



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

October 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 October 22, 2018.

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

Additions

Effective October 22, 2018, the following newly marketed drugs have been added to the MassHealth Drug List.

- Aristada Initio (aripiprazole lauroxil 675 mg) ^{PD} – **PA < 6 years and PA > 1 injection/month**
- Braftovi (encorafenib) – **PA**
- Jynarque (tolvaptan) – **PA**
- Mektovi (binimetinib) – **PA**
- Olumiant (baricitinib) – **PA**
- Retacrit (epoetin alfa-epbx) – **PA**
- Siklos (hydroxyurea)
- Symtuza (darunavir/cobicistat/emtricitabine/tenofovir alafenamide) – **PA**
- Tavalisse (fostamatinib) – **PA**
- Yonsa (abiraterone) – **PA**

New FDA “A”-Rated Generics

Effective October 22, 2018, the following FDA “A”-rated generic drug has 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

temsirolimus

Generic Equivalent of

Torisel #

Change in Prior-Authorization Status

- a. Effective October 22, 2018, the following prefilled insulin syringes will no longer require prior authorization.
- Apidra (insulin glulisine prefilled syringe)
 - Humalog (insulin lispro prefilled syringe)
 - Humalog (insulin lispro 50/50 prefilled syringe)
 - Humalog (insulin lispro 75/25 prefilled syringe)
 - Humulin (insulin NPH/regular insulin 70/30 prefilled syringe)
 - Humulin N (insulin NPH prefilled syringe)
 - Lantus (insulin glargine 100 units/mL prefilled syringe)
 - Levemir (insulin detemir prefilled syringe)
 - Novolog (insulin aspart prefilled syringe)
 - Novolog (insulin aspart 70/30 prefilled syringe)
 - Toujeo (insulin glargine 300 units/mL prefilled syringe)
 - Tresiba (insulin degludec prefilled syringe)

- b. Effective October 22, 2018, the following topical immune suppressants will no longer require prior authorization.
- Elidel (pimecrolimus)
 - Protopic (tacrolimus topical) ^{BP}

New or Revised Therapeutic Tables

- Table 4 – Hematologic Agents - Hematopoietic and Miscellaneous Hematologic Agents
- Table 5 – Immunological Agents
- Table 16 – Corticosteroids - Topical
- Table 17 – Antidepressants
- Table 20 – Anticonvulsants
- Table 21 – Cystic Fibrosis Agents
- Table 24 – Antipsychotics
- Table 26 – Antidiabetic Agents - Oral
- Table 28 – Antifungal Agents - Topical
- Table 30 – Neuromuscular Blocker Agents
- Table 35 – Antibiotics and Anti-Infectives - Oral
- Table 36 – Drug and Alcohol Cessation Agents
- Table 38 – Antiretroviral/HIV Therapy
- Table 41 – Antibiotics - Topical
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- Table 43 – Pulmonary Arterial Hypertension Agents
- Table 45 – Antidiabetic Agents - Injectable and Insulin
- Table 51 – Antiglaucoma Agents - Ophthalmic
- Table 52 – Multiple Sclerosis Agents
- Table 54 – Pediculicides and Scabicides
- Table 57 – Oncology Agents
- Table 60 – Hereditary Angioedema Agents
- Table 63 – Dermatologic Agents - Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents
- Table 68 – Immune Thrombocytopenia (ITP) Agents
- Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents
- Table 71 – Pediatric Behavioral Health
- Table 72 – Agents Not Otherwise Classified
- Table 75 – Chimeric Antigen Receptor (CAR)-T Immunotherapies

Updated and New Prior-Authorization Request Forms

- Anticonvulsant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Dermatological Agents (Topical Chemotherapy and Genital Wart Therapy) Prior Authorization Request
- Erythropoiesis-Stimulating Agents Prior Authorization Request
- Glaucoma Agents Prior Authorization Request
- Hereditary Angioedema Agents Prior Authorization Request
- Immunomodulators Prior Authorization Request
- Pediculicides and Scabicides Prior Authorization Request
- Prostate Cancer Agents Prior Authorization Request

- Pulmonary Arterial Hypertension Prior Authorization Request
 - Topical Immune Suppressants Prior Authorization Request
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Updated MassHealth Brand Name Preferred Over Generic Drug List

- Effective October 22, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Albenza (albendazole) ^{BP}
 - Forfivo XL (bupropion hydrochloride extended-release 450 mg tablet) ^{BP} – **PA**
 - Effective October 22, 2018, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List. Please note, Copaxone (glatiramer 20 mg) ^{BP} will remain on the MassHealth Brand Name Preferred Over Generic Drug List.
 - Copaxone # (glatiramer 40 mg)
 - Suboxone (buprenorphine/naloxone film) ^{PD} – **PA > 180 days (> 16 mg/day and ≤ 24 mg/day)**
 - Suboxone (buprenorphine/naloxone film) ^{PD} – **PA > 32 mg/day**
 - Suboxone (buprenorphine/naloxone film) ^{PD} – **PA > 90 days (> 24 mg/day and ≤ 32 mg/day)**
 - Suboxone (buprenorphine/naloxone film ≤ 16 mg/day) ^{PD}
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Updated MassHealth Supplemental Rebate/Preferred Drug List

- Effective October 22, 2018, the following long-acting aripiprazole agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Aristada Initio (aripiprazole lauroxil 675 mg) ^{PD} – **PA < 6 years and PA > 1 injection/month**
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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

- Osteoporosis Initiative
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Updated MassHealth Acute Hospital Carve-Out Drugs List

Deletions

- The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - Adrenaclick (epinephrine auto-injection-Adrenaclick) - **PA**
 - 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.
 - SSKI (potassium iodide)
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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.
 - Ameluz (aminolevulinic acid) [^]
 - bendamustine
 - Isopto Atropine # (atropine ophthalmic)
- The following drug has been added to the MassHealth Drug List.
 - Librax (chlordiazepoxide/clidinium) – **PA**

- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- Basaglar (insulin glargine) – **PA**
 - Elocon # (mometasone ointment)
 - Humulin R (insulin regular)
 - Novolin R (insulin regular)
 - Sulfamylon # (mafenide)

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.

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.