



## March 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 March 11, 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 March 11, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.

- Ajoyv (fremanezumab-vfrm) – **PA**
- Bryhali (halobetasol lotion) – **PA**
- Copiktra (duvelisib) – **PA**
- Emgality (galcanezumab-gnlm) – **PA**
- Ilumya (tildrakizumab-asmn) – **PA**
- Libtayo (cemiplimab-rwlc) – **PA**
- Osmolex ER (amantadine extended-release tablet) – **PA**
- Perseris (risperidone extended-release subcutaneous injection) – **PA**
- Takhzyro (lanadelumab-flyo) – **PA**
- Tiglutik (riluzole suspension) – **PA**
- Tolsura (itraconazole 65 mg capsule) – **PA**
- Udenyca (pegfilgrastim-cbqv) – **PA**
- Xelpros (latanoprost emulsion) – **PA**
- Zemdri (plazomicin) – **PA**
- Ztlido (lidocaine 1.8% patch) – **PA**

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### New FDA “A”-Rated Generics

Effective March 11, 2019, 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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baclofen injection	Gablofen #
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### Change in Prior-Authorization Status

a. Effective March 11, 2019, the following benzodiazepine and anti-anxiety agents will no longer require prior authorization within newly established quantity limits and/or age limits. Pediatric Behavioral Health Medication Initiative criteria will still apply. For additional information, please see the Pediatric Behavioral Health Medication Initiative documents found at [www.mass.gov/druglist](http://www.mass.gov/druglist).

- buspirone 30 mg – **PA < 6 years**
- clonazepam orally disintegrating 0.5 mg, 1 mg tablet – **PA < 6 years and PA > 90 units/month**
- Restoril # (temazepam 7.5 mg) – **PA < 6 years and PA > 30 units/month**
- Xanax XR # (alprazolam extended-release) – **PA < 6 years and PA > 60 units/month**

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## **New or Revised Therapeutic Tables**

Table 4 – Hematologic Agents - Hematopoietic and Miscellaneous Hematologic Agents  
Table 5 – Immunological Agents  
Table 7 – Muscle Relaxants - Skeletal  
Table 14 – Headache Therapy  
Table 16 – Corticosteroids - Topical  
Table 23 – Respiratory Agents - Inhaled  
Table 24 – Antipsychotics  
Table 34 – Antibiotics - Ophthalmic  
Table 35 – Antibiotics and Anti-Infectives - Oral  
Table 46 – Urinary Dysfunction Agents  
Table 47 – Antifungal Agents - Oral and Injectable  
Table 48 – Antiparkinsonian Agents  
Table 51 – Antiglaucoma Agents - Ophthalmic  
Table 57 – Oncology Agents  
Table 59 – Anesthetics - Topical  
Table 60 – Hereditary Angioedema Agents  
Table 64 – Asthma/Allergy Monoclonal Antibodies  
Table 66 – Antibiotics - Injectable  
Table 67 – Antiviral Agents  
Table 68 – Immune Thrombocytopenia (ITP) Agents  
Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents  
Table 70 – Progesterone Agents  
Table 71 – Pediatric Behavioral Health  
Table 72 – Agents Not Otherwise Classified  
Table 73 – Iron Agents and Chelators  
Table 75 – Chimeric Antigen Receptor (CAR)-T Immunotherapies  
Table 77 – Hyaluronan Injections

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## **Updated and New Prior-Authorization Request Forms**

- Antipsychotic Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Benzodiazepines and Other Anti-Anxiety Agents Prior Authorization Request
- Calcitonin Gene-Related Peptide (CGRP) Inhibitors Prior Authorization Request
- Chimeric Antigen Receptor (CAR)-T Immunotherapies Prior Authorization Request
- Glaucoma Agents Prior Authorization Request
- Hereditary Angioedema Agents Prior Authorization Request
- Hyaluronan Injections Prior Authorization Request
- Immunomodulators Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Injectable Antibiotic Prior Authorization Request
- Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Oral/Injectable Antifungal Agents Prior Authorization Request
- Progesterone Agents Prior Authorization Request
- Prostate Cancer Agents Prior Authorization Request
- Topical Anesthetics Prior Authorization Request
- Topical Corticosteroids Prior Authorization Request

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## Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective March 11, 2019, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Azasite (azithromycin ophthalmic solution)<sup>BP</sup> – **PA**
  - Exjade (deferasirox 125 mg, 250 mg, 500 mg)<sup>BP</sup>
  - Renagel (sevelamer hydrochloride)<sup>BP</sup>
  - Vesicare (solifenacin)<sup>BP</sup> – **PA**
  - Zovirax (acyclovir cream)<sup>BP</sup> – **PA**
- b. Effective March 11, 2019, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
  - Latuda (lurasidone) – **PA**

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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 MassHealth Acute Hospital Carve-Out Drugs List

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### Deletions

- a. The following drug has 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.
  - Alinia (nitazoxanide suspension) – **PA**

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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.
  - buspirone powder – **PA**
  - clonazepam powder – **PA**
- b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
  - Klonopin # (clonazepam tablet) – **PA < 6 years**
  - Kymriah (tisagenlecleucel)<sup>CO ^</sup> – **PA**
  - Lidoderm # (lidocaine 5% patch) – **PA > 90 patches/month**
  - Rilutek # (riluzole tablet)
  - Risperdal Consta (risperidone extended-release intramuscular injection) – **PA < 6 years and PA > 2 units (2 syringes)/month**
  - Sporanox # (itraconazole 100 mg capsule, solution)
  - Xalatan # (latanoprost solution)
  - Yescarta (axicabtagene ciloleucel)<sup>CO ^</sup> – **PA**

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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.

^ 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.

**CO** Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.