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Subject: Opioid High Dose Limits and First Fill

March 3, 2023

Key Points:

- **Higher doses of opioids are associated with increased risks for adverse events and side effects. MassHealth is committed to working with the provider community to ensure safe opioid prescribing practices.**
- **Effective April 1, 2023, prior authorization (PA) will be required for cumulative total daily doses of long-acting and short-acting opioids, exceeding 180 morphine milligram equivalents (MME) when more than one opioid is being prescribed. Prior authorization will continue to be required for doses exceeding 120 MME per day for a single prescribed opioid. Further dose adjustments may be considered in the future.**
- **Effective June 2023, a seven-day supply initial limit will be applied to any opioid naïve patient. Pharmacists may override this limit after review of the Prescription Drug Monitoring Program or consultation with a prescriber's office.**

Dear Prescriber,

Opioid toxicity and abuse remain a public health concern throughout the United States. In Massachusetts, there were an estimated 2,290 opioid-related overdose deaths in 2021, which represented an 8.8% increase compared to 2020.¹ High daily doses of opioids may make a patient vulnerable to misuse and overdose.²

Chronic use of high-dose opioids for non-cancer pain is not supported by clinical evidence. In addition, higher doses are associated with increased side effects and increased risks for adverse events including misuse, substance use disorder, overdose, and death.³

MassHealth is committed to working with providers to ensure that members achieve optimal pain control while limiting the potential for adverse events. Given this information, MassHealth will implement new criteria for authorization of opioid prescriptions beginning April 1, 2023. PA will be required for total daily doses exceeding 180 MME when more than one opioid is being prescribed. PA will continue to be required for doses exceeding 120 MME for a single prescribed opioid. The individual dose limits for each medication are available in Table 1. The total daily dose will be calculated at the point of sale based on all opioids in a member's regimen, including both short- and long-acting opioids. Please note, MassHealth may consider additional dose reductions to ensure appropriate use based on medical literature.⁴ MassHealth

will prioritize outreach and coordination with providers during these efforts to ensure optimal member outcomes.

The PA evaluation will consider the medical necessity of high dose opioids and will consider the following information:

- Drug specific PA criteria must be met first, where applicable
- Pain consultation or records from a specialist who is treating the primary etiology of pain supporting the dose requested
- Signed and dated patient-prescriber agreement
- Medical records documenting treatment plan including rationale for high dose and titration to current dose.

PA requests will be reviewed for medical necessity and may require outreach to discuss individual medical history with the prescriber. MassHealth understands that opioid dose adjustments require an individualized, well-developed care plan to avoid harm. MassHealth does not require nor expect providers to terminate or taper appropriate opioid prescribing.

The MassHealth Drug List, including Therapeutic Class Table 8 outlining the coverage status and PA criteria for all opioids, will be updated to reflect these changes. The MassHealth Drug List can be found on the MassHealth Pharmacy website at www.mass.gov/masshealth/pharmacy. Managed care organizations may have different opioid high dose thresholds than MassHealth Fee-for Service, the Primary Care Clinician plan, and Primary Care Accountable Care Organizations. Providers should continue to refer to managed care plan websites for their specific opioid dose thresholds.

In addition, to limit exposure to opioids for acute conditions in opioid naïve patients, in June 2023, MassHealth will implement point-of-sale edits limiting a first fill to less than or equal to a seven days' supply (applied to opioid prescriptions for greater than seven-day supply where there is no claim for opioids within the previous 90 days). Pharmacists may override this edit without PA, after careful review of the prescription drug monitoring program or after discussion with a provider who has determined medical necessity.

Safe and appropriate opioid prescribing, and use is a priority for all of us in healthcare. As such, MassHealth supports and encourages naloxone co-prescribing with all opioid prescriptions. We appreciate your continued support and dedication to providing high quality care to MassHealth members.

Sincerely,



Kimberly Lenz, PharmD, MBA, FAMCP
Chief Pharmacy Officer, MassHealth

References:

1. Massachusetts Department of Public Health. Data Brief: Fatal Opioid-Overdoses among Massachusetts Residents. 2022 Jun. Available from: <https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-june-2022/download>
2. Rose AJ et al. Potentially Inappropriate Opioid Prescribing, Overdose, and Mortality in Massachusetts, 2011–2015. J Gen Intern Med. 2018, 33(9): 1512-1519. Doi: [10.1007/s11606-018-4532-5](https://doi.org/10.1007/s11606-018-4532-5)
3. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: <http://dx.doi.org/10.15585/mmwr.rr7103a1>
4. Veterans Health Administration. VA/DoD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain. 2022 [guideline on the Internet]. US Department of Veteran Affairs. 2022. Available from: <https://www.healthquality.va.gov/guidelines/pain/cot/>

Table 1. Current Dose Thresholds for Single Agent Opioids Equivalent to 120 Milligram Morphine Equivalents*

Drug	Dose Limit*	Quantity Limit*
Long-acting		
Conzip® (tramadol extended-release capsule)	> 300 mg/day	> 1 capsule/day
Dolophine®, Methadose® (methadone)*	> 25 mg/day	N/A
fentanyl transdermal system	> 50 µg/hr (i.e. one 50 µg patch every 72 hours)	> 10 patches/month
hydrocodone extended-release tablet	> 80 mg/day	> 1 tablet/day
hydromorphone extended-release	> 24 mg/day	> 1 tablet/day
levorphanol tablet	> 4 mg/day	> 2 tablets/day
morphine extended-release capsule	> 120 mg/day	> 1 capsule/day
MS Contin® (morphine controlled-release tablet)	> 120 mg/day	N/A
OxyContin® (oxycodone extended-release tablet)	> 80 mg/day	> 3 tablets/day
oxymorphone extended-release, oral	> 40 mg/day	> 2 tablets/day
tramadol extended-release tablet, oral	> 300 mg/day	> 1 tablet/day
Xtampza ER® (oxycodone extended-release capsule)	> 72 mg/day	> 2 capsules/day
Zohydro ER® (hydrocodone extended-release capsule)	> 80 mg/day	> 2 capsules/day
Short-acting		
acetaminophen products	> 4 grams/day	
Apadaz® (benzhydrocodone/acetaminophen)	> 65.28 mg/day	
codeine products††	> 360 mg/day	
Dilaudid® (hydromorphone)*†	> 24 mg/day	
hydrocodone/ acetaminophen†	> 80 mg/day	
hydrocodone/ ibuprofen†	> 80 mg/day hydrocodone > 3.2 grams/day ibuprofen	
morphine immediate-release*†	> 120 mg/day	
oxymorphone immediate-release*†	> 40 mg/day	
Oxaydo® (oxycodone immediate-release)†	> 80 mg/day	
oxycodone immediate-release†	> 80 mg/day	
oxycodone/ acetaminophen†	> 80 mg/day	
oxycodone/aspirin†	> 4 grams/day aspirin > 80 mg/day oxycodone	
Seglantis (celecoxib/tramadol)	> 400 mg/day tramadol	
tramadol immediate-release†	> 400 mg/day	
Qdolo® (tramadol solution)†	> 400 mg/day	
tramadol/acetaminophen†	> 400 mg/day tramadol	

*Dose thresholds also apply to the injectable formulation

†PA will be required for high dose short-acting monotherapy

‡Includes codeine/acetaminophen product

Note: MCO plans may have different dose thresholds