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Pharmacy Facts

MassHealth Pharmacy Program

www.mass.gov/masshealth/pharmacy

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MHDL Update

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

1. Additions

Effective April 22, 2014, the following newly marketed drugs have been added to the MassHealth Drug List.

- ABSORICA (isotretinoin) – PA
- Aciphex Sprinkle (rabeprazole delayed-release capsule) – PA
- Adempas (riociguat) – PA
- BETHKIS (tobramycin inhalation solution) – PA
- Brintellix (vortioxetine) – PA
- Fetzima (levomilnacipran) – PA
- GAZYVA (obinutuzumab) – PA
- Glycate (glycopyrrolate 1.5 mg tablet) – PA
- GRANIX (TBO-filgrastim)
- Marqibo (vincristine liposome) – PA
- MIRVASO (brimonidine topical gel, 0.33%) – PA
- Opsumit (macitentan) – PA
- Valchlor (mechlorethamine)
- ZORVOLEX (diclofenac 18 mg, 35 mg capsule) – PA

2. New FDA “A”-Rated Generics

Effective April 22, 2014, the following FDA “A”-rated generic drugs have been added to the MassHealth Drug List. The brand name is listed with a # symbol to indicate that prior authorization is required for the brand.

| <u>New FDA “A”-Rated Generic Drug</u> | <u>Generic Equivalent of</u> |
|------------------------------------------------------------------|------------------------------|
| abacavir/lamivudine/ zidovudine | Trizivir # |
| dexamethylphenidate extended-release – PA > 60 units/month | Focalin XR # |
| lipase/protease/amylase 5,000 unit capsule | Zenpep DR # |
| tobramycin inhalation solution | TOBI # |

3. Change in Prior Authorization Status

- a. Effective April 22, 2014, the following oral benzodiazepine agents are covered without prior authorization within newly established quantity limits.

clonazepam orally disintegrating 0.125 mg and 0.25 mg tablet – PA > 90 units/month
- b. Effective April 22, 2014, the following oral antibiotic agents no longer require prior authorization.

doxycycline monohydrate 50 mg, 75 mg, 100 mg tablet

doxycycline monohydrate 50 mg, 100 mg capsule
- c. Effective April 28, 2014, the following dermatological topical chemotherapy agent requires prior authorization.

Carac (fluorouracil 0.5% cream) – PA
- d. Effective April 28, 2014, the following hematologic agent requires prior authorization.

NEUPOGEN (filgrastim) – PA
- e. Effective April 28, 2014, the following inhaled antibiotic agent requires prior authorization.

TOBI Podhaler (tobramycin inhalation powder) – PA
- f. Effective April 28, 2014, the opioid analgesic agents have updated high-dose and/or quantity limit restrictions as described in Table 8 (Opioids and Analgesics) as well as the Pain Initiative. As a result, the following listings have changed.

Astramorph-PF (morphine, injection) – PA > 240 mg/day
Dilaudid # (hydromorphone) – PA > 64 mg/day
Dolophine # (methadone oral) – PA > 60 mg/day
Duramorph (morphine, injection) – PA > 240 mg/day
levorphanol tablet – PA > 8 mg/day
Methadose (methadone oral) – PA > 60 mg/day

3. Change in PA Status (cont.)

f. (cont.)

- morphine immediate-release – PA > 240 mg/day
- MS Contin # (morphine controlled-release) – PA > 240 mg/day
- Roxicodone # (oxycodone immediate-release) – PA > 160 mg/day

Additional information about opioid dose limits is found below.

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.

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.

* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

^H This drug is available only in an inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy or physician's office.

Clinical Counseling Points: Iodine in Pregnancy

Women who are pregnant need increased iodine intake due to physiologic changes that produce an increased demand for thyroid hormone. Women who are breastfeeding also need increased iodine intake because iodine is secreted into breast milk. Recommended requirements are 220 µg daily in pregnancy and 290 µg daily in nursing females.

