Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2301281
Decision Date:	5/5/2023	**Hearing Date:**	03/17/2023
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:
Via telephone:
Pro se
[redacted]

Appearance for MassHealth:
Via telephone:
Phuong Luc, Pharm.D., R.Ph., Consultant Pharmacist IV

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171

APPEAL DECISION

Appeal Decision:	Denied	**Issue:**	Prior Authorization – Drug Utilization Review
Decision Date:	5/5/2023	**Hearing Date:**	03/17/2023
MassHealth's Rep.:	Phuong Luc, Pharmacist	**Appellant's Rep.:**	Pro se Daughter
Hearing Location:	Taunton MassHealth Enrollment Center Remote	**Aid Pending:**	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated January 24, 2023, MassHealth denied the appellant's prior authorization request for oxycodone immediate release (IR), 30 mg four times per day (Exhibit 1). The appellant filed this appeal in a timely manner on February 15, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for oxycodone IR, 30 mg four times per day.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR450.204, in denying the appellant's prior authorization request for oxycodone IR, 30 mg four times per day.

Summary of Evidence

A pharmacist from the MassHealth Drug Utilization Review (DUR) program appeared at hearing via telephone and testified as follows: on January 24, 2023 the appellant's provider submitted a prior authorization request for oxycodone IR 30 mg four times per day (112 pills for 28 days), for a total daily dose of 120 mg.[1] The DUR pharmacist explained that several years ago MassHealth notified all MassHealth prescribers that there were high dose limits for opioids, effective March 2016. These limits were implemented to reduce the possibility of misuse. There is no prior authorization required for 80 mg or less per day of oxycodone IR, which is a short-acting opioid analgesic; however, anything over 80 mg per day, which is considered a high dose, requires a prior authorization.

The DUR pharmacist testified that on January 24, 2023, MassHealth sent a denial to the appellant's provider informing the provider that the prior authorization request did not contain sufficient information to determine medical necessity. The notice stated that the provider could resubmit a new prior authorization request with additional clinical documentation including the following:

> 1) Pain specialist evaluation supporting titration and current high dose opioid therapy,
> 2) clinical rationale for not utilizing a long-acting opioid in a member requiring high dose short-acting opioid therapy for the treatment of chronic pain and
> 3) signed/dated patient-prescriber agreement.
> Please note, prior authorization is not required for the following when used as monotherapy: generic morphine products up to 120 mg/day, fentanyl patch (12 mcg/hr, 25 mcg/hr, 50 mcg/hr) every 72 hours, oral oxycodone immediate-release up to 80 mg/day, or hydromorphone immediate-release up to 32 mg/day, tramadol immediate release less than or equal to 400 mg/day. For additional information, please refer to the MassHealth Drug List at www.mass.gov/druglist.

On February 27, 2023, MassHealth also sent a letter to the appellant requesting the following additional information:

> 1) Copies of your **medical records** documenting the treatment plan including clinical rationale for the requested high dose and titration of requested medication up to current dose
> 2) Copy of a recent **pain consult/evaluation** from a Board Certified Pain Specialist Physician supporting the requested high dose of oxycodone IR
> 3) Copy of a signed and dated **patient-prescriber opioid agreement**
> 4) Clinical rationale for not utilizing a long-acting opioid agent in a member requiring high dose short-acting opioid therapy for the treatment of chronic pain.

[1] The DUR pharmacist noted that while MassHealth received the prior authorization request on January 24, 2023, it was signed on November 8, 2022.

The letter also informed the appellant that prior authorization was not required for 80 mg per day, or less, of oxycodone IR. The DUR pharmacist elaborated and stated that the prescribing doctor's main practice is endocrinology, not pain management. Additionally, MassHealth criteria requires a patient-prescriber opioid agreement for patients on pain therapy.

The DUR pharmacist testified that MassHealth did not receive any additional information. She stated that, according to the original prior authorization submitted, the appellant was currently on 30 mg, four times per day and 15 mg, one time per day, for a total of 135 mg per day. The requested 120 mg per day conflicted with the medical records submitted. Furthermore, the treatment plan and reason for the high dose was unclear and not explained. If the provider was only requesting 120 mg per day, but the appellant is currently taking 135 mg, MassHealth needs clarification of the treatment plan in order to know how much to approve. She explained that for someone, like the appellant, with long-term, chronic pain, it is typical to treat the baseline pain with long-acting, slower release opioids and reserve the short-acting, immediate release opioids for treating break through pain. The appellant could be approved for 80 mg of oxycodone IR without a prior authorization and then add in long-acting oxycodone at the same time, also without a prior authorization.

The appellant and his daughter appeared via telephone and testified as follows: the appellant had a right side total knee replacements and a torn ACL on his left knee. His right foot is partially amputated, he has gallstones, jaundice, shingles, and has been hospitalized nine times in the past year. He explained that he tried long-acting, extended release oxycodone and many of the other medications mentioned over the years, but they do not work, which is why his provider requested prior authorization of immediate release oxycodone. He has been with this doctor for many years and he knows his whole history and what medications work for him. He sees his provider every month and works closely with him. For the past four to five years, he has been paying out of pocket for part of his prescription. He has called MassHealth several times and every representative says he could pay out of pocket, but when he goes to the pharmacy, it won't allow him to fill the requested prescription. He feels like what MassHealth is requesting is not realistic and he can't simply suddenly reduce or stop his dose. Going back eight to ten years, he has tried all the drugs and treatments MassHealth is requesting documentation of.

