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THE PRESCRIBER e-LETTER

Opioid Dependence Therapy

Subutex® (buprenorphine) and Suboxone® (buprenorphine/ naloxone) sublingual tablets were approved by the Food and Drug Administration (FDA) in October 2002 for the treatment of opioid dependence. The recommended buprenorphine target dose varies based on the patient's previous level of abuse and phase of treatment. The United States (U.S.) Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) describes the three phases of the treatment protocol utilizing buprenorphine: (1) induction, (2) stabilization, and (3) maintenance. The stabilization phase is complete when the patient is experiencing no withdrawal symptoms, minimal or no side effects, and no longer has uncontrollable cravings for opioid agonists. Doses may be increased until stabilization is achieved. The maintenance dose is reached when the patient has no further illicit opioid use, withdrawal symptoms, or cravings. The decision to decrease the dose or discontinue therapy should be individualized for each patient.

SAMHSA issued clinical guidelines for the treatment of opioid addiction using buprenorphine. Guidelines note that, due to the potential for serious drug-drug interactions, buprenorphine must be used cautiously with certain other types of medications, including benzodiazepines, medications with sedative properties, medications metabolized by the cytochrome P450 3A4 system, and opioid agonists. The use of opioid agonists in combination with buprenorphine may disrupt the opioid detoxification process and increase the risk of relapse. Additionally, concomitant use of buprenorphine with other central nervous system depressants may increase the risk of adverse medication effects including hypotension, respiratory depression, profound sedation, and coma.

Currently buprenorphine and Suboxone® (buprenorphine/ naloxone) tablets are listed on the MassHealth Drug List with a prior authorization (PA) restriction for > 32 mg/day, > 90 days of therapy for doses > 24 and ≤ 32 mg/day or > 180 days of > 16 mg/day and ≤ 24 mg/day. The PA criteria restrict against concurrent long-acting opioid therapy in combination with buprenorphine therapy, as there is no clinical rationale for using buprenorphine products with long-acting opioids. Additionally, recently MassHealth Drug List criteria were updated to restrict concurrent short-acting opioid therapy in combination with buprenorphine therapy, given the risks associated with concomitant use of these agents.

Zohydro ER® (hydrocodone ER)

Zohydro ER® (hydrocodone ER) was approved by the FDA on October 25, 2013, for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Zohydro ER® (hydrocodone ER) is the first single ingredient extended-release formulation of hydrocodone. Previously available hydrocodone products were formulated in combination with acetaminophen, homatropine, chlorpheniramine, ibuprofen, and pseudoephedrine. Zohydro ER® (hydrocodone ER) is a Schedule II controlled substance.

There are a number of risks associated with Zohydro ER® (hydrocodone ER) therapy. As with all other long-acting opioids, this agent has a black box warning regarding the risk of addiction, abuse and misuse, life-threatening respiratory depression, accidental exposure, neonatal opioid withdrawal syndrome and interactions with alcohol. Additionally, Zohydro ER® (hydrocodone ER) is not formulated using abuse-deterrent technology.

There is widespread concern regarding the potential abuse of Zohydro ER® (hydrocodone ER). Twenty-eight state Attorney's general sent letters to the FDA requesting reconsideration of the approval of this agent and numerous health care advocacy groups have made similar requests. Zogenix, the manufacturers of Zohydro ER® (hydrocodone ER), have noted they expect to have an abuse-deterrent formulation on the market in approximately three years. Currently, Purdue Pharma and Teva Pharmaceutical Industries have abuse deterrent formulations of extended-release hydrocodone in pipeline development. The formulation in development by Purdue Pharma received priority review by the FDA and may become available in the fall of 2014. Given lower cost alternatives and the pending availability of abuse-deterrent formulations, Zohydro ER® (hydrocodone ER) will be listed on the MassHealth Drug List as requiring PA.

