



MassHealth Opioid and Pain Initiative

A. Opioid Analgesics that Require Prior Authorization (PA) for All Dosage Forms and Strengths

Note: See Section B below for information regarding agents with additional restrictions such as age, dose, monotherapy, and/or quantity limits.

Abstral (fentanyl sublingual tablet) – PA
 benzhydrocodone/acetaminophen – PA
 dihydrocodeine/acetaminophen/caffeine – PA
 dihydrocodeine/aspirin/caffeine – PA
 fentanyl buccal tablet – PA
 fentanyl transmucosal system – PA
 meperidine – PA

Olinvyk (oliceridine) ^ – PA
 opioid powders – PA
 Nucynta (tapentadol immediate-release) – PA
 Nucynta ER (tapentadol extended-release) – PA
 tramadol 100 mg – PA
 tramadol/acetaminophen – PA
 tramadol extended-release capsule and tablet – PA

^ This drug is available through the health care professional who administers the drug. MassHealth does not pay for this drug to be dispensed through a retail pharmacy.

B. Opioid Analgesics with Age, High Dose, High Dose Short-Acting Monotherapy, and/or Quantity Limit Restrictions that Require PA

Note: Some medications in the table below (notated with an asterisk) require PA for all dosage forms and strengths. Additional information is required for opioid requests that exceed age, dose, or quantity limits, or for use of a high dose short-acting opioid as monotherapy. Please provide medical records and complete the appropriate section of the Opioids/Acetaminophen Analgesic Prior Authorization Request form when requesting PA for ages, quantities, or doses outside of the limits listed below, or for use of a high dose short-acting opioid without a long-acting opioid agent.

Drug	Long-acting	
	Age/Dose Limit	Quantity Limit
Belbuca (buprenorphine buccal film)*‡	> 1,800 mcg/day	> 2 films/day
Butrans (buprenorphine transdermal system)	> 20 mcg/hr (i.e. one 20 mcg/hr patch every 7 days)	> 4 patches/28 days
Conzip (tramadol extended-release capsule)*‡	< 12 years > 300 mg/day	> 1 capsule/day
Dolophine, Methadose (methadone)*‡‡	> 30 mg/day	N/A
Duragesic (transdermal fentanyl)‡ ²	> 50 mcg/hr (i.e. one 50 mcg/hr patch every 72 hours)	> 10 patches/month
hydromorphone extended-release*‡	> 32 mg/day	> 1 tablet/day
Hysingla ER (hydrocodone extended-release)*‡	> 80 mg/day	> 1 tablet/day
Kadian (morphine extended-release capsule)*‡	> 120 mg/day	> 1 capsule/day
levorphanol*‡	> 4 mg/day	> 2 tablets/day
Morphabond ER (morphine extended-release tablet)*	> 120 mg/day	> 2 tablets/day
morphine extended-release capsule*‡	> 120 mg/day	> 1 capsule/day
MS Contin (morphine controlled-release)‡	> 120 mg/day	N/A
Oxycontin (oxycodone extended-release tablet)*‡	> 80 mg/day	> 3 tablets/day
oxymorphone extended-release*	> 40 mg/day	> 2 tablets/day
Ultram ER (tramadol extended-release tablet)*‡	< 12 years > 300 mg/day	> 1 tablet/day
Xtampza (oxycodone extended-release capsule)*	> 72 mg/day	> 2 capsules/day
Zohydro ER (hydrocodone extended-release)*‡	> 80 mg/day	> 2 capsules/day

* Both brand and generic (if available) require PA, even within dose and quantity limits; PA criteria available at www.mass.gov/druglist.

† Dose limits apply to both oral and injectable formulation.

‡ Available generically

² Generic transdermal fentanyl 37.5, 62.5, and 87.5 mcg/hr require PA, even within dose and quantity limits.

Short-acting	
Drug	Age/Dose/Quantity Limit
acetaminophen products‡	> 4 grams/day
acetaminophen with codeine products*† ¹	< 12 years > 4 grams acetaminophen/day > 360 mg codeine/day
benzhydrocodone/acetaminophen*† ¹	> 65.28 mg/day
butorphanol nasal spray*‡	> 2 canisters/month
codeine products*† ¹	< 12 years > 360 mg/day
Dilaudid (hydromorphone)†‡ ¹	> 32 mg/day
hydrocodone/acetaminophen† ¹	> 80 mg/day
hydrocodone/acetaminophen 300 mg*† ¹	> 80 mg/day
hydrocodone 5 mg, 10 mg/ibuprofen*† ¹	> 80 mg hydrocodone/day > 3.2 grams ibuprofen/day
hydrocodone 7.5 mg/ibuprofen† ¹	> 80 mg hydrocodone/day > 3.2 grams ibuprofen/day
morphine immediate-release†‡ ¹	> 120 mg/day
Opana (oxymorphone immediate-release)*†‡ ¹	> 40 mg/day
Oxaydo (oxycodone-immediate-release)* ¹	> 80 mg/day
oxycodone/acetaminophen 300 mg*† ¹	> 80 mg/day
oxycodone/aspirin‡	> 80 mg oxycodone/day > 4 grams aspirin/day
oxycodone/ibuprofen*† ¹	> 80 mg oxycodone/day > 3.2 grams ibuprofen/day
oxycodone immediate-release† ¹	> 80 mg/day
Percocet (oxycodone/acetaminophen)† ¹	> 80 mg/day
tramadol 100 mg*† ¹	< 12 years > 400 mg/day
Ultracet (tramadol/acetaminophen)† ¹	< 12 years > 400 mg/day
Ultram (tramadol 50 mg)† ¹	< 12 years > 400 mg/day
Xartemis XR (oxycodone/acetaminophen extended-release)* ¹	> 80 mg/day

* Both brand and generic (if available) require PA, even within dose and quantity limits; PA criteria available at www.mass.gov/druglist.

† Dose limits apply to both oral and injectable formulation.

‡ Available generically

¹ High dose short-acting monotherapy limits apply.

C. Duplicate Opioid Therapy

PA is required for members taking ≥ two long-acting opioids for > two months.

PA is required for members taking ≥ two short-acting opioids for > two months.

D. Concurrent Therapy with Opioid Dependence Agents

For members determined to be stable on any opioid dependence therapy:

- PA is required for any long-acting opioid.
- PA is required for any short-acting opioid for > seven days supply.
- PA is required for any short-acting opioid(s) for > seven days of therapy within the last 30 days.