



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

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

Additions

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

- Altreno (tretinoin 0.05% lotion) – **PA**
- Epidiolex (cannabidiol) – **PA**
- Fulphila (pegfilgrastim-jmdb) – **PA**
- Jivi (antihemophilic factor, recombinant pegylated-aucl)
- Lokelma (sodium zirconium cyclosilicate) – **PA > 30 units/month**
- Lucemyra (lofexidine) – **PA**
- Macrilen (macimorelin) ^
- Nivestym (filgrastim-aafi) – **PA**
- Orilissa (elagolix) – **PA**
- Palynziq (pegvaliase-pqpz) – **PA**
- Poteligeo (mogamulizumab-kpkc) – **PA**
- Tibsovo (ivosidenib) – **PA**
- Trivisc (hyaluronate) – **PA**

New FDA “A”-Rated Generics

Effective December 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.

<u>New FDA “A”-Rated Generic Drug</u>	<u>Generic Equivalent of</u>
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carmustine	Bicnu #
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Change in Prior-Authorization Status

a. Effective December 10, 2018, the following antidiabetic agents will no longer require prior authorization.

- Bydureon (exenatide extended-release pen, vial)
- Byetta (exenatide)
- Farxiga (dapagliflozin)
- Invokamet (canagliflozin/metformin)
- Invokana (canagliflozin)
- Janumet (sitagliptin/metformin)
- Janumet XR (sitagliptin/metformin extended-release)
- Januvia (sitagliptin)
- Jardiance (empagliflozin)

- Jentadueto (linagliptin/metformin)
 - Kombiglyze XR (saxagliptin/metformin extended-release)
 - Onglyza (saxagliptin)
 - Tradjenta (linagliptin)
 - Xigduo XR (dapagliflozin/metformin extended-release)
- b. Effective December 10, 2018, the following hematopoietic agents will require prior authorization.
- Granix (TBO-filgrastim) – **PA**
 - Zarxio (filgrastim-sndz) – **PA**
- c. Effective December 10, 2018, the following enzyme cofactor agent will require prior authorization.
- Kuvan (sapropterin) – **PA**

New or Revised Therapeutic Tables

- Table 2 – Hormones - Gonadotropin-Releasing Hormone Analogs
- Table 4 – Hematologic Agents - Hematopoietic and Miscellaneous Hematologic Agents
- Table 9 – Growth Hormones and mecasermin (Increlex)
- Table 10 – Dermatologic Agents - Acne and Rosacea
- Table 17 – Antidepressants
- Table 19 – Benign Prostatic Hyperplasia (BPH) Agents
- Table 20 – Anticonvulsants
- Table 24 – Antipsychotics
- Table 26 – Antidiabetic Agents - Oral
- Table 27 – Antiemetics, Appetite Stimulants, and Anabolics
- Table 32 – Serums, Toxoids, and Vaccines
- Table 33 – Inflammatory Bowel Disease Agents
- Table 36 – Drug and Alcohol Cessation Agents
- Table 44 – Hepatitis Antiviral Agents
- Table 45 – Antidiabetic Agents - Injectable and Insulin
- Table 48 – Antiparkinsonian Agents
- Table 55 – Androgens
- Table 57 – Oncology Agents
- Table 65 – Enzyme Replacement and Substrate Reduction Therapies
- Table 71 – Pediatric Behavioral Health
- Table 72 – Agents Not Otherwise Classified
- Table 77 – Hyaluronan Injections

Updated and New Prior-Authorization Request Forms

The Topical Immune Suppressants Prior Authorization Request form has been removed from the MassHealth Drug List.

- Androgen Therapy Prior Authorization Request
- Anticonvulsant Prior Authorization Request
- Antidepressant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antiemetics Prior Authorization Request
- Benign Prostatic Hyperplasia (BPH) Agents Prior Authorization Request
- Gonadotropin-Releasing Hormone Prior Authorization Request
- Hyaluronan Injections Prior Authorization Request
- Opioid Dependence and Reversal Agents Prior Authorization Request

Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective December 10, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Androgel (testosterone 1.62% gel packet, pump) ^{BP} – **PA**
 - Androgel (testosterone 1% gel packet) ^{BP} – **PA**
 - Byetta (exenatide) ^{BP}
 - Canasa (mesalamine suppository) ^{BP}
 - Epclusa (sofosbuvir/velpatasvir) ^{BP PD} – **PA**
 - Finacea (azelaic acid gel) ^{BP} – **PA**
 - Harvoni (ledipasvir/sofosbuvir) ^{BP PD} – **PA**
 - Latuda (lurasidone) ^{BP} – **PA**
 - Rapaflo (silodosin) ^{BP} – **PA**
 - Zytiga (abiraterone) ^{BP} – **PA**
- b. Effective December 10, 2018, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Renvela # (sevelamer carbonate)
 - Tazorac (tazarotene) – **PA**

Updated MassHealth Non-Drug Product List

The MassHealth Non-Drug Product List has been updated to reflect recent changes to the MassHealth Drug List.

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

The Osteoporosis Initiative has been removed from the MassHealth Drug List.

- Pediatric Behavioral Health Medication Initiative

Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - Androgel (testosterone 1% gel pump) – **PA**
 - Comvax (haemophilus B conjugate/hepatitis B vaccine)¹
 - Kayexalate # (sodium polystyrene sulfonate)
 - Menhibrix (meningococcal groups C and Y and haemophilus B tetanus toxoid conjugate vaccine)¹
 - Oleptro (trazodone extended-release) – **PA**

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.
 - Rebinyn (coagulation factor IX recombinant, glycopegylated)
- b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
 - Aloxi # (palonosetron 0.25 mg/5 mL injection) – **PA > 2 units/28 days**
 - Bydureon Bcise (exenatide extended-release auto-injection) – **PA**
 - palonosetron 0.25 mg/2 mL injection – **PA > 2 units/28 days**

- c. 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.
- Gleostine # (Iomustine)

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.

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.