



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
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## January 2019 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 January 28, 2019.

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 January 28, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.

- Azedra (iobenguane I 131) ^
- Delstrigo (doravirine/lamivudine/tenofovir disoproxil fumarate)
- Doptelet (avatrombopag) – **PA**
- Galafold (migalastat) – **PA**
- Lexette (halobetasol foam) – **PA**
- Mulpleta (lusutrombopag) – **PA**
- Nocdurna (desmopressin) – **PA**
- Onpattro (patisiran) – **PA**
- Pifeltro (doravirine)
- Qbrexza (glycopyrronium cloth) – **PA**
- Tegsedi (inotersen) – **PA**
- Xofluza (baloxavir) – **PA**

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### Change in Prior-Authorization Status

- Effective January 28, 2019, the following vaccine will no longer require prior authorization within updated age limits.
  - Gardasil 9 (human papillomavirus 9-valent vaccine)<sup>1</sup> – **PA < 9 years and PA ≥ 46 years**

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### New or Revised Therapeutic Tables

- Table 1 – Immune Globulins
- Table 5 – Immunological Agents
- Table 7 – Muscle Relaxants - Skeletal
- Table 8 – Opioids and Analgesics
- Table 10 – Dermatologic Agents - Acne and Rosacea
- Table 13 – Lipid-Lowering Agents
- Table 16 – Corticosteroids - Topical
- Table 18 – Cardiovascular Agents
- Table 19 – Benign Prostatic Hyperplasia (BPH) Agents
- Table 20 – Anticonvulsants
- Table 26 – Antidiabetic Agents - Oral

Table 28 – Antifungal Agents - Topical  
Table 32 – Serums, Toxoids, and Vaccines  
Table 35 – Antibiotics and Anti-Infectives - Oral  
Table 36 – Drug and Alcohol Cessation Agents  
Table 38 – Antiretroviral/HIV Therapy  
Table 39 – Influenza Prophylaxis and Treatment Agents  
Table 42 – Immune Suppressants - Topical  
Table 44 – Hepatitis Antiviral Agents  
Table 45 – Antidiabetic Agents - Injectable and Insulin  
Table 46 – Urinary Dysfunction Agents  
Table 50 – Modafinil Agents  
Table 51 – Antiglaucoma Agents - Ophthalmic  
Table 52 – Multiple Sclerosis Agents  
Table 55 – Androgens  
Table 57 – Oncology 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 68 – Immune Thrombocytopenia (ITP) Agents  
Table 70 – Progesterone Agents  
Table 72 – Agents Not Otherwise Classified

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### Updated and New Prior-Authorization Request Forms

- Antidiabetic Agents Prior Authorization Request
- Armodafinil and Modafinil Prior Authorization Request
- Benign Prostatic Hyperplasia (BPH) Agents Prior Authorization Request
- Hepatitis Antiviral Agents Prior Authorization Request
- Immune Globulin Prior Authorization Request
- Immune Thrombocytopenia Agents Prior Authorization Request
- Lipid Lowering Agents Prior Authorization Request
- Opioids/Acetaminophen Analgesic Prior Authorization Request
- Oral/Intranasal Antihistamine Agents Prior Authorization Request
- Prostate Cancer Agents Prior Authorization Request
- Topical Corticosteroids Prior Authorization Request

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### Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective January 28, 2019, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Alphagan P (brimonidine 0.1%, 0.15% eye drops)<sup>BP</sup>
  - Amicar (aminocaproic acid)<sup>BP</sup>
  - Elidel (pimecrolimus)<sup>BP</sup>
  - Gilenya (fingolimod)<sup>BP</sup> – **PA**
  - Ranexa (ranolazine)<sup>BP</sup> – **PA**
  - Solodyn (minocycline extended-release tablet)<sup>BP</sup> – **PA**
  - Suboxone (buprenorphine/naloxone film ≤ 16 mg/day)<sup>BP PD</sup>
  - 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 > 90 days (> 24 mg/day and ≤ 32 mg/day)**
  - Suboxone (buprenorphine/naloxone film)<sup>BP PD</sup> – **PA > 32 mg/day**
- b. Effective January 28, 2019, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Makena (hydroxyprogesterone caproate injection) – **PA**

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## Updated and New Pharmacy Initiatives

- Hepatitis C Virus Clinical Information

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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.
- Gardasil (human papillomavirus quadrivalent vaccine)<sup>1</sup> - **PA < 9 years and PA ≥ 27 years**

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## 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.
- orphenadrine powder – **PA**
- b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- Yonsa (abiraterone 125 mg) – **PA**
  - Zytiga (abiraterone 250 mg, 500 mg)<sup>BP</sup> – **PA**

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## Abbreviations, Acronyms, and Symbols

<sup>^</sup> 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.

<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.

<sup>1</sup> 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.