Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2506336
Decision Date:	7/10/2025	**Hearing Date:**	05/22/2025
Hearing Officer:	Amy B. Kullar, Esq.	**Record Open to:**	05/29/2025; 06/10/2025

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Elizabeth Danis, Pharm.D., MassHealth Drug Utilization Review

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:	7/10/2025	**Hearing Date:**	05/22/2025
MassHealth's Rep.:	Elizabeth Danis, Pharm.D.	**Appellant's Rep.:**	Pro se
Hearing Location:	Quincy Harbor South 4 (Telephone)	**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 April 11, 2025, MassHealth denied the appellant's prior authorization (PA) request for OxyContin Extended-Release (ER) Tablets, 60 mg. tablets, one tablet by mouth, twice per day. *See* 130 CMR 406.413 and Exhibit 1. The appellant filed this appeal in a timely manner on April 18, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of a prior authorization request is valid grounds for appeal. *See* 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for OxyContin ER Tablets, 60 mg. tablets, one tablet by mouth, twice per day.

Issue

Whether MassHealth correctly denied the appellant's request for OxyContin ER Tablets, 60 mg. tablets, one tablet by mouth, twice per day.

Summary of Evidence

The appellant is an adult under the age of [redacted] who appeared telephonically and verified her identity. MassHealth was represented by a licensed pharmacist with MassHealth's Drug Utilization Review (DUR) program, who also appeared by telephone. The following is a summary of the testimony and evidence presented at hearing.

On April 11, 2025, MassHealth received a PA request on behalf of the appellant for OxyContin ER Tablets, 60 mg. tablets, with a dosage of "1 tab po bid," or one tablet by mouth, twice per day, to treat the appellant's chronic pain syndrome. The medication, OxyContin, is in the form of an extended release tablet and is a long-acting opioid that is used for pain management. The DUR representative testified that this type of drug requires a PA for the drug itself since there are less costly alternatives, and also has dose limits to ensure that an escalated or higher dose is appropriate and medically necessary, given there are safety concerns for misuse and potential abuse with opioid medications. Testimony. The appellant currently has a prescription for short-acting or "IR" (immediate release) oxycodone, and she takes a 20 milligram dose every four hours. Testimony. The MassHealth dose limit for OxyContin is 80 milligrams per day, which is equal to 120 morphine milligram equivalent (MME). MassHealth must consider the total amount of opioids that the appellant is prescribed when considering this PA request, and must consider the appellant's IR oxycodone prescription. The DUR representative explained, "This request requires PA for the high dose where the total regimen dose exceeds 180mm per day. "[The member] is also on short acting oxycodone at 20 milligrams every four hours which is 120 MMEs, and [with this PA request] the total requested regimen [for the appellant] is 200 milligrams of oxycodone or 300 mme per day," and this is considered a high dose under the regulations. Testimony and Exhibit 5 at 27.

She further explained that, for MassHealth to approve high dose opioid requests like this one, MassHealth requires the following documentation to accompany the PA request: a copy of (i) a signed patient prescriber agreement for opioid use, (ii) medical records documenting the complete treatment plan including the clinical rationale and titration up to the current high dose, and (iii) a pain consultation from a board-certified pain specialist supporting the use of the requested high dose regimen. Testimony and Exhibit 5 at 27.

The DUR representative then reviewed the PA request submitted on the appellant's behalf in more detail. She testified again that the appellant's provider requested OxyCONTIN (*sic*) ER Tablets, 60 mg. tablets, with a dosage of "1 tab po bid" to treat the appellant's chronic pain syndrome. Exhibit 5 at 3. On the request, the appellant's provider noted that the appellant's treatment is "ongoing." *Id*. The appellant's provider checked the "yes" box that indicated that the appellant was evaluated using the Massachusetts Prescription Awareness Tool (MassPAT) criteria for potential risk factors for abuse or misuse. The request form also asks the provider to state if the appellant tried a morphine extended-release product or fentanyl transdermal product prior to using opioids, and the "yes" box is checked, indicating 50 micrograms, which the DUR representative stated she

inferred was a fentanyl patch. She stated there is a lot of information missing in this section of the PA request that the provider did not complete. Testimony.