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 **highlights** 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**
atomoxetine (Strattera)	Change in PA status; **does not require PA**	Atomoxetine, indicated for the treatment of attention deficit hyperactivity disorder, no longer requires PA.
atorvastatin (Lipitor) 10 mg, 20 mg, 40 mg	Change in PA status; **requires PA > 45 units/month**	To ensure appropriate use and dose consolidation, atorvastatin 10 mg, 20 mg, 40 mg requires PA if quantity > 45 units/month.
atorvastatin (Lipitor) 80 mg	Change in PA status; **requires PA > 30 units/month**	To ensure appropriate use and dose consolidation, atorvastatin 80 mg requires PA if quantity is > 30 units/month.
atovaquone	Addition; **does not require PA**	Atovaquone is the new "A" -rated generic to Mepron. This agent does not require PA.
capecitabine	Addition; **does not require PA**	Capecitabine is the new "A" -rated generic to Xeloda. This agent does not require PA.
clozapine suspension (Versacloz)	Addition; **requires PA**	Clozapine suspension is indicated for the treatment of severely ill patients with schizophrenia who fail to respond adequately to standard antipsychotic treatment. Additionally, clozapine suspension is indicated for reducing the risk of recurrent suicidal behavior in patients with schizophrenia or schizoaffective disorder who are judged to be at chronic risk for re-experiencing suicidal behavior, based on history and recent clinical state. Given similarities in efficacy, tolerability, and safety between clozapine formulations and much higher cost, this agent requires PA.
dapagliflozin (Farxiga)	Addition; **requires PA**	Dapagliflozin is indicated for use along with diet and exercise to lower blood sugar in adults with type 2 diabetes. Given the cost of therapy in comparison to generically available antidiabetic agents, this agent requires PA.
doxercalciferol	Addition; **does not require PA**	Doxercalciferol is the new "A" -rated generic to Hectorol. This agent does not require PA.
elosulfase alfa (VIMIZIM)	Addition; **requires PA**	Elosulfase alfa is an FDA-approved enzyme replacement therapy that addresses the cause of Morquio A Syndrome (MPS IVA). Given this agent's high cost and that there are currently no published consensus guidelines discussing its appropriate use, this agent requires PA.
ethinyl estradiol/norelgestromin	Addition; **does not require PA**	Ethinyl estradiol/norelgestromin is the new "A" -rated generic to Ortho Evra. This agent does not require PA.
factor IX recombinant Fc fusion protein (ALPROLIX)	Addition; **does not require PA**	Coagulation factor IX (recombinant), Fc fusion protein, is a recombinant DNA derived, coagulation Factor IX concentrate indicated in adults and children with hemophilia B for control and prevention of bleeding episodes, perioperative management, and routine prophylaxis to prevent or reduce the frequency of bleeding episodes.

