



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.

dihydrocodeine/acetaminophen/caffeine – PA
 fentanyl buccal tablet – PA
 fentanyl transmucosal system – PA
 meperidine – PA

Olinvyk (olicecidine) ^{MB} – PA
 opioid powders – PA
 Nucynta (tapentadol immediate-release) – PA
 Nucynta ER (tapentadol extended-release) – PA

^{MB} This drug is available through the health care professional who administers the drug or in an outpatient or inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy. If listed, prior authorization does not apply through the hospital outpatient and inpatient settings. Please refer to 130 CMR 433.408 for prior authorization requirements for other health care professionals. Notwithstanding the above, this drug may be an exception to the unified pharmacy policy; please refer to respective MassHealth Accountable Care Partnership Plans (ACPPs) and Managed Care Organizations (MCOs) for prior authorization status and criteria, if applicable.

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. Certain exemptions may apply to high-dose criteria (e.g., diagnosis of sickle cell disease, active cancer pain, palliative care, hospice).

The accumulated high dose threshold is 120 mg of morphine or morphine equivalent (MME) per day for an individual agent, and 180 MME per day for the entire regimen. All buprenorphine formulations are excluded from the opioid accumulator.

| Long-acting | | |
|---|---|----------------------|
| Drug | 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)*‡‡ | > 25 mg/day | N/A |
| fentanyl transdermal system‡ ² | > 50 mcg/hr (i.e. one 50 mcg/hr patch every 72 hours) | > 10 patches/30 days |
| hydrocodone extended-release*‡ | > 80 mg/day | > 2 capsules/day |
| hydromorphone extended-release*‡ | > 24 mg/day | > 1 tablet/day |
| Hysingla ER (hydrocodone extended-release)*‡ | > 80 mg/day | > 1 tablet/day |
| levorphanol*‡ | > 4 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 |
| tramadol extended-release tablet*‡ | < 12 years > 300 mg/day | > 1 tablet/day |
| Xtampza (oxycodone extended-release capsule)* | > 72 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 Fentanyl transdermal system 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 benzhydrocodone/day > 4 grams acetaminophen/day |
| butorphanol nasal spray*‡ | > 2 canisters/30 days |
| codeine products† ¹ | < 12 years > 360 mg/day |
| Dilaudid (hydromorphone)†‡ ¹ | > 24 mg/day |
| hydrocodone/acetaminophen† ¹ | > 80 mg hydrocodone/day > 4 grams acetaminophen/day |
| hydrocodone/acetaminophen 300 mg*† ¹ | > 80 mg hydrocodone/day > 4 grams acetaminophen/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 |
| oxymorphone immediate-release*†‡ ¹ | > 40 mg/day |
| oxycodone/acetaminophen 300 mg*† ¹ | > 80 mg oxycodone/day > 4 grams acetaminophen/day |
| oxycodone/aspirin‡ | > 80 mg oxycodone/day > 4 grams aspirin/day |
| oxycodone immediate-release† ¹ | > 80 mg/day |
| Percocet (oxycodone/acetaminophen)† ¹ | > 80 mg oxycodone/day > 4 grams acetaminophen/day |
| Seglantis (celecoxib/tramadol)* ¹ | < 12 years > 400 mg tramadol/day |
| tramadol 100 mg*† ¹ | < 12 years > 400 mg/day |
| tramadol solution*† ¹ | < 12 years > 400 mg/day |
| Ultracet (tramadol/acetaminophen)*† ¹ | < 12 years > 400 mg tramadol/day > 4 grams acetaminophen/day |
| Ultram (tramadol 50 mg)† ¹ | < 12 years > 400 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.

E. Opioid First-Fill Seven-Day Supply Restriction

In general, members who have not filled an opioid prescription recently or who are naïve to opioids will be limited to a seven-day supply for their first fill. Seven-day supply opioid restrictions do not apply to members who already take opioids. Certain exemptions may apply to seven-day supply opioid restrictions.

F. Concomitant Opioid and Benzodiazepine Initiative

Effective with the March 2024 MassHealth Drug list update, PA is required for members who are newly starting opioid therapy and are stable on benzodiazepine therapy for ≥ 15 days supply within the past 45 days. Members can receive up to a combined total of 14 days supply of one or more opioid(s) within the past 45-day period without PA. Please note: In general, members that are residents of nursing homes or chronic care facilities, enrolled in hospice, or with a current diagnosis of cancer or sickle cell disease may be considered on a case-by-case basis for an exemption from COBI requirements.

A comprehensive medication list and additional information about the MassHealth Concomitant Opioid and Benzodiazepine Initiative, including prior authorization requirements, are available on the MassHealth Drug List webpage at www.mass.gov/druglist. Please refer to the Concomitant Opioid and Benzodiazepine Initiative for further information.