



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
100 Hancock Street, 6<sup>th</sup> Floor  
Quincy, Massachusetts 02171



CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

[www.mass.gov/eohhs](http://www.mass.gov/eohhs)

DANIEL TSAI  
Assistant Secretary

**Subject: Updated Opioid High Dose Limits**

**January 2016**

**Key Points:**

- **Updated high dose limit set at 120 mg/day of morphine equivalents**
- **All doses of methadone will require prior authorization**
- **Dose reduction to go into effect on March 7, 2016**

Dear Prescriber,

Opioid toxicity and abuse is a public health concern in Massachusetts and the United States. There were an estimated 1,256 opioid-related overdose deaths in 2014,<sup>1</sup> and predictions are for deaths in 2015 to exceed that total. Risk factors which make people particularly vulnerable to prescription opioid abuse and overdose include taking high daily doses.<sup>2</sup>

The effectiveness of prescribing high dose opioids ( $\geq 120$  mg/day morphine equivalents) is not supported by strong evidence. No randomized trials have shown long-term effectiveness of high dose opioids for chronic non-cancer pain. In addition, higher doses are associated with increased risks for adverse events and side effects.<sup>3,4</sup>

Given this information, MassHealth will implement lower dose limits for opioids beginning on March 7, 2016. Prior authorization (PA) will be required for doses exceeding 120 mg/day of morphine equivalents. These doses are available for your reference in Table 1 (see next page).

In addition, methadone will require prior authorization for members considered a new start on the medication (defined as anyone who has not filled methadone for 60 out of the last 90 days). Nationally, methadone accounts for only two percent of opioid pain reliever prescriptions but 30 percent of related overdoses. Because of its drug properties, the risk of overdose from methadone may be disproportionately higher than other pain relievers.<sup>5</sup>

In evaluating PA requests for doses above these new limits, MassHealth will continue to use the same criteria that are currently in place for evaluating high dose opioid requests. If applicable, such requests must first meet PA criteria unique to the requested drug (e.g., Opana™). Requests exceeding quantity limits must include supporting documentation indicating the need for doses higher than the established quantity limits.



**Table 1.**

Long-acting			Short-acting	
Drug	Dose Limit	Quantity Limit	Drug	Dose Limit
Dolophine <sup>®</sup> , Methadose <sup>®</sup> (methadone)*	> 30 mg/day	N/A	Acetaminophen products	> 4 grams/day
Duragesic <sup>®</sup> (fentanyl transdermal)	> 50 µg/hr (i.e. one 50 µg patch every 72 hours)	> 10 patches/month	Codeine products†‡	> 360 mg/day
Embeda <sup>®</sup> (morphine/naltrexone)	> 120/4.8 mg/day	> 1 capsule/day	Dilaudid <sup>®</sup> (hydromorphone)* †	> 32 mg/day
Exalgo <sup>®</sup> (hydromorphone extended-release)	> 32 mg/day	> 1 tablet/day	Hydrocodone/acetaminophen†	> 80 mg/day
Hysingla ER <sup>®</sup> (hydrocodone extended-release tablet)	> 80 mg/day	> 1 tablet/day	Hydrocodone/ibuprofen†	> 80 mg/day hydrocodone > 3.2 grams/day ibuprofen
Kadian <sup>®</sup> (morphine extended-release)	> 120 mg/day	> 1 capsule/day	Morphine immediate-release*†	> 120 mg/day
Levo-Dromoran <sup>®</sup> (levorphanol)	> 4 mg/day	> 2 tablets/day	Opana <sup>®</sup> (oxymorphone immediate-release)*†	> 40 mg/day
morphine extended-release capsule	> 120 mg/day	> 1 capsule/day	Oxycodone immediate-release†	> 80 mg/day
MS Contin <sup>®</sup> , Oramorph SR <sup>®</sup> (morphine controlled-release)	> 120 mg/day	N/A	Oxycodone/acetaminophen†	> 80 mg/day
Opana <sup>®</sup> ER (oxymorphone extended-release)	> 40 mg/day	> 2 tablets/day	Oxycodone/aspirin†	> 4 grams/day aspirin > 80 mg/day oxycodone
OxyContin <sup>®</sup> (oxycodone controlled-release)	> 80 mg/day	> 3 tablets/day	Oxycodone/ibuprofen†	> 3.2 grams/day ibuprofen > 80 mg/day oxycodone
oxymorphone extended-release	> 40 mg/day	> 2 tablets/day		
Zohydro ER <sup>®</sup> (hydrocodone extended-release capsule)	> 80 mg/day	> 2 capsules/day		

\*Dose limits also apply to the injectable formulation as well  
†PA will be required for high dose short-acting monotherapy  
‡Includes codeine/acetaminophen products

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](http://www.mass.gov/masshealth/pharmacy). Please note that members over the high dose limits will require a pain consult supporting the dose requested, signed and dated patient prescriber agreement, and medical records documenting treatment plan including rationale for high dose and titration to current dose.

Safe and appropriate opioid prescribing and utilization is a priority for all of us in healthcare. We appreciate your continued support and dedication to providing high quality care to MassHealth members.

Sincerely,



Paul L. Jeffrey, PharmD  
Director of Pharmacy  
MassHealth

References:

1. Massachusetts Department of Public Health. Data Brief: Fatal Opioid-Overdoses among Massachusetts Residents. 2015 Oct. Available from: <http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/county-level-pmp/data-brief-oct-2015-overdose-county.pdf>
2. The Centers for Disease Control and Prevention. Injury Prevention and Control: Prescription Drug Overdose. Risk Factors for Prescription Painkiller Abuse and Overdose. Available from: <http://www.cdc.gov/drugoverdose/epidemic/riskfactors.html>
3. Kolodny A, Franklin G, Gelfand S, Levounis P, Orr R, Paulozzi L, et al. Physicians for Responsible Opioid Prescribing: Cautious, Evidence-Based Opioid Prescribing. Available from: [http://www.supportprop.org/wp-content/uploads/2014/01/PROP\\_OpioidPrescribing.pdf](http://www.supportprop.org/wp-content/uploads/2014/01/PROP_OpioidPrescribing.pdf)
4. Washington State Agency Medical Directors Group. Interagency guideline on prescribing opioids for pain. June 2015. Available from: <http://www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf>
5. The Centers for Disease Control and Prevention. (2012). Vital Signs: Risk for Overdose for Methadone Used for Pain Relief- United States, 1999-2010. Morbidity and mortality Weekly Report, 61(26), 493-97. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6126a5.htm>