In response to the Additional Comments section of the PA request, the appellant's provider responded with what the DUR representative characterized as a "miscellaneous comment," and she read aloud from the request: "Patient stable on OxyContin regimen switched insurance recently has been stable on current therapy since 2022, Naloxone on hand, pain contract signed one pharmacy to follow opiates have discussed weaning and touching (*sic*) meds multiple times. Current regimen is keeping her stable would like to continue therapy." Exhibit 5 at 12.

The DUR representative testified that there were medical records submitted as an attachment to the PA request that indicated that while the appellant "has had a pain consult[ation] and that they have a history of a pain contract, they have to provide a copy of that information to the DUR to review. That documentation was not provided in this request." Testimony. Thus, on April 11, 2025, the appellant's PA request was denied and MassHealth sent a denial notification to the appellant's provider; the following comment was included:

> Your request for OXYCONTIN ER 60 MG TABLET has been denied. Information provided did not contain sufficient information to determine medical necessity. Prescriber may resubmit a new prior authorization request with additional clinical documentation including: 1) Pain specialist evaluation supporting titration to and current high dose opioid therapy and 2) signed/dated patient-prescriber agreement. Please note, prior authorization is not required for the following: 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, hydromorphone immediate-release up to 24 mg/day, tramadol immediate release less than or equal to 400 mg/day when used as individual agents or when used in a regimen with a combined total daily dose of morphine milliequivalents (MMEs) less than or equal to 180 MME. For additional information, please refer to the MassHealth Drug List at www.mass.gov/druglist.

Exhibit 5 at 21.

The DUR representative stated that a letter was sent to the appellant on May 7, 2025, which included the rationale for the denial and explained what the appellant's provider would need to submit as additional documentation for DUR to consider for approving the PA request. Testimony and Exhibit 5 at 24. To date, DUR has not received any additional documentation from the appellant's provider. The DUR representative emphasized that this PA request denial was due to incomplete documentation, and what is specifically missing is the (i) pain specialist evaluation supporting the need for the current high-dose opioid therapy and documenting titration and rationale, and (ii) a signed and dated patient prescriber agreement for opioid use.

MassHealth cannot change its decision with current record; the documentation must be supplemented. Testimony.

In response to the DUR testimony, the appellant stated that she is frustrated with the MassHealth prior approval process. She is an educated person who is employed as a professor, and she is confused about what information MassHealth is lacking in order for them to make a decision that will allow her to continue taking the medication that allows her to live her life in reduced pain. She feels that her medical record has demonstrated that she has been a long-term stable user of the medication, that she has complied with all requirements, and there is no documented abuse or misuse of any medications in her medical record. Testimony. The appellant described her extensive history managing her multiple pain-related conditions; she has followed all recommended alternative therapies, and she has experienced significant negative side effects and a lack of efficacy from non-opioid medication options. Testimony. The appellant was confident that she already has the documentation that MassHealth needs in her medical record; she feels that the forms and MassHealth communications were unclear, and that this could be an issue that is leading to repeated denials and frustration for both patients and providers. Testimony.

After discussion among the parties and the Hearing Officer, it was determined that the appellant would have additional time to provide the outstanding supporting documentation to MassHealth. The hearing record was held open so that the appellant could provide the missing (i) pain specialist evaluation supporting the need for the current high-dose opioid therapy and documenting titration and rationale, and (ii) a signed and dated patient prescriber agreement for opioid use via email to DUR and the Hearing Officer. Exhibit 6. On May 29, 2025, the appellant emailed a 16-page document of medical records entitled Pain Consult and a three-page document entitled Controlled Substance Agreement to the Hearing Officer, who then shared the submission with the DUR representative. Exhibit 7. On June 3, 2025, the appellant requested additional time to submit more documentation; the record was held open until June 10, 2025, so that the appellant could submit more information. Exhibit 8. No other documentation was received from the appellant on or before June 10, 2025. On June 16, 2025, the appellant emailed the Hearing Officer another copy of her Controlled Substance Agreement. Exhibit 9. On June 17, 2025, the DUR representative emailed the Hearing Officer a 4-page Response Letter to the appellant's record open submissions, which stated:

> Based on the documentation in the pain consult, the pain specialist is NOT supporting the specific requested high-dose of Oxycontin®, or the overall total opioid regimen. The specific appealed high-dose of Oxycontin® and of the total regimen is **NOT** documented in the pain consult. The pain consult submitted recommended an opioid regimen at a lower dose than what is currently being requested. The Oxycontin® dose documented is 50 mg., not 60 mg. In addition, the oxycodone dose is 2-3 times daily, but the most recent medical records show 4 times daily (i.e., every 6 hours). In contrast to the pain specialists notes to not

