



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586, Worcester, MA 01613-2586
Fax: (877) 208-7428 **Phone:** (800) 745-7318

June 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 June 3, 2019.

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

Additions

Effective June 3, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.

- Daurismo (glasdegib) – **PA**
- Nuzyra (omadacycline injection) – **PA**
- Nuzyra (omadacycline tablet) – **PA**
- Oxervate (cenegermin-bkbj) – **PA**
- Panzyga (immune globulin IV, human-ifas) – **PA**
- Symjepi (epinephrine injection)
- Sympazan (clobazam film) – **PA**
- Xospata (gilteritinib) – **PA**
- Zypitamag (pitavastatin magnesium) – **PA**

Change in Prior-Authorization Status

- Effective June 3, 2019, the following antipsychotic agents will no longer require prior authorization for adult members when used within quantity 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.
 - Seroquel XR # (quetiapine extended-release 150 mg, 200 mg) – **PA < 6 years and PA > 30 units/month**
 - Seroquel XR # (quetiapine extended-release 50 mg, 300 mg and 400 mg) – **PA < 6 years and PA > 60 units/month**
- Effective June 3, 2019, the following antipsychotic agents will no longer require prior authorization when used within quantity 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.
 - Risperdal M-Tab # (risperidone 0.5 mg, 1 mg, 3 mg orally disintegrating tablet) – **PA < 6 years and PA > 60 units/month**
 - Risperdal M-Tab # (risperidone 2 mg orally disintegrating tablet) – **PA < 6 years and PA > 240 units/month**
 - Zyprexa Zydis # (olanzapine 5 mg, 10 mg, 20 mg orally disintegrating tablet) – **PA < 6 years and PA > 30 units/month**
 - Zyprexa Zydis # (olanzapine 15 mg orally disintegrating tablet) – **PA < 6 years and PA > 60 units/month**

- c. Effective June 3, 2019, the following lipid lowering agents will no longer require prior authorization.
 - Antara (fenofibrate capsule 30 mg, 90 mg)
 - fenofibrate capsule 130 mg
 - Lipofen (fenofibrate capsule 150 mg)
 - Lovaza # (omega-3 acid ethyl esters)
 - Tricor # (fenofibrate tablet 145 mg)
 - Triglide (fenofibrate tablet 160 mg)
 - Welchol (colesevelam) ^{BP}
 - Zetia # (ezetimibe)
- d. Effective June 3, 2019, the following lipid lowering agent will no longer require prior authorization when used within the quantity limit.
 - Vytorin (ezetimibe/simvastatin) ^{BP} – **PA > 30 units/month**
- e. Effective June 3, 2019, the following anticoagulant agent will no longer require prior authorization for exceeding dose or quantity limits.
 - Xarelto (rivaroxaban 10 mg)
- f. Effective June 3, 2019, the following anticoagulant agents will no longer require prior authorization.
 - Xarelto (rivaroxaban 15 mg, 20 mg)
 - Xarelto (rivaroxaban starter pack)
- g. Effective June 3, 2019, the following analgesic agent will require prior authorization when used outside of newly established dose limits.
 - Ultram # (tramadol) – **PA < 12 years and PA > 400 mg/day**
- h. Effective June 3, 2019, the following hypnotic agents will no longer require prior authorization within newly established quantity 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.
 - Ambien CR # (zolpidem extended-release tablet) – **PA < 6 years and PA > 30 units/month**
 - Lunesta # (eszopiclone) – **PA < 6 years and PA > 30 units/month**
- i. Effective June 3, 2019, the following hypnotic agent will no longer require prior authorization within newly established quantity limits.
 - Rozerem (ramelteon) – **PA > 30 units/month**
- j. Effective June 3, 2019, the following oral antibiotic agent will no longer require prior authorization.
 - Xifaxan (rifaximin 200 mg)

New or Revised Therapeutic Tables

- Table 1 – Immune Globulins
- Table 5 – Immunological Agents
- Table 6 – Nutrients, Vitamins, and Vitamin Analogs
- Table 7 – Muscle Relaxants - Skeletal
- Table 8 – Opioids and Analgesics
- Table 11 – Nonsteroidal Anti-Inflammatory Drugs
- Table 13 – Lipid-Lowering Agents
- Table 15 – Hypnotics
- Table 17 – Antidepressants
- Table 18 – Cardiovascular Agents
- Table 19 – Benign Prostatic Hyperplasia (BPH) Agents
- Table 20 – Anticonvulsants
- Table 23 – Respiratory Agents - Inhaled
- Table 24 – Antipsychotics

