April 2008, Volume 1, Issue 3

# THE PRESCRIBER e-LETTER

MassHealth PHARMACY PROGRAM

## Suboxone and Subutex

**Suboxone** (buprenorphine/naloxone) and **Subutex** (buprenorphine) are Schedule III controlled substances used in the treatment of opioid dependence. Both Suboxone and Subutex should only be prescribed by specially certified physicians.

At appropriate doses, buprenorphine minimizes opiate withdrawal symptoms and controls opiate cravings by acting as a partial agonist at the mu opiate receptor. Use of Suboxone is preferred over Subutex. Suboxone has a better safety profile and lower risk of abuse and diversion due to the addition of naloxone. The recommended buprenorphine target dose is typically between 12 and 16 mg/day, but may vary by patient. In certain instances, doses up to 24 mg/day may be required for treatment to suppress opioid withdrawal effects. However, there is no clinical evidence to support daily doses > 32 mg/day.

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A prior authorization (PA) process for Suboxone and Subutex was implemented on January 2, 2008.

**Suboxone**:
Authorized refills on prescriptions for Suboxone issued before January 2, 2008, will continue to be paid without prior authorization. The PA status of prescriptions for Suboxone issued on and after January 2, 2008, will depend on daily dose and duration of therapy.

**PA is required for:**
- buprenorphine/naloxone > 32 mg/day
- new prescriptions written after 90 days of therapy buprenorphine/naloxone > 24 and ≤ 32 mg/day
- new prescriptions written after 180 days of therapy for buprenorphine/naloxone > 16 and ≤ 24 mg/day
- new prescriptions written after 365 days of therapy buprenorphine/naloxone ≤ 16 mg/day

**Subutex**:
PA will be required for all buprenorphine prescriptions issued on and after January 2, 2008. Authorized refills on prescriptions issued before January 2, 2008, will continue to be paid without prior authorization.

## Proton Pump Inhibitors

**Proton pump inhibitors** (**PPIs**) work by decreasing the amount of acid secretion in the stomach and are used in the treatment of multiple medical conditions. Based upon current medical literature, the MassHealth Pharmacy Program has determined that all agents within this class have similar efficacy and safety. Given these considerations along with the availability of generic omeprazole, the PPI guidelines were updated.

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On February 1, 2008, the following changes to the PPI guideline were implemented.

- Generic omeprazole (Rx) capsule is now available without prior authorization.
- Prilosec OTC tablet was removed from the Nonlegend Drug List and will no longer be covered.
- Generic pantoprazole tablet is considered a second-step agent and requires PA. Documented evidence supporting an adverse reaction or inadequate clinical response to omeprazole is required.
- Aciphex tablet, Nexium capsule, Prevacid capsule, and Zegerid capsule continue to require PA. Documented evidence supporting an adverse reaction or inadequate response to omeprazole and pantoprazole is required. Additional information about PPI use and the PPI PA request form may be found within the MassHealth Drug List at www.mass.gov/druglist.

As of April 15, 2008, the PA criteria for Prevacid solutab and capsule will change from PA required for members > 16 yrs to PA required for members ≥ 2 yrs.

**NG Tube Administration:**
Prevacid solutabs will also be available without a PA for members with a feeding tube. However, omeprazole, Prevacid, and Nexium capsules may be opened and mixed in a small amount of liquid. (See specific product information for further information on liquids compatible with capsule contents and the recommended techniques for NG tube administration.)

*The Prescriber e-Letter* is an update designed to enhance the transparency and efficiency of the MassHealth drug prior-authorization (PA) process and the MassHealth Drug List. Each issue will **highlight** key clinical **information and updates** to the **MassHealth Drug List**. The Prescriber E-Letter was prepared by the MassHealth Drug Utilization Review Program and the MassHealth Pharmacy Program.