The DUR pharmacist noted that MassHealth has prior authorization requests on record since 2018 but MassHealth has not approved any of the high dose requests. It appears there was a computer glitch which allowed MassHealth to pay for his prescription on March 2, 2023; however, MassHealth does not typically recommend members pay out of pocket for drugs requiring prior authorization. She explained that he is not without options. In addition to having his provider submit the requested documentation outlined above in order to get the requested drug and dose approved, the appellant could be approved for 80 mg of oxycodone IR without a prior authorization and then supplement with long-acting oxycodone or another combination of drugs that also do not require prior authorizations.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. On January 24, 2023, the appellant's provider submitted a prior authorization request for oxycodone IR 30 mg four times per day (112 pills for 28 days), for a total daily dose of 120 mg (Testimony and Exhibit 5).

2. The medication was prescribed to treat the appellant's chronic pain, particularly in his knees (Testimony and Exhibit 5).

3. On January 24, 2023, MassHealth denied the appellant's request on the basis that the prior authorization request contained insufficient information for MassHealth to determine medical necessity (Testimony and Exhibit 5).

4. MassHealth sent notices to the appellant and his provider detailing the additional documentation required, but MassHealth did not receive any additional information (Testimony and Exhibit 5).

5. Effective March 2016, MassHealth implemented high dose limits for opioids to reduce the possibility of misuse. MassHealth requires a prior authorization for doses over 80 mg per day of oxycodone IR. (Testimony and Exhibit 5).

6. MassHealth requires the following to possibly approve the prior authorization request: (1) Copies of medical records documenting the treatment plan including clinical rationale for the requested high dose and titration of requested medication up to current dose; (2) Copy of a recent pain consult/evaluation from a Board Certified Pain Specialist Physician supporting the requested high dose of oxycodone IR; (3) Copy of a signed and dated patient-prescriber opioid agreement; (4) Clinical rationale for not utilizing a long-acting opioid agent in a member requiring high dose short-acting opioid therapy for the treatment of chronic pain (Testimony and Exhibit 5).

7. The appellant's provider failed to provide medical records documenting the treatment plan and clinical rationale for the requested high dose and titration; a recent pain specialist evaluation; a signed patient-prescriber opioid agreement; and clinical rationale for not utilizing a long-acting opioid agent in a member requiring high dose short-acting opioid therapy for the treatment of chronic pain (Testimony and Exhibit 5).

Analysis and Conclusions of Law

In certain circumstances, MassHealth requires providers to obtain prior authorization to furnish medical services. These instances are identified in the billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances from MassHealth. See 130 CMR 450.303. MassHealth limitations on coverage of

drugs are set forth at 130 CMR 406.413.

Under 130 CMR 406.422, prescribers must obtain prior authorization from MassHealth for drugs identified by MassHealth in accordance with 130 CMR 450.303. In addition, this regulation states that if the limitations on covered drugs specified in 130 CMR 406.412(A) and 406.413(A) would result in inadequate treatment for a diagnosed medical condition, the prescriber may submit a written request, including written documentation of medical necessity, to MassHealth for prior authorization for an otherwise noncovered drug.

The regulatory definition of medical necessity is set forth at 130 CMR 450.204, which states in relevant part as follows:

> (A) A service is medically necessary if:
>
> (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
>
> (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

MassHealth publishes a Drug List that specifies the drugs that are payable by MassHealth, and these drugs must be "approved by the U.S. Food and Drug Administration ["FDA"] and manufactured by companies that have signed rebate agreements with the U.S. Secretary of Health and Human Services pursuant to 42 U.S.C. 1396r-8" (130 CMR 406.412(A)). To receive a drug that is not on the Drug List, the MassHealth member must seek prior authorization as set forth in 130 CMR 406.000 (130 CMR 406.413(C)(1)).

The drug in question in this appeal, oxycodone immediate release, appears on the MassHealth Drug List, but with the caveat that any dosage in excess of 80 mg a day must be accompanied by a prior authorization request. As elaborated on at hearing, effective March 2016, a request for high dose opioids must be accompanied by supporting documentation indicating the need for the dosage to exceed 80 mg/day. Specifically, MassHealth requires (1) copies of medical records documenting the treatment plan including clinical rationale for the requested high dose and titration of requested medication up to current dose; (2) copy of a recent pain consult/evaluation from a Board Certified Pain Specialist Physician supporting the requested high dose of oxycodone IR; (3) copy of a signed and dated patient-prescriber opioid agreement; and (4) clinical rationale for not utilizing a long-acting opioid agent in a member requiring high dose short-acting opioid therapy for the treatment of chronic pain.

MassHealth's criteria for evaluating requests for high-dose opioids is reasonable for the reasons described at hearing, including to reduce the possibility of misuse. With regard to the application of these criteria to the appellant, the appellant and his provider did not provide any of the requested documentation. There was no clinical rationale from his prescriber as to why he needs more than 80 mg of oxycodone IR per day, nor was there the requested signed patient-prescriber opioid agreement. While the appellant testified that he had tried multiple other treatment options, the medical records did not support this. The treatment plan and requested 120 mg per day was unclear and conflicted with the medical records which showed the appellant was currently taking 135 mg. Further, I agree with MassHealth that the records are not sufficient to preclude utilization of a long-acting agent or some combination of long-acting and short-acting, as explained by the DUR pharmacist at hearing and which would not require prior authorization. Thus, based on the testimony and documentation available, there is medication that is comparable in effect, available, and suitable for the appellant that is more conservative than the requested dose of 30 mg four times per day.

The appellant has not shown by a preponderance of the evidence that the requested dose of oxycodone is medically necessary, under the definition of "medical necessity" set forth in 130 CMR 450.204(A)(2) above and for these reasons this appeal is DENIED.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: UMMS Drug Utilization Review, Commonwealth Medicine, 333 South Street, Shrewsbury, MA 01545
[redacted]