**. At the end of the twelve (12) month period, the Retrospective DUR Committee reviews the member’s prescription profile to determine if the lock-in should be continued for another twelve (12) month period. The goal of the lock-in program is to provide enhanced coordination of care for members who may be at risk for adverse effects due to the potential overutilization of controlled substances. Members should call **1-877-719-3123** if they would like to request a change to their lock-in pharmacy.

The Retrospective DUR Committee is a sub-committee of the West Virginia Drug Utilization Review (DUR) Board. Criteria for Lock-in are reviewed and approved by the DUR Board and Retrospective DUR Committee.

**CRITERIA:**

1. **High Average Daily Dose:**  $\geq 50$  morphine milligram equivalents per day over the past 90 days
2. **Overutilization:** Filling of  $\geq 5$  claims for all controlled substances in the past 60 days
3. **Doctor/Pharmacy Shopping:**  $\geq 3$  prescribers OR  $\geq 3$  pharmacies writing/filling claims for any controlled substance in the past 60 days
4. **Use with a History of Dependence/Overdose:** Any use of a controlled substance in the past 60 days with at least 1 occurrence of a medical claim for Substance Abuse, Dependence, or Overdose in the past 720 days
5. **“Frequent Flyer”:**  $\geq 3$  Emergency Department visits in the last 60 days
6. **Cash Payments:** Review of the Controlled Substance Automated Prescription Program (CSAAP) report indicates cash purchases of controlled substances covered by Medicaid
7. **Positive Drug Screen:** Report by medical provider of abnormal or unexpected drug screen result

***Patients with a current diagnosis of cancer may be excluded on a case-by-case basis.***

**References:**

1. [http://www.cdc.gov/drugoverdose/pdf/pdo\\_patient\\_review\\_meeting-a.pdf](http://www.cdc.gov/drugoverdose/pdf/pdo_patient_review_meeting-a.pdf)
2. <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Opioid-Morphine-EQ-Conversion-Factors-March-2015.pdf>
3. West Virginia Safe & Effective Management of Pain Guidelines (SEMP) 2016 MME conversion chart (**SEE BELOW**)

## West Virginia Safe & Effective Management of Pain Guidelines

### Morphine Milligram Equivalents (MMEs) Conversion Chart

| Medication                      | MME Factor            | MME Relative Doses                       |
|---------------------------------|-----------------------|--|
| Tramadol                        | 0.1                   | 300 mg                                   |
| Meperidine                      | 0.1                   | 300 mg                                   |
| Codeine                         | 0.15                  | 200 mg                                   |
| Pentazocine                     | 0.37                  | ~100 mg                                  |
| Tapentadol                      | 0.4                   | 75 mg                                    |
| <b>MORPHINE</b>                 | <b>1</b>              | <b>30 mg</b>                             |
| Hydrocodone                     | 1                     | 30 mg                                    |
| Opium                           | 1                     | 30 mg                                    |
| Oxycodone                       | 1.5                   | 20 mg                                    |
| Oxymorphone                     | 3                     | 10 mg                                    |
| Heroin (SC Diacetylmorphine)    | 3                     | 10 mg                                    |
| Hydromorphone                   | 4                     | 7.5 mg                                   |
| Methadone 1-20 mg/day           | 4                     | 7.5 mg                                   |
| 21-40 mg/day                    | 8                     | 3.75 mg                                  |
| 41-60 mg/day                    | 10                    | 3 mg                                     |
| >=61 mg/day                     | 12                    | 2.5 mg                                   |
| Fentanyl Transdermal (TD) Patch | 7.2 (Divide by days)  | 12.5 mcg/hr Patch                        |
| Buprenorphine TD Patch          | 12.6 (Divide by days) | 15 mcg/hr Patch                          |
| Buprenorphine Sublingual (SL)   | 0.03 (for mcg)        | 1000 mcg (lowest actual product 2 mg)    |
| Buprenorphine Buccal            | 0.06 (for mcg)        | 500 mcg (closest actual product 450 mcg) |

#### USING THE MME FACTOR

Multiply the mg or mcg respectively of the chosen opioid by the MME Factor to calculate the equivalent daily dose of morphine in milligrams.

- *Calculation of the Milligram Morphine Equivalent for the patches: the MME Factor already accounts for the units; therefore simply divide the MME by the number of days the patch was designed to last and then multiply the result by the strength of the current patch.*
- *For SL buprenorphine, convert the starting SL dose to mcg's first.*

#### USING THE MME RELATIVE DOSES

Comparative doses of opioids are approximately equivalent to 30 mg of oral morphine

NOTE: To convert between drugs\*, divide the Current Drug MME Factor by the Target Drug MME Factor and multiply the resulting number by the Current Drug Dose

*\*Cross tolerance is not taken into account in these calculations*