



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

June 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 June 18, 2018.

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

Additions

Effective June 18, 2018, the following newly marketed drugs have been added to the MassHealth Drug List.

- Adzenys ER (amphetamine extended-release oral suspension) – **PA**
- Akynzeo (fosnetupitant/palonosetron injection) – **PA > 2 vials/28 days**
- Balcoltra (levonorgestrel/ethinyl estradiol/ferrous bisglycinate)
- Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide) ^{PD}
- Cinvanti (aprepitant injectable emulsion)
- Dekas Bariatric (multivitamins/minerals/folic acid/coenzyme Q10) – **PA**
- Lyrica CR (pregabalin extended-release) – **PA**
- methylphenidate extended-release 72 mg tablet – **PA**
- Noctiva (desmopressin) – **PA**
- Norvir (ritonavir packet)
- Ozempic (semaglutide) – **PA**
- palonosetron 0.25 mg/2 mL injection – **PA > 2 vials/28 days**
- Prevymis (letermovir) – **PA**
- Segluromet (ertugliflozin/metformin) – **PA**
- Steglatro (ertugliflozin) – **PA**
- Steglujan (ertugliflozin/sitagliptin) – **PA**
- Symproic (naldemedine) – **PA**

New FDA “A”-Rated Generics

Effective June 18, 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.

<u>New FDA “A”-Rated Generic Drug</u>	<u>Generic Equivalent of</u>
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palonosetron 0.25 mg/5 mL injection – PA < 2 vials/28 days	Aloxi #
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Change in Prior-Authorization Status

- Effective June 18, 2018, the following ophthalmic antibiotics will no longer require prior authorization.
 - levofloxacin ophthalmic solution
 - Vigamox # (moxifloxacin ophthalmic solution)

New or Revised Therapeutic Tables

Table 72 has been updated from Immunotherapy - Oral to Agents Not Otherwise Classified. Verbiage describing non-preferred brand-name and generic drugs has been updated in all tables.

Table 6 – Nutrients, Vitamins, and Vitamin Analogs

Table 8 – Opioids and Analgesics

Table 9 – Growth Hormones and mecasermin (Increlex)

Table 13 – Lipid-Lowering Agents

Table 18 – Cardiovascular Agents

Table 19 – Benign Prostatic Hyperplasia (BPH) Agents

Table 20 – Anticonvulsants

Table 21 – Cystic Fibrosis Agents

Table 24 – Antipsychotics

Table 26 – Antidiabetic Agents - Oral

Table 27 – Antiemetics, Appetite Stimulants, and Anabolics

Table 28 – Antifungal Agents - Topical

Table 31 – Cerebral Stimulants and Miscellaneous Agents

Table 34 – Antibiotics - Ophthalmic

Table 35 – Antibiotics and Anti-Infectives - Oral

Table 36 – Drug and Alcohol Cessation Agents

Table 38 – Antiretroviral/HIV Therapy

Table 40 – Respiratory Agents - Oral

Table 42 – Immune Suppressants - Topical

Table 45 – Antidiabetic Agents - Injectable and Insulin

Table 46 – Urinary Dysfunction Agents

Table 49 – Osteoporosis Agents and Calcium Regulators

Table 55 – Androgens

Table 57 – Oncology Agents

Table 59 – Anesthetics - Topical

Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents

Table 63 – Dermatologic Agents - Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents

Table 64 – Asthma/Allergy Monoclonal Antibodies

Table 65 – Enzyme Replacement and Substrate Reduction Therapies

Table 66 – Antibiotics - Injectable

Table 67 – Antiviral Agents

Table 70 – Progesterone Agents

Table 71 – Pediatric Behavioral Health

Table 72 – Agents Not Otherwise Classified

Updated and New Prior-Authorization Request Forms

- Androgen Therapy Prior Authorization Request
- Anticonvulsant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antiemetics Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request

- Constipation Agents Prior Authorization Request
- Cystic Fibrosis Agents Prior Authorization Request
- Growth Hormone and Increlex Prior Authorization Request
- Immunomodulators Prior Authorization Request
- Opioids/Acetaminophen Analgesic Prior Authorization Request
- Oral Respiratory Agents Prior Authorization Request
- Osteoporosis Agents and Calcium Regulators Prior Authorization Request
- Progesterone Agents Prior Authorization Request
- Topical Anesthetics Prior Authorization Request
- Topical Immune Suppressants Prior Authorization Request

Updated MassHealth Brand Name Preferred Over Generic Drug List

Effective June 18, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Biltricide (praziquantel) ^{BP}
- Mephyton (phytonadione) ^{BP}
- Welchol (colesevelam) ^{BP} – **PA**
- Zylfo CR (zileuton extended-release) ^{BP} – **PA**

Updated MassHealth Supplemental Rebate/Preferred Drug List

- Effective June 18, 2018, the following antiretroviral/HIV agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide) ^{PD}

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.
 - Ak-Poly-Bac # (bacitracin/polymyxin B)
 - Ilotycin # (erythromycin ophthalmic ointment)
 - Mefoxin # (cefoxitin)
 - Methylin tablet # (methylphenidate tablet) – **PA < 3 years and PA > 90 units/month**
 - Revia # (naltrexone tablet)
 - Ritalin SR # (methylphenidate) – **PA < 3 years and PA > 90 units/month**
 - Rocephin # (ceftriaxone)
- The following drugs have been removed from the MassHealth Drug List. MassHealth does not pay for drugs that are manufactured by companies that have not signed rebate agreements with the U.S. Secretary of Health and Human Services.
 - Alinia (nitazoxanide tablet) – **PA**
 - Grastek (timothy grass pollen allergen extract) – **PA**
 - Ragwitek (ragweed pollen allergen extract) – **PA**

Corrections / Clarifications

- The following listing has been clarified.
 - vitamin B-12 (cyanocobalamin) o

- b. The following listings have been clarified. These changes do not reflect any change in MassHealth Policy.
- acetaminophen * – **PA > 4 g/day**
 - Akynzeo (netupitant/palonosetron capsule) – **PA > 2 capsules/28 days**
 - Coartem (artemether/lumefantrine) – **PA > 24 units/365 days**
 - nimodipine capsule – **PA > 21 days treatment/365 days**
 - Norvir (ritonavir capsule)
 - Norvir (ritonavir solution, tablet)^{BP PD}
 - Nymalize (nimodipine oral solution) – **PA > 21 days treatment/365 days**
 - oxycodone/aspirin – **PA > 4 g/day aspirin**
 - Tylenol/Codeine # (acetaminophen/codeine) – **PA < 12 years and PA > 4 g/day acetaminophen and PA > 360 mg/day codeine**
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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.

o Prior-authorization status depends on the drug's formulation.