



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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September 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 September 10, 2018.

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

Additions

Effective September 10, 2018, the following newly marketed drugs have been added to the MassHealth Drug List.

- Cimduo (lamivudine/tenofovir disoproxil fumarate) – **PA**
- Crysvida (burosumab-twza) – **PA**
- Juluca (dolutegravir/rilpivirine) – **PA**
- Kedrab (rabies immune globulin IM, human)
- Lonhala (glycopyrrolate inhalation solution) – **PA**
- Rhopressa (netarsudil) – **PA**
- Symfi (efavirenz/lamivudine/tenofovir disoproxil fumarate) – **PA**
- Symfi Lo (efavirenz/lamivudine/tenofovir disoproxil fumarate) – **PA**

New FDA “A”-Rated Generics

Effective September 10, 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

ertapenem

Generic Equivalent of

Invanz #

Change in Prior-Authorization Status

- Effective September 10, 2018, the following multiple sclerosis agents will require prior authorization.
 - Extavia (interferon beta-1b) – **PA**
 - Plegridy (peginterferon beta-1a) – **PA**
- Effective September 10, 2018, the following anticonvulsant agents will no longer require prior authorization for age < 6 years. Pediatric Behavioral Health Medication Initiative polypharmacy criteria will still apply. For additional information, please see the Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist.
 - Celontin (methsuximide)
 - Dilantin # (phenytoin extended 30 mg and 100 mg capsule)
 - Dilantin-125 # (phenytoin suspension)
 - Dilantin Infatab # (phenytoin chewable tablet)
 - Felbatol # (felbamate)
 - Keppra # (levetiracetam injection, solution, tablet)
 - Mysoline # (primidone)
 - Peganone (ethotoin)

- phenytoin extended 200 mg and 300 mg capsule
 - Zarontin # (ethosuximide)
 - Zonegran # (zonisamide)
- c. Effective September 10, 2018, the following otic antibiotic agents will no longer require prior authorization.
- acetic acid/hydrocortisone
 - Cipro HC (ciprofloxacin/hydrocortisone)
 - Coly-Mycin S (colistin/neomycin/thonzonium/hydrocortisone)
- d. Effective September 10, 2018, the following glaucoma agents will no longer require prior authorization.
- Alphagan P # (brimonidine 0.1%, 0.15% eye drops)
 - Betoptic S (betaxolol 0.25%)
 - Combigan (brimonidine/timolol, ophthalmic)
 - Istalol (timolol) ^{BP}
 - Travatan Z (travoprost 0.004% eye drop)

New or Revised Therapeutic Tables

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- Table 18 – Cardiovascular Agents
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Updated and New Prior-Authorization Request Forms

- Anticonvulsant Prior Authorization Request
- Antidepressant Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Benzodiazepines and Other Antianxiety Agents Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request

- Glaucoma Agents Prior Authorization Request
 - Hypnotic Agents Prior Authorization Request
 - Immunomodulators Prior Authorization Request
 - Inhaled Respiratory Agents Prior Authorization Request
 - Multiple Sclerosis Agents Prior Authorization Request
 - Opioid Dependence and Reversal Agents Prior Authorization Request
 - Otic Antibiotics Prior Authorization Request
 - Pediatric Behavioral Health Medication Initiative Prior Authorization Request
 - Progesterone Agents Prior Authorization Request
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Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective September 10, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Adcirca (tadalafil)^{BP} – **PA**
 - Riomet (metformin solution)^{BP} – **PA ≥ 13 years**
 - Zyclara (imiquimod 2.5%, 3.75 % cream)^{BP} – **PA**
 - b. Effective September 10, 2018, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Reyataz # (atazanavir)
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Updated MassHealth Supplemental Rebate/Preferred Drug List

The MassHealth Supplemental Rebate/Preferred Drug List has been updated to reflect recent changes to the MassHealth Drug List.

Updated MassHealth Over-the-Counter Drug List

Effective September 10, 2018, the following nutrient product will be added to the MassHealth Over-the-Counter Drug List.

- glucose products < 19 years
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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.

Updated and New Pharmacy Initiatives

- Pediatric Behavioral Health Medication Initiative
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Updated MassHealth Acute Hospital Carve-Out Drugs List

Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - Cortisporin-TC (colistin/neomycin/thonzonium/hydrocortisone) – **PA**
 - Desogen # (ethinyl estradiol/desogestrel)
 - Didronel # (etidronate)
 - Loestrin # (ethinyl estradiol/norethindrone)
 - Loestrin Fe # (ethinyl estradiol/norethindrone)
 - Mavik # (trandolapril)
 - Menomune-A/C/Y/W-135 (meningococcal polysaccharide vaccine)

- Ovcon # (ethinyl estradiol/norethindrone)
- Persantine # (dipyridamole)
- Potiga (ezogabine) – **PA**
- travoprost 0.004% eye drop – **PA**
- Zebeta # (bisoprolol)

Corrections / Clarifications

- 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.
 - daptomycin – **PA**
 - Flumist (influenza virus vaccine)¹
 - glycopyrrolate 1.5 mg tablet – **PA**
 - isosorbide dinitrate extended-release tablet
- The following product has been added to the MassHealth Drug List.
 - glucose products – **PA ≥ 19 years**
- The following listings have been clarified.
 - Norvir (ritonavir capsule, packet, solution)
 - Norvir (ritonavir tablet)^{BP PD}
- The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
 - Dilatrate-SR (isosorbide dinitrate extended-release capsule)
 - ethinyl estradiol/desogestrel
 - vitamin A (retinol) *

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.

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

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.

¹ Product may be available through the Massachusetts Department of Public Health (DPH). Please check with DPH for availability. MassHealth does not pay for immunizing biologicals (i.e., vaccines) and tubercular (TB) drugs that are available free of charge through local boards of public health or through the Massachusetts Department of Public Health without prior authorization (130 CMR 406.413(C)). In cases where free vaccines are available to providers for specific populations (e.g. children, high risk, etc.), MassHealth will reimburse the provider only for individuals not eligible for the free vaccines.

Notwithstanding the above, MassHealth will pay pharmacies for seasonal flu vaccine serum without prior authorization, if the vaccine is administered in the pharmacy.