## Recent MassHealth Drug List Updates

| Drug/Drug Class | Addition/Deletion/Change | Rationale for PA Requirement |
|---|---|---|
| Antiretrovirals | Addition of maraviroc (Selzentry)*; requires PA<br><br>*Trofile assay test; requires PA<br><br>Addition of raltegravir (Isentress)**;** no PA required | Maraviroc is the only oral antiretroviral that prevents viral entry in patients with CCR5-tropic HIV-1. Identification of patients with CCR5-tropic specific HIV-1 requires the trofile assay test. Both maraviroc and the diagnostic test are intended for use in a specific population.<br>Raltegravir is a first-in-class oral integrase inhibitor used in combination with other antiretroviral agents for the treatment of HIV-1 infection in treatment-experienced adults. |
| Estrogens | Addition of estradiol (Divigel, Elestrin); no PA required<br><br>Change in PA status; no PA required for estradiol (Estrasorb, EstroGel, and Femring) | In general, hormone replacement therapy should be used for the shortest amount of time and at the lowest possible dose to control symptoms. Studies have shown that serum estrogen concentrations are reduced in topical non-patch formulations compared with patch and oral formulations. |
| Ophthalmic Antibiotics | Addition of azithromycin (Azasite) 1% solution; requires PA<br><br>Change in PA status; requires PA<br>ciprofloxacin (Ciloxan Ointment)<br>levofloxacin (Iquix and Quixin)<br>tobramycin (Tobrex Ointment)<br>moxifloxacin (Vigamox)<br>gatifloxacin (Zymar) | Studies have not demonstrated a significant difference in the rates of clinical or microbial cure between agents. All ophthalmic antimicrobial classes are represented among the generically available products at a considerable cost savings along with providing a broad coverage of microorganisms. |
| Serotonin 5HT-1 Receptor Agonists | Change in monthly quantity limits; requires PA<br><br>almotriptan (Axert) > 8 units/month<br>matriptan (Imitrex), injection > 4 units (8 injections/month)<br>zolmitriptan (Zomig) > 8 units/month | Experts recommend limiting acute treatment of headaches to two times per week to avoid medication-overuse headache. Therefore, quantity limits have been increased to allow for the acute treatment of eight headaches per month. |
| Topical anesthetics and corticosteroids | Addition of hydrocortisone and lidocaine products (Xyralid, Peranex HC); require PA | There are more cost-effective alternatives available for the management of the same clinical conditions. Hydrocortisone and lidocaine are available generically as single-entity agents. |
| amlodipine and olmesartan (Azor) | Addition; requires PA | There are more cost-effective alternatives available for the management of the same clinical conditions. Amlodipine and olmesartan are available as single-entity agents. |
| benzoyl peroxide (Inova) | Addition; require PA | There are more cost-effective alternatives available for the management of the same clinical conditions including generic benzoyl peroxide. |
| corticotropin (Acthar) | Change in PA status; requires PA | There are more cost-effective alternatives available such as intravenous corticosteriods for the management of the same clinical conditions. However, consideration will be given for PA requests for members with infantile spasms due to the limited treatment options. |

Please send any **suggestions** or **comments** to: PrescriberELetter@state.ma.us

## Recent MassHealth Drug List Updates

| Drug/Drug Class | Addition/Deletion/Change | Rationale for PA Requirement |
|---|---|---|
| cyanocobalamin (CaloMist) | Addition; requires PA | There are more cost-effective alternatives available for the management of the same clinical conditions including oral cyanocobalamin. |
| cyclobenzaprine extended-release (Amrix) | Addition; requires PA | There are more cost-effective alternatives available for the management of the same clinical conditions including generic immediate-release cyclobenzaprine. |
| cyclosporine (Restasis) | Change in PA status; requires PA cyclosporine (Restasis) > 64 units/month | FDA approval was granted for the treatment of dry eye. The recommended dose is one drop per eye, twice daily. Patients should not require more than 64 vials per month (available in packages of 32 vials). Clinical trials using the agent more frequently to treat off–label indications are not conclusive enough to recognize the practice as standard of care. |
| fenofibrate (Lipofen) | Addition; requires PA | There are more cost-effective alternatives available for the management of the same clinical conditions, including micronized fenofibrate capsules and tablets. They are considered equally efficacious to brand-name agents. |
| formoterol (Perforomist) | Addition; requires PA | The FDA has issued black box warnings regarding the use of long-acting beta-agonists and increases in asthma-related deaths. Due to the safety concerns associated with long-acting beta-agonists, this drug class requires prior authorization. |
| ketoconazole (Extina) | Addition; requires PA | There are more cost-effective alternatives available for the management of the same clinical conditions including generic ketoconazole cream. |
| levocetirizine (Xyzal) | Addition; requires PA | There are more cost-effective alternatives available for the management of the same clinical conditions including loratidine and cetirizine. |
| mupirocin (Centany Kit) | Addition; requires PA | There are more cost-effective alternatives available for the management of the same clinical conditions. The Centany Kit contains mupirocin 2% ointment and gauze to ensure added sterility and occlusion. However, both agents are available individually and generically. |
| oseltamivir (Tamiflu) | Addition of 30mg dose;<br><br>requires PA for all quantities from June 1st to September 30th; requires PA<br><br>requires PA for quantities > 20 capsules/month or quantities > 40 capsules/season from October 1st to May 31st | Tamiflu is FDA-indicated for the prophylaxis and treatment of influenza in pediatric patients one year and older. The 30-mg dose was approved to accommodate pediatric dosing. Similar to other strengths, the 30-mg dose requires prior authorization for all quantities during non-flu seasons and quantity limits apply during the flu season to ensure safe and appropriate use of this agent. |
| selenium sulfide (Tersi) | Addition; requires PA | There are more cost-effective alternatives available for the management of the same clinical conditions including generic selenium sulfide. |

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