



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586, Worcester, MA 01613-2586
Fax: 1-877-208-7428 Phone: 1-800-745-7318

May 2018 MassHealth Drug List Summary Update

MassHealth evaluates the prior-authorization status for drugs on an ongoing basis and updates the MassHealth Drug List accordingly. This Summary Update document identifies changes to the MassHealth Drug List for the rollout effective May 7, 2018.

Additional information about these agents may be available within the MassHealth Drug List at www.mass.gov/druglist.

Additions

Effective May 7, 2018, the following newly marketed drugs have been added to the MassHealth Drug List.

- Aliqopa (copanlisib) – **PA**
- benznidazole
- Endari (l-glutamine) – **PA**
- Fasenra (benralizumab) – **PA**
- Mepsevii (vestronidase alfa-vjvk) – **PA**
- Parsabiv (etelcalcetide) ^
- Qvar Redihaler (beclomethasone MDI, breath-actuated) – **PA**
- Solosec (secnidazole) – **PA**
- Sublocade (buprenorphine extended-release injection) – **PA**
- Symdeko (tezacaftor/ivacaftor) – **PA**

New FDA “A”-Rated Generics

Effective May 7, 2018, 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.

New FDA “A”-Rated Generic Drug

ethinyl estradiol/drospirenone/levomefolate

Generic Equivalent of

Safyral #

New or Revised Therapeutic Tables

Table 3 – Gastrointestinal Drugs - Histamine H2 Antagonists, Proton Pump Inhibitors, and Miscellaneous Gastroesophageal Reflux Agents

Table 4 – Hematologic Agents – Hematopoietic and Miscellaneous Hematologic Agents

Table 14 – Headache Therapy

Table 16 – Corticosteroids - Topical

Table 18 – Cardiovascular Agents

Table 20 – Anticonvulsants

Table 21 – Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) Modulators

Table 23 – Respiratory Agents - Inhaled

Table 35 – Antibiotics and Anti-Infectives - Oral

Table 36 – Drug and Alcohol Cessation Agents

Table 38 – Antiretroviral/HIV Therapy

Table 43 – Pulmonary Arterial Hypertension Agents

Table 52 – Multiple Sclerosis Agents

Table 56 – Alzheimer’s Agents

Table 57 – Oncology Agents

Table 64 – Asthma/Allergy Monoclonal Antibodies

Table 65 – Enzyme Replacement and Substrate Reduction Therapies

Table 75 – Chimeric Antigen Receptor (CAR)-T Immunotherapies

Table 76 – Neuromuscular Agents - Duchenne Muscular Dystrophy and Spinal Muscular Atrophy

Table 77 – Hyaluronan Injections

Updated and New Prior-Authorization Request Forms

- Anticonvulsant Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) Modulators Prior Authorization Request
- Headache Therapy (Triptan) Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Neuromuscular Agents Prior Authorization Request
- Opioid Dependence and Reversal Agents Prior Authorization Request
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Proton Pump Inhibitor Prior Authorization Request
- Topical Corticosteroids Prior Authorization Request

Updated MassHealth Brand Name Preferred Over Generic Drug List

Effective May 7, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Prevacid Solutab (lansoprazole orally disintegrating tablet) ^{BP} – **PA ≥ 2 years**
- Remodulin (treprostinil injection) ^{BP} – **PA**
- Zavesca (miglustat) ^{BP} – **PA**

Updated MassHealth Quick Reference Guide

The MassHealth Quick Reference Guide has been updated to reflect recent changes to the MassHealth Drug List.

Deletions

The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.

- Metozolv ODT (metoclopramide orally disintegrating tablet) – **PA**
- Myozyme (alglucosidase alfa) – **PA**
- Pancrelipase (lipase/protease/amylase)
- Ultresa DR (lipase/protease/amylase)

Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. They were omitted in error. These changes do not reflect any change in MassHealth Policy.
 - hydrocortisone butyrate lotion – **PA**
 - Inderal XL (propranolol long-acting capsule) – **PA**
- b. The following listings have been clarified. These changes do not reflect any change in MassHealth Policy.
 - albumin, human solutions

- Creon DR (pancrelipase)
- Edecrin (ethacrynic acid tablet) – **PA**
- Pancreaze DR (pancrelipase)
- Pertzye DR (pancrelipase)
- Viokace (pancrelipase)
- Zenpep DR (pancrelipase)

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.

^ This drug is available through the health care professional who administers the drug. MassHealth does not pay for this drug to be dispensed through a retail pharmacy.

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.