> require ongoing dose escalation and to consider weaning, the appealed high dose is even higher than the dose documented at the time of pain consult (100 mg ER + 60 mg IR, total daily dose of 160 mg/d vs. appealed dose of 120 mg ER + 80 mg IR, total daily dose of 200 mg/d). **Therefore, a copy of a pain consult supporting the requested high dose of Oxycontin® and the opioid regimen is still required.**

Exhibit 10 at 3 (emphasis added).

The MassHealth response letter goes on to state: "Furthermore, the medical records noted the member has overall been on oxycodone for 2 years but did not contain documentation of titration of the opioid regimen up to the current dose." *Id.* The Response Letter concludes by stating:

> To this point, the information presented at the appeal hearing and during the Record Open period did not include sufficient documentation to demonstrate clinical rationale for utilizing Oxycontin® above dosing limits. A pain consult from a pain specialist **supporting** the use of high-dose Oxycontin® and a high-dose opioid regimen has not been provided. Per regulation, MassHealth does not authorize payment for services unless medical necessity has been established. Oxycontin® within dose limits, up to 80 mg per day (i.e., 120 MME per day) as a single opioid agent, or 180 MME per day for the total opioid regimen when used in combination with another opioid, is more conservative and less costly to the MassHealth agency. Therefore, MassHealth stands by the denial of Oxycontin® at a dose of 120 mg. per day.

Exhibit 10 at 4.

Findings of Fact

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

1. On April 11, 2025, MassHealth received a PA request on behalf of the appellant for OxyContin ER Tablets, 60 mg. tablets, with a dosage of "1 tab po bid," or one tablet by mouth, twice per day. Testimony, Exhibit 5.

2. The medication was prescribed to treat the appellant's chronic pain syndrome. Testimony, Exhibit 5.

3. The medication, OxyContin, is in the form of an extended release tablet and is a long-acting opioid that is used for pain management. MassHealth has opioid dose limits to ensure that an escalated or higher dose is appropriate and medically necessary, given that there are

safety concerns for misuse and potential abuse with opioid medications. Testimony.

4. MassHealth denied the prior authorization request on April 11, 2025 on the basis that the prior authorization request contained insufficient information for MassHealth to determine medical necessity. Testimony, Exhibits 1, 5.

5. The MassHealth dose limit for OxyContin is 80 milligrams per day, which is equal to 120 morphine milligram equivalent (MME). The appellant has a prescription for short acting oxycodone at 20 milligrams every four hours which is 120 MME and with the current PA request, the appellant's total requested opioid regimen is at 200 milligrams of oxycodone or 300 MME per day, and is a "high dose" under MassHealth regulations. Testimony, Exhibit 5.

6. For high dose PA requests, MassHealth requires additional clinical documentation including, specifically in this case: 1) a pain specialist evaluation supporting the need for the current high-dose opioid therapy and documenting titration and rationale; and 2) a signed and dated patient prescriber agreement for opioid use. Testimony, Exhibit 5.

7. With the PA request, the appellant's provider wrote a "miscellaneous comment," as follows: "[Appellant] stable on OxyContin regimen switched insurance recently has been stable on current therapy since 2022, Naloxone on hand, pain contract signed one pharmacy to follow opiates have discussed weaning and touching meds multiple times. Current regimen is keeping her stable would like to continue therapy." Exhibit 5 at 12.

8. The appellant's provider failed to provide documentation of the appellant's pain specialist evaluation supporting the need for the current high-dose opioid therapy and documenting titration and rationale, and a signed and dated patient prescriber agreement for opioid use with their PA request.

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, 130 CMR 406.413(B) outlines drug exclusions for the following types of prescription or over-the-counter drugs or drug therapy:

The threshold considerations for determining whether a service is medically necessary are set forth under 130 CMR 450.204, which states, in full:

450.204: Medical Necessity

(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.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality. …

(C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

(D) Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.

