



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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April 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 April 22, 2019.

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

Additions

Effective April 22, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.

- Arikayce (amikacin liposome inhalation) – **PA**
- Firdapse (amifampridine) – **PA**
- Lorbrena (lorlatinib) – **PA**
- Lumoxiti (moxetumomab pasudotox-tdfk) – **PA**
- Revcovi (elapegedemase-lvlr) – **PA**
- Talzenna (talazoparib) – **PA**
- Ultomiris (ravulizumab-cwvz) – **PA**
- Vitrakvi (larotrectinib) – **PA**
- Vizimpro (dacomitinib) – **PA**
- Xarelto (rivaroxaban 2.5 mg) – **PA**
- Xerava (eravacycline) – **PA**
- Xyosted (testosterone enanthate) – **PA**
- Yupelri (revefenacin) – **PA**

New FDA “A”-Rated Generics

Effective April 22, 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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New or Revised Therapeutic Tables

- Table 5 – Immunological Agents
- Table 8 – Opioids and Analgesics
- Table 10 – Dermatologic Agents - Acne and Rosacea
- Table 11 – Nonsteroidal Anti-Inflammatory Drugs
- Table 12 – Antihistamines
- Table 18 – Cardiovascular Agents
- Table 20 – Anticonvulsants
- Table 21 – Cystic Fibrosis Agents
- Table 23 – Respiratory Agents - Inhaled
- Table 33 – Inflammatory Bowel Disease Agents

Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
Table 41 – Antibiotics - Topical
Table 43 – Pulmonary Arterial Hypertension Agents
Table 45 – Antidiabetic Agents - Injectable and Insulin
Table 47 – Antifungal Agents - Oral and Injectable
Table 52 – Multiple Sclerosis Agents
Table 55 – Androgens
Table 57 – Oncology Agents
Table 58 – Anticoagulants and Antiplatelet Agents
Table 62 – Anti-Gout Agents
Table 63 – Dermatologic Agents - Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents
Table 65 – Enzyme Replacement and Substrate Reduction Therapies
Table 66 – Antibiotics - Injectable
Table 67 – Antiviral Agents
Table 71 – Pediatric Behavioral Health
Table 72 – Agents Not Otherwise Classified

Updated and New Prior-Authorization Request Forms

- Androgen Therapy Prior Authorization Request
 - Anticoagulant and Antiplatelet Prior Authorization Request
 - Brand-Name and Non-preferred Generic Drug Prior Authorization Request
 - General Drug Prior Authorization Request
 - Headache Therapy (Butalbital Combination Agents and Ergot Alkaloids) Prior Authorization Request
 - Inhaled Respiratory Agents Prior Authorization Request
 - Injectable Antibiotic Prior Authorization Request
 - Multiple Sclerosis Agents Prior Authorization Request
 - Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request
 - Oncology Agents Prior Authorization Request
 - Ophthalmic Anti-Allergy and Anti-Inflammatory Agents Prior Authorization Request
 - Pulmonary Arterial Hypertension Prior Authorization Request
 - Topical Antiviral Prior Authorization Request
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Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective April 22, 2019, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Catapres-TTS (clonidine patch)^{BP} – **PA**
 - Flector (diclofenac topical patch)^{BP} – **PA**
 - Humalog (insulin lispro)^{BP}
 - Rapamune (sirolimus solution)^{BP}
 - Sporanox (itraconazole solution)^{BP}
 - Tekturna (aliskiren)^{BP} – **PA**
 - Uloric (febuxostat)^{BP} – **PA**
- b. Effective April 22, 2019, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Aczone (dapsone gel) – **PA**
 - Lialda # (mesalamine delayed-release)

- Pulmicort # (budesonide inhalation suspension)
 - Zyclara (imiquimod 2.5%, 3.75% cream) – **PA**
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Deletions

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.

- Kapvay (clonidine extended-release tablet) – **PA**
 - Natesto (testosterone nasal gel) – **PA**
 - Plaquenil # (hydroxychloroquine)
 - Zonegran # (zonisamide)
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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.
 - Clindagel (clindamycin gel) – **PA**
 - ketotifen powder – **PA**
 - levofloxacin powder – **PA**
 - mupirocin powder – **PA**
 - b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
 - Rapamune # (sirolimus tablet)
 - Sporanox # (itraconazole 100 mg capsule)
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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.

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.