MassHealth Concomitant Opioid and Benzodiazepine Initiative

BACKGROUND

The MassHealth Concomitant Opioid and Benzodiazepine Initiative (COBI) requires prior authorization for members using opioid and benzodiazepine medications concomitantly. This is due, in part, to the growing data supporting the significant risk associated with the concomitant use of these medications. As part of this initiative, prior authorization is required for any benzodiazepine in members who fill both ≥ 15 days supply of benzodiazepines and an opioid within the past 45 days. 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 or cancer or sickle cell disease may be considered on a case-by-case basis for an exemption from COBI requirements.

The reference table below lists the opioid and benzodiazepine medications included in the Concomitant Opioid and Benzodiazepine Initiative. Further information on the prior authorization requirements, including approval criteria, can be found within the MassHealth Drug List at **www.mass.gov/druglist.**

Concomitant Opioid and Benzodiazepine Initiative Medication List[1]	
Benzodiazepines	**Opioids**
alprazolam	buprenorphine[3]
chlordiazepoxide	butorphanol
chlordiazepoxide/clidinium	codeine
clonazepam	dihydrocodeine
clorazepate	fentanyl
diazepam[2]	hydrocodone
estazolam	hydromorphone
flurazepam	levorphanol
lorazepam	meperidine
midazolam[2]	methadone
oxazepam	morphine
quazepam	oxycodone
temazepam	oxymorphone
triazolam	opioid powders
	tapentadol
	tramadol

[1]Injectable benzodiazepine formulations are excluded from the Concomitant Opioid and Benzodiazepine Initiative requirements.

[2]Nasal and rectal diazepam and nasal midazolam formulations are excluded from the Concomitant Opioid and Benzodiazepine Initiative requirements.

[3]Buprenorphine formulations used in the treatment of substance use disorder are not included in the Concomitant Opioid and Benzodiazepine Initiative.

Q&A ABOUT THE MASSHEALTH CONCOMITANT OPIOID AND BENZODIAZEPINE INITIATIVE

What is the goal of this initiative?

The MassHealth Concomitant Opioid and Benzodiazepine Initiative focuses on safe prescribing practices for regimens incorporating both opioid and benzodiazepine medications in MassHealth members. The initiative includes prior authorization requirements for both opioids and benzodiazepines when used concomitantly.

What types of medications will be affected by this initiative?

This initiative targets both opioid and benzodiazepine medications. 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.

Who will be affected by the MassHealth Concomitant Opioid and Benzodiazepine Initiative?

Currently the initiative impacts MassHealth members enrolled in the fee-for-service, Primary Care Clinician Plan, and Primary Care Accountable Care Organizations. Corresponding policies are in place or in development by MassHealth Managed Care Organizations and Accountable Care Partnership Plans.

When will the prior authorization requirements for the MassHealth Concomitant Opioid and Benzodiazepine Initiative take effect?

Polypharmacy within the same medication class currently exists and information can be found on the MassHealth Drug List website. The anticipated start date for this initiative will be November 25, 2019.

Will prescriptions written prior to the start of this initiative be grandfathered?

No. The initiative will take effect on November 25, 2019, with claims for benzodiazepine medications rejecting as early as January 2020. The pharmacy will be notified regarding the need for prior authorization as well as the availability of emergency supplies if required.

How will prescribers know what information needs to be submitted for a prior authorization?

The Benzodiazepines and Other Antianxiety Agents Prior Authorization form and the Opioids/Acetaminophen Analgesic Prior Authorization form have been updated with additional information about the MassHealth Concomitant Opioid and Benzodiazepine Initiative. Prior authorization requirements are available on the MassHealth Drug List webpage at www.mass.gov/druglist.

Is there a specific prior authorization form for the MassHealth Concomitant Opioid and Benzodiazepine Initiative?

No. The Benzodiazepines and Other Antianxiety Agents Prior Authorization form and the Opioids/Acetaminophen Analgesic Prior Authorization form are available on the MassHealth Drug List webpage at www.mass.gov/druglist.

Will a prior authorization request need to be submitted for each opioid and benzodiazepine medication?

No. Questions addressed in the Benzodiazepines and Other Antianxiety Agents Prior Authorization form and the Opioids/Acetaminophen Analgesic Prior Authorization form will allow documentation of the full Opioid and Benzodiazepine regimen, to include name, dose, frequency and indication. Additionally, questions regarding clinical rationale and tapering of agents will also be included.

Are any resources available to aid prescribers in determining which members will be affected by this initiative?

The MassHealth Drug Utilization Review (DUR) Program can provide prescribers with a list of members for whom the prescriber has (a) provided treatment and (b) may be affected by this initiative. Prescribers may request this list by contacting the DUR program at (800) 745-7318.

Are there any prescriber restrictions for prior authorization requests for this initiative?

All enrolled prescribers may submit prior authorization requests on behalf of the member.

Will a prior authorization request need to be submitted when a medication changes in the opioid and benzodiazepine regimen?

Prior authorization may be required for members with a change in therapy. Dose changes may require resubmission of prior authorization in members who also fall under the high dose opioid criteria, benzodiazepine polypharmacy criteria or in situations where the medication itself requires prior authorization. Prescribers who need to cross taper or titrate medications should clearly document the plan so that DUR can facilitate those changes. Prescribers are encouraged to submit prior authorization requests prior to implementing medication changes to avoid disruption in therapy.

If there is more than one prescriber involved in the medication regimen, which prescriber would be responsible for submitting the prior authorization request on behalf of the member?

Coordination of care between prescribers is strongly encouraged to ensure safe and effective prescribing practices. Any enrolled prescriber involved in the member's care may submit the prior authorization request. The prescriber who submits the prior authorization request is encouraged to coordinate with all other prescribers for the member and clearly document the diagnoses and corresponding treatment plan, including all current medications, on the prior authorization request.

Will member care be disrupted if the prior authorization request has not been submitted or processed before the prescription is filled?

Emergency supplies of medications will be available to avoid disruption in therapy. The prescriber, member, and/or member's caregiver may request an emergency supply of medication at the member's pharmacy. Emergency supplies of medications are available for any clinically appropriate duration of therapy, with a minimum of 72 hours. There is no limit to the number of subsequent emergency supplies of medications, if such supplies are medically necessary.

What is the approval duration for prior authorization requests submitted under the MassHealth Concomitant Opioid and Benzodiazepine Initiative?

The duration of a prior authorization approval and of a recertification may be up to 12 months, depending on the clinical situation.

What is a provisional prior authorization approval?

A prior authorization request may be approved provisionally for a duration of up to 6 months depending on the clinical situation. Prior authorization requests may be approved provisionally to avoid disruption in therapy when clinical documentation is required from a prescriber or during a documented taper plan. In circumstances where additional clinical documentation is required, prescribers will be notified via fax and/or telephone.

Who can answer additional questions?

For Pharmacists and Prescribers

If you have questions about a specific member or claim affected by the MassHealth Concomitant Opioid and Benzodiazepine Initiative, please contact the Drug Utilization Review Program at (800) 745-7318.

For MassHealth Members

If you have questions about the MassHealth Concomitant Opioid and Benzodiazepine Initiative, please call MassHealth Customer Service at (800) 841-2900 (TTY: (800) 497-4648).