As subsection (D), above, indicates, MassHealth establishes additional medical necessity criteria throughout its regulations and publications governing specific health-related service-types. For coverage of prescription and over-the-counter drugs, MassHealth publishes and routinely updates a "Drug List," a formulary that identifies whether a covered drug is subject to prior approval and the specific criteria required to establish medical necessity for the drug. *See* 130 CMR 406.422; *see also* 130 CMR 450.303. The criteria used to determine medical necessity is "based upon generally accepted standards of practice, review of the medical literature, federal and state policies, as well as laws applicable to the Massachusetts Medicaid Program."[1] Further, the

[1] *See* https://mhdl.pharmacy.services.conduent.com/MHDL/

criteria reflect MassHealth's policy as described in its pharmacy regulations and the reviews conducted by the agency and the DUR board. *See id*.

As published in its Drug List, MassHealth has imposed the following PA criteria for coverage of OxyContin:

> OxyContin - oxycodone extended-release tablet
> - Documentation of the following is required:
>   - appropriate diagnosis; and
>   - adverse reaction or contraindication to one of the following: fentanyl transdermal, morphine sulfate extended-release.
>
> In addition to individual drug PA criteria above, some opioids are subject to additional concomitant opioid and benzodiazepine polypharmacy, duplicate therapy, concurrent therapy with opioid dependence agents, ***high-dose***, high-dose short-acting monotherapy, and quantity limit restrictions.
>
> **High-Dose**
>
> The following opioids and analgesics require PA for high-dose if used at doses exceeding the following limits.
>
> 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.

Oxycontin (oxycodone extended release tablet)	> 80 mg/day

- **If exceeding the above high-dose limits for other agents, documentation of the following is required**:
  - **appropriate diagnosis; and**
  - individual drug PA criteria must be met first, where applicable; and
  - member is co-prescribed naloxone or has naloxone filled within the previous year and is unused;
  - and one of the following:
    - diagnosis of sickle cell disease; or
    - diagnosis of active cancer pain; or
    - member's pain control is currently managed by palliative care; or
    - member is currently in hospice or is transitioning to hospice; or
      - one of the following:

- **all** of the following:
    - **medical records documenting treatment plan, including clinical rationale for high-dose and titration of medication up to current dose**; and
    - **pain consult from a pain specialist supporting the high-dose of opioid requested**; and
    - **signed and dated patient-prescriber agreement for opioid use**.

(emphasis added)

At issue in this case is MassHealth's denial of a PA request for the prescription medication OxyContin ER Tablets, 60 mg. tablets, with a dosage of "1 tab po bid," or one tablet by mouth, twice per day. The appellant's total requested daily regimen is 200 milligrams of oxycodone (*to wit*, 120 mg. of ER tablets and 80 mg. of IR tablets) or 300 MME per day, and is a "high dose" under MassHealth regulations. MassHealth denied the request on the basis that the appellant's provider did not submit any of the required accompanying documentation with the PA request. Specifically, the provider failed to include the documentation of the appellant receiving a pain specialist evaluation supporting the high-dose of the opioid requested, including clinical rationale for high-dose and titration of medication up to current dose, and a signed and dated patient prescriber agreement for opioid use. At hearing, the appellant did not dispute the fact that her provider's PA request was incomplete under the regulations; rather, she argued that the PA process is too confusing and cumbersome for a medical professional to comply with.

Furthermore, after additional time was allowed for the appellant to provide the necessary documentation, the appellant failed to submit a signed and dated patient prescriber agreement for opioid use until after the record open period was closed, and never provided required documentation of a pain consult from a pain specialist supporting the use of high-dose Oxycontin and a high-dose opioid regimen.

Based on the evidence in the record, MassHealth did not err in denying the appellant's PA request. While there is no question that the appellant has been diagnosed with chronic pain, and relies upon her OxyContin ER Tablets, the appellant's provider did not submit documentation to establish the requisite criteria that the appellant has complied with MassHealth's high dose restrictions. Thus, I find that the appellant has not demonstrated, by a preponderance of the evidence, that MassHealth should authorize payment for OxyContin ER 60-mg. tablets in accordance with the pertinent regulations set forth above.

On this record, the appeal is denied.[2]

[2] This denial does not preclude the appellant's medical provider from submitting a new prior authorization request to DUR, including all supporting documentation for review.

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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

DUR representative: Drug Utilization Review Program, ForHealth Consulting at UMass Chan Medical School, P.O. Box 2586, Worcester, MA 01613-2586