



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
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## July 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 July 30, 2018.

Additional information about these agents may be available within the MassHealth Drug List at [www.mass.gov/druglist](http://www.mass.gov/druglist).

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### Additions

Effective July 12, 2018, the following drug has been added to the MassHealth Drug List.

- Emflaza (deflazacort) – **PA**

Effective July 30, 2018, the following newly marketed drugs have been added to the MassHealth Drug List.

- Admelog (insulin lispro) – **PA**
- Aimovig (erenumab-aooe) – **PA**
- Bonjesta (doxylamine/pyridoxine extended-release) – **PA**
- Erleada (apalutamide) – **PA**
- Firvanq (vancomycin oral solution)
- Sinuva (mometasone sinus implant) – **PA**
- Trogarzo (ibalizumab-uiyk) – **PA**

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### Change in Prior-Authorization Status

- Effective July 30, 2018, the following oral antibiotic will no longer require prior authorization.
  - Vancocin # (vancomycin capsule)

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### New or Revised Therapeutic Tables

- Table 5 – Immunological Agents
- Table 6 – Nutrients, Vitamins, and Vitamin Analogs
- Table 7 – Muscle Relaxants - Skeletal
- Table 8 – Opioids and Analgesics
- Table 10 – Dermatologic Agents - Acne and Rosacea
- Table 11 – Nonsteroidal Anti-Inflammatory Drugs
- Table 13 – Lipid-Lowering Agents
- Table 14 – Headache Therapy
- Table 16 – Corticosteroids - Topical
- Table 18 – Cardiovascular Agents
- Table 25 – Corticosteroids - Intranasal
- Table 26 – Antidiabetic Agents - Oral
- Table 27 – Antiemetics, Appetite Stimulants, and Anabolics
- Table 28 – Antifungal Agents - Topical
- Table 29 – Anti-Allergy and Anti-Inflammatory Agents - Ophthalmic
- Table 30 – Neuromuscular Blocker Agents

- Table 33 – Inflammatory Bowel Disease Agents
  - Table 35 – Antibiotics and Anti-Infectives - Oral
  - Table 36 – Drug and Alcohol Cessation Agents
  - Table 38 – Antiretroviral/HIV Therapy
  - Table 44 – Hepatitis Antiviral Agents
  - Table 45 – Antidiabetic Agents - Injectable and Insulin
  - Table 57 – Oncology Agents
  - Table 70 – Progesterone Agents
  - Table 75 – Chimeric Antigen Receptor (CAR)-T Immunotherapies
  - Table 76 – Neuromuscular Agents - Duchenne Muscular Dystrophy and Spinal Muscular Atrophy
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### Updated and New Prior-Authorization Request Forms

- Antidiabetic Agents Prior Authorization Request
  - Antiemetics Prior Authorization Request
  - Antiretroviral Agents Prior Authorization Request
  - Headache Therapy (Triptan) Prior Authorization Request
  - Intranasal Corticosteroids Prior Authorization Request
  - Lipid Lowering Agents Prior Authorization Request
  - Neuromuscular Agents Prior Authorization Request
  - Oral Antibiotics and Anti-Infectives Prior Authorization Request
  - Progesterone Agents Prior Authorization Request
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### Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective July 30, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
    - Makena (hydroxyprogesterone caproate injection)<sup>BP</sup> – **PA**
    - Suboxone (buprenorphine/naloxone film)<sup>BP PD</sup> – **PA > 180 days (> 16 mg/day and ≤ 24 mg/day)**
    - Suboxone (buprenorphine/naloxone film)<sup>BP PD</sup> – **PA > 32 mg/day**
    - Suboxone (buprenorphine/naloxone film)<sup>BP PD</sup> – **PA > 90 days (> 24 mg/day and ≤ 32 mg/day)**
    - Suboxone (buprenorphine/naloxone film ≤ 16 mg/day)<sup>BP PD</sup>
    - Uceris (budesonide extended-release tablet)<sup>BP</sup> – **PA**
  - b. Effective July 30, 2018, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
    - Viread # (tenofovir disoproxil fumarate tablet) – **PA > 30 units/month**
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### Updated MassHealth Over-the-Counter Drug List

The following listing has been clarified. This change does not reflect any change in MassHealth Policy.

- famotidine tablet
  - naproxen capsule, tablet
  - ranitidine tablet
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### Updated MassHealth Quick Reference Guide

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

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### Updated and New Pharmacy Initiatives

- Chimeric Antigen Receptor (CAR)-T Immunotherapies Monitoring Program
- Opioid and Pain Initiative

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## Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
  - Alsuma (sumatriptan injection) – **PA**
  - Depocyt (cytarabine liposome)
  - Femcon Fe # (ethinyl estradiol/norethindrone/ferrous fumarate)
  - Modicon # (ethinyl estradiol/norethindrone)
  - Norinyl # (ethinyl estradiol/norethindrone)
  - Ocufen # (flurbiprofen ophthalmic solution)
  - Pedi-Dri # (nystatin)
  - Rhinocort Aqua (budesonide nasal spray) – **PA**
  - triamcinolone nasal spray, legend – **PA**
  - Veramyst (fluticasone furoate nasal spray) – **PA**

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## Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. They were omitted in error.
  - baclofen powder – **PA**
  - ibuprofen powder – **PA**
- b. The following listings have been clarified. These changes do not reflect any change in MassHealth Policy.
  - nystatin cream, ointment, powder

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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.

<sup>BP</sup> 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.

<sup>PD</sup> 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.