Table 25 – Corticosteroids - Intranasal
Table 26 – Antidiabetic Agents - Oral
Table 27 – Antiemetics, Appetite Stimulants, and Anabolics
Table 28 – Antifungal Agents - Topical
Table 29 – Anti-Allergy and Anti-Inflammatory Agents - Ophthalmic
Table 31 – Cerebral Stimulants and Miscellaneous Agents
Table 33 – Inflammatory Bowel Disease Agents
Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
Table 38 – Antiretroviral/HIV Therapy
Table 40 – Respiratory Agents - Oral
Table 42 – Immune Suppressants - Topical
Table 43 – Pulmonary Arterial Hypertension Agents
Table 44 – Hepatitis Antiviral Agents
Table 46 – Urinary Dysfunction Agents
Table 48 – Antiparkinsonian Agents
Table 53 – Antibiotics - Otic
Table 55 – Androgens
Table 57 – Oncology Agents
Table 58 – Anticoagulants and Antiplatelet Agents
Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
Table 64 – Asthma/Allergy Monoclonal Antibodies
Table 66 – Antibiotics - Injectable
Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents
Table 71 – Pediatric Behavioral Health
Table 72 – Agents Not Otherwise Classified

Updated and New Prior-Authorization Request Forms

- Anticoagulant and Antiplatelet Prior Authorization Request
 - Anticonvulsant Prior Authorization Request
 - Antidiabetic Agents Prior Authorization Request
 - Antipsychotic Prior Authorization Request
 - Hypnotic Agents Prior Authorization Request
 - Immune Globulin Prior Authorization Request
 - Inhaled Respiratory Agents Prior Authorization Request
 - Injectable Antibiotic Prior Authorization Request
 - Lipid-Lowering Agents Prior Authorization Request
 - Opioids/Acetaminophen Analgesic Prior Authorization Request
 - Oral Antibiotics and Anti-Infectives Prior Authorization Request
 - Pulmonary Arterial Hypertension Prior Authorization Request
-

Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective June 3, 2019, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Carafate (sucralfate suspension)^{BP}
 - Cuprimine (penicillamine)^{BP}
 - Delzicol DR (mesalamine capsule)^{BP}
 - Letairis (ambrisentan)^{BP} – **PA**
 - Lotemax (loteprednol 0.5%)^{BP} – **PA**

- Lyrica (pregabalin) ^{BP} – **PA**
 - Proventil (albuterol inhaler) ^{BP} – **PA**
 - Tarceva (erlotinib) ^{BP} – **PA**
 - Toviaz (fesoterodine) ^{BP} – **PA**
 - Tracleer (bosentan) ^{BP} – **PA**
 - Ventolin (albuterol inhaler) ^{BP} – **PA**
- b. Effective June 3, 2019, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Adcirca (tadalafil) – **PA**
 - AndroGel (testosterone 1.62% gel packet, pump) – **PA**
 - Estrace # (estradiol cream)

Updated MassHealth Over-the-Counter Drug List

The MassHealth Over-the-Counter Drug 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

- Opioid and Pain Initiative

Deletions

The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.

- Cedax (ceftibuten) – **PA**
- Ceftin # (cefuroxime axetil)
- hydrocodone 2.5 mg/ibuprofen – **PA**
- Kynamro (mipomersen) – **PA**
- Liptruzet (ezetimibe/atorvastatin) – **PA**
- Lofibra (fenofibrate capsule 67 mg, 134 mg, and 200 mg and tablet 54 mg and 160 mg)
- Mevacor (lovastatin 10 mg, 20 mg) – **PA > 45 units/month**
- Mevacor (lovastatin 40 mg) – **PA > 60 units/month**
- Opana (oxymorphone injection) – **PA**
- Opana ER (oxymorphone extended-release, oral) – **PA**
- Purinethol # (mercaptopurine tablet)
- Sonata # (zaleplon) – **PA < 6 years and PA > 30 units/month**
- Vicoprofen # (hydrocodone 7.5 mg/ibuprofen) – **PA > 80 mg/day**
- Zmax (azithromycin 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.
- cholestyramine resin powder – **PA**
 - melatonin powder – **PA**
 - topiramate powder – **PA**

b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.

- Carafate # (sucralfate tablet)
- Fenoglide (fenofibrate 40 mg, 120 mg tablet) – **PA**
- Fibracor # (fenofibric acid)
- hydrocodone 5 mg, 10 mg/ibuprofen – **PA**
- Livalo (pitavastatin calcium) – **PA**
- Onfi (clobazam suspension, tablet) – **PA**
- Risperdal M-Tab (risperidone 0.25 mg, 4 mg orally disintegrating tablet) – **PA**
- sodium fluoride *
- Trilipix # (fenofibric acid)
- Xarelto (rivaroxaban 2.5 mg) – **PA**
- Xifaxan (rifaximin 550 mg) – **PA**

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.

* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

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.