



Arizona State Board of Pharmacy
Controlled Substances Prescription Monitoring Program

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Attention Pharmacists and Prescribers: Explanation of major change
in the CSPMP Patient History Report to address the "M.E.D."
Information added to the reports

This letter is intended to educate you on the "M.E.D." information which was added to patient history reports to curtail the prescription drug epidemic and rising overdose death rates from opiates and combinations therein. M.E.D. stands for morphine equivalency dosing. This is essentially a system to equate different opiates and potencies into a standard morphine equivalent value via a conversion chart created by the Centers for Disease Control (CDC). This chart will be located on the last page of the CSPMP Patient History report. Each active opiate prescription (identified by having days supply remaining), will have a daily M.E.D. value. All active (concurrent) prescription values are then combined into one daily "M.E.D." value (Active Cumulative Morphine Equivalent), which will be bolded and located on the upper right portion of the CSPMP report. It is important to note that this value is a snapshot of the day when you run the report. It is not a "90 day average". This could mean that something may not show up on the report (due to lag in report time to CSPMP versus the fill date) or that tomorrow the score may be lower due to "active" prescriptions running out the next day. These are scenarios that you should understand when viewing this M.E.D. value. Where did the "100" M.E.D. threshold recommendation come from? The threshold of equal to or greater than 100 M.E.D. was identified by a team of pain management physicians and specialists that were convened by the Arizona Department of Health Services.

At 100 M.E.D., it was deemed that prescribers should “press pause” before prescribing the opiate. This includes a number of clinical considerations that the prescriber should take into account prior to issuing the prescription, as specified in the Arizona Opioid Prescribing Guidelines. This can be viewed via the link at <http://www.azdhs.gov/clinicians/documents/clinical-guidelines-recommendations/prescribing-guidelines/141121-opiod.pdf>.

That is all that is required. If a patient’s M.E.D. value is greater than 100, it does NOT preclude the prescriber from issuing or the pharmacist from filling the prescription, just that you should “press pause”, making sure that your patient absolutely requires this treatment.

For pharmacists, things to consider when pressing pause may include: review of the CSPMP report, review of the drug profile in your system, prior knowledge of this patient and physician, and professional judgement. Remember that this is a tool, not a definitive number to determine whether you fill or do not fill the prescription.

However, if after review of the CSPMP report you suspect a legitimacy issue, do not fill the prescription and notify us of your concern.

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