



# PHARMACY FACTS

*Current information for pharmacists about  
the MassHealth Pharmacy Program*

[www.mass.gov/masshealth-pharmacy-facts](http://www.mass.gov/masshealth-pharmacy-facts)

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## MHDL Update

Below are certain updates to the MassHealth Drug List (MHDL). See the MHDL for a complete listing of updates.

### Additions

Effective November 8, 2019, the following newly marketed drug has been added to the MassHealth Drug List.

- Zolgensma (onasemnogene abeparvovec-xioi) CO – **PA**

Effective November 25, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.

- Abilify Mycite (aripiprazole tablet with sensor) – **PA**
- Adhansia XR (methylphenidate extended-release) – **PA**
- Apadaz (benzhydrocodone/acetaminophen) – **PA**
- Evekeo ODT (amphetamine sulfate orally disintegrating tablet) – **PA**
- Inbrija (levodopa) – **PA**
- Jornay PM (methylphenidate extended-release) – **PA**
- Katerzia (amlodipine suspension) – **PA**
- Krintafel (tafenoquine)
- Minolira (minocycline extended-release 105 mg, 135 mg tablet) – **PA**
- Polivy (polatuzumab vedotin-piiq) – **PA**
- Prograf (tacrolimus granules) – **PA**
- Qmiiz (meloxicam orally disintegrating tablet) – **PA**
- Rozlytrek (entrectinib) – **PA**
- Sunosi (solriamfetol) – **PA**
- Triluron (hyaluronate) – **PA**
- Vyndamax (tafamidis) – **PA**

## Change in Prior-Authorization Status

- a. Effective November 25, 2019, benzodiazepine agents will require prior authorization (PA) for polypharmacy with an opioid agent (overlapping pharmacy claims for one or more benzodiazepines (excludes clobazam and rectal diazepam) with one or more opioids for at least 60 days within a 90-day period). For additional information, please see the Concomitant Opioid and Benzodiazepine Initiative documents found at [www.mass.gov/druglist](http://www.mass.gov/druglist).

- b. Effective November 25, 2019, the following proton pump inhibitor agents will no longer require PA when used within newly established quantity limits.
- Aciphex # (rabeprazole delayed-release tablet) – PA > 30 units/month
  - Dexilant (dexlansoprazole) BP – PA > 30 units/month
  - Nexium # (esomeprazole magnesium capsule) – PA > 30 units/month
- c. Effective November 25, 2019, the following proton pump inhibitor agent will no longer require PA over age limits when used within newly established quantity limits.
- Prevacid # (lansoprazole capsule) – PA > 30 units/month
- d. Effective November 25, 2019, the following proton pump inhibitor agent will no longer require PA when used within updated quantity limits.
- Protonix # (pantoprazole 20 mg tablet) – PA > 120 units/month
  - Protonix # (pantoprazole 40 mg tablet) – PA > 120 units/month
- e. Effective November 25, 2019, the following influenza treatment and prophylaxis agents will no longer require PA when used within newly established quantity limits.
- Relenza (zanamivir) – PA < 5 years and PA > 20 inhalations/claim and PA > 40 inhalations/365 days
  - Tamiflu # (oseltamivir 30 mg) – PA > 20 units/claim and PA > 40 units/365 days
  - Tamiflu # (oseltamivir 45 mg and 75 mg) – PA > 10 units/claim and PA > 20 units/365 days
  - Tamiflu # (oseltamivir suspension) – PA > 180 mL/claim and PA > 360 mL/365 days

### Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective November 25, 2019, the following agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Dexilant (dexlansoprazole)<sup>BP</sup> – **PA > 30 units/month**
- b. Effective November 25, 2019, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Voltaren Gel # (diclofenac 1% gel)

### Abbreviations, Acronyms, and Symbols

**#** This designates a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

**PA** Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment. Note: Prior authorization applies to both the brand-name and the FDA “A”-rated generic equivalent of listed product.

**BP** Brand Preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.

**PD** Preferred Drug. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class.

**CO** Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring.

## MassHealth Concomitant Opioid and Benzodiazepine Initiative

### Background

The MassHealth Concomitant Opioid and Benzodiazepine Initiative (COBI) proactively requires PA for members using opioid and benzodiazepine medications concomitantly. This is due, in part, to the growing data supporting the significant risk associated with the concomitant use of these medications. As part of this initiative and effective with the November 2019 MassHealth Drug List update, PA will be required in situations where members fill opioid and benzodiazepine medications for at least 60 days within a 90-day period.

The reference table below lists the opioid and benzodiazepine medications included in the Concomitant Opioid and Benzodiazepine Initiative. Further information on the PA requirements, including approval criteria, can be found within the MassHealth Drug List at [www.mass.gov/druglist](http://www.mass.gov/druglist).

<b>Concomitant Opioid and Benzodiazepine Initiative Medication List<sup>1</sup></b>	
<b>Benzodiazepines</b>	<b>Opioids</b>
alprazolam	buprenorphine
chlordiazepoxide	butorphanol
chlordiazepoxide/clidinium	codeine
clonazepam	dihydrocodeine
clorazepate	fentanyl
diazepam <sup>2</sup>	hydrocodone
estazolam	hydromorphone
flurazepam	levorphanol
lorazepam	meperidine
midazolam	methadone
oxazepam	morphine
quazepam	oxycodone
temazepam	oxymorphone
triazolam	opioid powders
	tapentadol
	tramadol
	ziconotide

<sup>1</sup>Injectable benzodiazepine formulations are excluded from the Concomitant Opioid and Benzodiazepine Initiative requirements.