Recent MassHealth Drug List Updates		
Drug/Drug Class	**Addition/Deletion/Change**	**Rationale**
factor XIII A-subunit recombinant (Tretten)	Addition; **does not require PA**	Factor XIII A-subunit recombinant is indicated for routine prophylaxis of bleeding in patients with congenital factor XIII A-subunit deficiency. Factor XIII A-subunit recombinant does not require PA.
flunisolide (Aerospan) inhalation aerosol	Addition; **does not require PA**	Flunisolide inhalation aerosol is indicated for the maintenance treatment of asthma as prophylactic therapy in adult and pediatric patients six years of age and older. Flunisolide inhalation aerosol is also indicated for asthma patients requiring oral corticosteroid therapy, where adding this agent may reduce or eliminate the need for oral corticosteroids. Flunisolide inhalation aerosol does not require PA.
fluticasone furoate nasal spray (Veramyst)	Change in PA status; **requires PA**	Fluticasone furoate nasal spray is an intranasal corticosteroid. This agent requires PA regardless of age and quantity.
glatiramer acetate (Copaxone) 40 mg/ml	Addition; **requires PA**	Glatiramer acetate is indicated for the treatment of patients with relapsing forms of multiple sclerosis. Given the pending generic availability of glatiramer acetate, this agent requires PA.
hydrocodone extended-release (ER) (Zohydro ER)	Addition; **requires PA**	Zohydro ER is an opioid agonist indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Given lower cost alternatives and pending availability of abuse deterrent formulations, this agent requires PA.
ibrutinib (Imbruvica)	Addition; **requires PA**	Ibrutinib is indicated for the treatment of mantle cell lymphoma patients who received at least one prior treatment and chronic lymphocytic leukemia patients who received at least one prior treatment.
loxapine (Adasuve) oral inhalation powder	Addition; **does not require PA**	Loxapine oral inhalation powder is a typical antipsychotic indicated for the acute treatment of agitation associated with schizophrenia or bipolar I disorder in adults. Loxapine oral inhalation powder does not require PA.
luliconazole (Luzu)	Addition; **requires PA**	Luliconazole is indicated for the treatment of athlete's foot between the toes (interdigital tinea pedis), jock itch (tinea cruris) and ringworm (tinea corporis) in patients 18 years of age and older. Given evidence supporting the use of less costly alternatives, this agent requires PA.
methotrexate (Otrexup) subcutaneous injection	Addition; **requires PA**	Methotrexate subcutaneous injection is a folate analog metabolic inhibitor indicated for the management of patients with severe, active rheumatoid arthritis, and polyarticular juvenile idiopathic arthritis, who are intolerant of first-line therapy. It is also indicated for the symptomatic control of severe, recalcitrant, disabling psoriasis in adults who are not adequately responsive to other forms of therapy. Given lower cost alternatives and potential for off-label use, this agent requires PA.
mometasone nasal spray (Nasonex)	Change in PA status; **requires PA**	Mometasone nasal spray is an intranasal corticosteroid. This agent requires PA regardless of age and quantity.

Recent MassHealth Drug List Updates		
Drug/Drug Class	**Addition/Deletion/Change**	**Rationale**
naphazoline/antazoline	Deletion; **removed from the MassHealth OTC Drug List**	Naphazoline/antazoline is an ophthalmic allergy agent. This agent has been removed from the MassHealth OTC Drug List.
oxycodone/acetaminophen (Magnacet)	Deletion; **removed from the MassHealth Drug List**	MassHealth does not pay for drugs that are manufactured by companies that have not signed rebate agreements with the U.S. Secretary of Health and Human Services. Magnacet has been removed from the MassHealth Drug List.
perampanel (Fycompa)	Addition; **requires PA**	Perampanel is indicated for the adjunctive treatment of partial-onset seizures with or without secondarily generalized seizures in patients with epilepsy aged 12 years and older. Given well established, less costly alternatives for the adjunctive treatment of partial-onset seizures and the lack of consensus guideline recommendations, this agent requires PA.
posaconazole (Noxafil) delayed-release tablet	Addition; **requires PA**	Posaconazole is indicated for prophylaxis against serious fungal infections in people with a weakened ability to fight infection. Given the similarities in efficacy, tolerability, and cost between the delayed-release tablets and the oral suspension, this agent requires PA.
raloxifene	Addition; **does not require PA**	Raloxifene is the new “A” -rated generic to Evista. This agent does not require PA.
sevelamer carbonate	Addition; **does not require PA**	Sevelamer carbonate is the new “A” -rated generic to Renvela. This agent does not require PA.
sirolimus	Addition; **does not require PA**	Sirolimus is the new “A” -rated generic to Rapamune. This agent does not require PA.
triamcinolone (Nasacort Allergy)	Addition; **added to MassHealth over-the-counter (OTC) Drug List**	Triamcinolone is a corticosteroid. This agent will be added to the MassHealth OTC Drug List.
triamcinolone nasal spray (Nasacort AQ)	Change in PA status; **requires PA**	Triamcinolone nasal spray is an intranasal corticosteroid. This agent requires PA regardless of age and quantity.