

THE PRESCRIBER E-LETTER

The Prescriber E-Letter is designed to enhance the transparency and efficiency of the MassHealth drug prior authorization (PA) process and the MassHealth Drug List. Published biannually, each issue will **highlight** key clinical **information and updates** to the **MassHealth Pharmacy Program and the MassHealth Drug List**. The Prescriber E-Letter is created by the MassHealth Drug Utilization Review Program and the MassHealth Pharmacy Program.

COBI (Concomitant Opioids and Benzodiazepines Initiative)

Opioid analgesics are used to treat a variety of acute and chronic pain conditions; however, opioid-induced respiratory depression continues to be a public health concern in the Commonwealth of Massachusetts.

Benzodiazepines are used to treat a number of conditions, including anxiety, panic disorder, alcohol withdrawal syndrome, seizures, and skeletal muscle spasms. For these conditions, benzodiazepines are not recommended as first-line therapy or as monotherapy in consensus guidelines. Patients may be treated with opioids and benzodiazepines when pain conditions overlap with anxiety or muscle spasms; however, the concomitant use of these agents may increase patient's risk of additive respiratory depression, impaired coordination with increased risk for falls, hospitalizations, intentional and unintentional overdose or injury. To address this serious concern of overuse and associated risks of overdose, **MassHealth implemented a PA requirement for the concomitant use of chronic benzodiazepines and opioids.** The PA would apply to overlapping pharmacy claims for one or more benzodiazepine(s) and one or more opioid(s), **for at least 60 days within a 90-day period.** The MassHealth drug utilization review program will work with prescribers to facilitate a safe benzodiazepine reduction plan that will potentially lead to discontinuation. Emergency overrides will be available while awaiting completion of the PA process.

The prior authorization process for concomitant opioids and benzodiazepines was implemented on **November 25, 2019**. The prior authorization does not include clobazam, rectal diazepam, and injectable/intranasal benzodiazepine formulations. This initiative does not include buprenorphine for medication-assisted treatment (MAT).

Concomitant Opioid and Benzodiazepine Polypharmacy PA Requirements

For all requests, individual drug PA criteria must be met first where applicable.

Documentation of the following:

1. Appropriate diagnosis for the benzodiazepine; **and**
2. Appropriate diagnosis for the opioid; **and**

3. One of the following:

- a. If the benzodiazepine is being used for a psychiatric diagnosis, an inadequate response or adverse reaction to three antidepressants, or contraindication to all antidepressants; **or**
- b. If the benzodiazepine is being used for a musculoskeletal diagnosis, an inadequate response or adverse reaction to three skeletal muscle relaxants (e.g., cyclobenzaprine, chlorzoxazone, metaxalone, methocarbamol, orphenadrine), or a contraindication to all skeletal muscle relaxants; **or**
- c. If the benzodiazepine is being used for a sleep disorder, an inadequate response or adverse reaction to three non-benzodiazepine sleep medications, or a contraindication to all non-benzodiazepine sleep medications; **or**
- d. If the benzodiazepine is being used for a seizure disorder, member is stable on a non-benzodiazepine anticonvulsant; **or**
- e. Treatment plan to taper off or taper down from benzodiazepine therapy; **or**
- f. Treatment plan to taper off opioid therapy; **or**
- g. Clinical rationale for the concomitant use of opioids and benzodiazepines; **and**

4. Member will be co-prescribed naloxone

Further information on the MassHealth Drug List and PA forms can be found at www.mass.gov/masshealth/pharmacy. Helpful resources for benzodiazepine and/or opioid tapers can be found online at:

Benzodiazepine Education Resource

https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/22_Benzodiazepine_Provider_AD_Educational_Guide_IB_10_928.pdf

Opioid Taper Resource

https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Academic_Detailing_Educational_Material_Catalog/52_Pain_Opioid_Taper_Tool_IB_10_939_P96820.pdf#

Recent MassHealth Drug List Updates

Suboxone (buprenorphine/naloxone film)

Suboxone (buprenorphine/naloxone film) is Food and Drug Administration (FDA)-approved for the treatment of opioid dependence. Based on national guideline recommendations, Suboxone (buprenorphine/naloxone film) ≤ 24 mg/day will no longer require prior authorization for the maintenance treatment of opioid dependence. Please note that other buprenorphine products for the treatment of opioid dependence still require PA. Criteria must be met for equivalent doses of buprenorphine >24 mg/day.

The removal for the prior authorization process for Suboxone (buprenorphine/naloxone film) ≤ 24 mg/day was implemented on **July 15, 2019**. The prior authorization status of other buprenorphine products is outlined below.

Drug Generic Name	Drug Brand Name	PA Status
Buprenorphine/naloxone buccal film	Bunavail	PA
Buprenorphine/naloxone film	Suboxone BP, PD	PA for 90 days (>24 mg/day and ≤ 32 mg/day)
Buprenorphine/naloxone film	Suboxone BP, PD	PA for >32 mg/day
Buprenorphine/naloxone film ≤ 24 mg/day	Suboxone BP, PD	
Buprenorphine/naloxone tablet		PA
Buprenorphine/naloxone tablet - Zubsolv	Zubsolv	PA
Buprenorphine extended-release injection	Sublocade	PA
Buprenorphine implant	Probuphine	PA
Buprenorphine tablet		PA

^{BP}Brand Preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.

^{PD}Preferred Drug. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class.

Tramadol High-Dose Limit

Tramadol is FDA-approved for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate. The analgesic effect of tramadol is believed to be due to both to binding to μ -opioid receptors and weak inhibition of re-uptake of norepinephrine and serotonin. This makes the pharmacology of tramadol similar to opioids. Due to the potential risk for abuse, addiction, and overdose with tramadol, a high dose limit was developed.

The high dose limit for tramadol was implemented on **June 3, 2019**. The prior authorization status of individual products is outlined below.

Drug Generic Name	Drug Brand Name	PA Status
Tramadol	Ultram #	PA for <12 years and PA for >400 mg/day
Tramadol/acetaminophen	Ultracet	PA

This designates a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

High-Dose Tramadol PA Requirements

Prescribers requesting tramadol products at doses >400 mg/day are required to document the following:

1. Appropriate diagnosis
2. Individual drug PA criteria must be met first, when applicable
3. Medical records documenting treatment plan, including clinical rationale for high dose and titration of medication up to current dose
4. Pain consult from a pain specialist supporting the high dose requested
5. If using as monotherapy, clinical rationale for not utilizing a long-acting agent in a member requiring short-acting opioid therapy for the treatment of chronic pain
6. Signed and dated patient-provider agreement for opioid use