<sup>2</sup>Rectal diazepam formulations are excluded from the Concomitant Opioid and Benzodiazepine Initiative requirements.

## Q&A ABOUT THE MASSHEALTH CONCOMITANT OPIOID AND BENZODIAZEPINE INITIATIVE

### What is the goal of this initiative?

The MassHealth Concomitant Opioid and Benzodiazepine Initiative focuses on safe prescribing practices for regimens incorporating both opioid and benzodiazepine medications in MassHealth members, excluding MassHealth Managed-Care Organizations (MCO) members. The initiative includes PA requirements for both opioids and benzodiazepines when used concomitantly.

### What types of medications will be affected by this initiative?

This initiative targets both opioid and benzodiazepine medications; however, only claims for the benzodiazepine agent will be rejecting. A comprehensive medication list and additional information about the MassHealth Concomitant Opioid and Benzodiazepine Initiative, including PA requirements, are available on the MassHealth Drug List webpage at [www.mass.gov/druglist](http://www.mass.gov/druglist).

### Who will be affected by the MassHealth Concomitant Opioid and Benzodiazepine Initiative?

MassHealth members will be affected by this initiative. Currently, this initiative does not include MassHealth MCO members.

### When will the PA requirements for the MassHealth Concomitant Opioid and Benzodiazepine Initiative take effect?

Polypharmacy within the same medication class currently exists, and information can be found on the MassHealth Drug List website. The anticipated start date for this initiative will be November 25, 2019.

### Will prescriptions written before the start of this initiative be grandfathered?

No. While the initiative will take effect on November 25, 2019, this will be a prospective initiative, with claims for concomitant opioid and benzodiazepine medications rejecting as early as January 2020. The pharmacy will be notified immediately about the need for PA as well as the availability of emergency supplies if required.

### How will prescribers know what information needs to be submitted for a PA?

The *Benzodiazepines and Other Antianxiety Agents Prior Authorization* form has been updated with additional information about the MassHealth Concomitant Opioid and Benzodiazepine Initiative. PA requirements are available on the MassHealth Drug List webpage at [www.mass.gov/druglist](http://www.mass.gov/druglist).

### Is there a specific PA form for the MassHealth Concomitant Opioid and Benzodiazepine Initiative?

No. The *Benzodiazepines and Other Antianxiety Agents Prior Authorization* form is available on the MassHealth Drug List webpage at [www.mass.gov/druglist](http://www.mass.gov/druglist).

### Will a PA request need to be submitted for each opioid and benzodiazepine medication?

No. Questions addressed in the *Benzodiazepines and Other Antianxiety Agents Prior Authorization* form will allow documentation of the full Opioid and Benzodiazepine regimen, to include name, dose, frequency, and indication. Additionally, questions regarding clinical rationale and tapering of agents will also be included.

**Are any resources available to aid prescribers in determining which members will be affected by this initiative?**

The MassHealth Drug Utilization Review (DUR) Program can provide prescribers with a list of members (a) for whom the prescriber has provided treatment and (b) who may be affected by this initiative. Prescribers may request this list by contacting the DUR program at (800) 745-7318.

**Are there any prescriber restrictions for PA requests for this initiative?**

All prescribers may submit PA requests on behalf of the member.

**Will a PA request be required when a medication changes in the opioid and benzodiazepine regimen?**

PA may be required for members with a change in therapy. Dose changes may require resubmission of PA in members who also fall under the high dose opioid criteria or benzodiazepine polypharmacy criteria, or in situations where the medication itself requires PA. Prescribers who need to cross-taper or titrate medications should clearly document the plan so that DUR can facilitate those changes. Prescribers are encouraged to submit PA requests before implementing medication changes to avoid disruption in therapy.

**If there is more than one prescriber involved in the medication regimen, which prescriber would be responsible for submitting the PA request on behalf of the member?**

Coordination of care between prescribers is strongly encouraged to ensure safe and effective prescribing practices. Any prescriber involved in the member's care may submit the PA request. The prescriber who submits the PA request is encouraged to coordinate with all other prescribers for the member and clearly document the diagnoses and corresponding treatment plan, including all current medications, on the PA request.

**Will member care be disrupted if the PA request has not been submitted or processed before the prescription is filled?**

Emergency supplies of medications will be available to avoid disruption in therapy. The prescriber, member, and/or member's caregiver may request an emergency supply of medication at the member's pharmacy. Emergency supplies of medications are available for any clinically appropriate duration of therapy, up to 30 days. There is no limit to the number of subsequent emergency supplies of medications, if such supplies are medically necessary.

**What is the approval duration for PA requests submitted under the MassHealth Concomitant Opioid and Benzodiazepine Initiative?**

The duration of a PA approval and of a recertification may be up to 12 months, depending on the clinical situation.

**What is a provisional PA approval?**

A PA request may be approved provisionally for a duration of up to six months depending on the clinical situation. PA requests may be approved provisionally to avoid disruption in therapy when clinical documentation is required from a prescriber or during a documented taper plan. In circumstances where additional clinical documentation is required, prescribers will be notified via fax and/or telephone.

**Who can answer additional questions?**

*For Pharmacists and Prescribers*

If you have questions about a specific patient or claim affected by the MassHealth Concomitant Opioid and Benzodiazepine Initiative, please contact the Drug Utilization Review Program at (800) 745-7318.

*For MassHealth Members*

If you have questions about the MassHealth Concomitant Opioid and Benzodiazepine Initiative, please call MassHealth Customer Service at (800) 841-2900 (TTY: (800) 497-4648).