To ensure adequate iodine intake, it is recommended that U.S. women who are pregnant or breastfeeding take a supplement containing 150 µg iodine daily in the form of potassium iodide. A recent survey of all U.S. prescription and nonprescription prenatal vitamins noted that only 50% contained any form of iodine. Therefore, counsel your patients receiving a prenatal vitamin or have them speak to their provider about appropriate intake and supplementation.

Please see the following websites for a patient-oriented fact sheet from the American Thyroid Association and a provider-oriented fact sheet from the National Institutes of Health.

- ods.od.nih.gov/factsheets/Iodine-HealthProfessional/
- www.thyroid.org/iodine-deficiency/

Updated Opioid High-Dose Limits and Quantity Limits Effective April 28, 2014

| Long-acting opioids | | | |
|-------------------------------------------------------------------------|--------------------|--------------------------|--------------------|
| Drug | Dose Limits | | Quantity Limit |
| | Current Dose Limit | New Dose Limit | |
| Avinza (morphine extended-release)* | > 360 mg/day | > 240 mg/day | > 1 capsule/day |
| Dolophine, Methadose® (methadone)^{† ‡} | > 120 mg/day | > 60 mg/day | N/A |
| Duragesic (transdermal fentanyl)*[‡] | > 200 µg/hr | > 75 µg/hr | > 10 patches/month |
| Exalgo (hydromorphone extended-release)* | > 60 mg/day | > 64 mg/day _s | > 4 tablets/day |
| Exalgo (hydromorphone extended-release)* | > 60 mg/day | > 64 mg/day _s | > 4 tablets/day |
| Levo-Dromoran (levorphanol)[‡] | > 32 mg/day | > 8 mg/day | > 4 tablets/day |
| MS Contin, Oramorph SR (morphine controlled-release)[‡] | > 360 mg/day | > 240 mg/day | N/A |
| Opana ER (oxymorphone extended-release)*[‡] | > 120 mg/day | > 80 mg/day | > 2 tablets/day |
| OxyContin (oxycodone controlled-release)* | > 240 mg/day | > 160 mg/day | > 3 tablets/day |

Updated Opioid High-Dose Limits and Quantity Limits Effective April 28, 2014 (cont.)

| Short-acting opioids | | |
|-------------------------------------------|--------------------|--------------------------|
| Drug | Dose Limits | |
| | Current Dose Limit | New Dose Limit |
| codeine [‡] | > 360 mg/day | Unchanged |
| Demerol (meperidine)* ‡ | > 750 mg/day | Removed** |
| Dilaudid (hydromorphone) ^{‡ †} | > 60 mg/day | > 64 mg/day [§] |
| morphine immediate-release ^{† ‡} | > 360 mg/day | > 240 mg/day |
| morphine immediate-release ^{† ‡} | > 360 mg/day | > 240 mg/day |
| oxycodone immediate-release [‡] | > 240 mg/day | > 160 mg/day |

*Both brand and generic (if available) require PA, even within dose and quantity limits; PA criteria available at www.mass.gov/masshealth/pharmacy

†Dose limits apply to both oral and injectable formulation

‡Available generically

§Increased limit due to available tablet strengths

**PA required for all doses

PA will be required for doses exceeding these limits. Please note that most long-acting opioids are also subject to quantity limits, which are also included in preceding table. While every effort has been made to approximate equivalent doses for these agents based on morphine equivalents, some exceptions have been made based on maximum daily doses and dosing frequencies listed in prescribing information as well as operational considerations (e.g., available tablet strengths).

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 that are unique to the requested drug. Requests exceeding quantity limits must include supporting documentation indicating that the requested dose cannot be obtained within the established quantity limits. The MassHealth Drug List, including Therapeutic Class Table 8 (Opioids and Analgesics) outlining the coverage status and PA criteria for all opioids, will be updated to reflect these changes.

The issue of opioid misuse is truly a multidisciplinary one that requires the efforts of patients, health care providers, and other stakeholders to address. We will continue to evaluate this class of medication and may implement further adjustments to our opioid high dose limits in the future if it is clinically appropriate to do so.