



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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July 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 July 15, 2019.

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

Additions

Effective July 15, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.

- Balversa (erdafitinib) – **PA**
- Belrapzo (bendamustine)
- Cutaquig (immune globulin subcutaneous injection, human-hipp) – **PA**
- Diacomit (stiripentol) – **PA**
- Duobrii (halobetasol/tazarotene lotion) – **PA**
- Kapsargo (metoprolol extended-release capsule) – **PA**
- Motegrity (prucalopride) – **PA**
- Plenvu (polyethylene glycol-electrolyte solution) – **PA**
- Spravato (esketamine) – **PA**

Change in Prior-Authorization Status

- Effective July 15, 2019, the following bowel preparation agents will no longer require prior authorization.
 - Colyte with flavor packs # (polyethylene glycol-electrolyte solution)
 - Moviprep (polyethylene glycol-electrolyte solution)
 - Osmoprep (sodium phosphate)
 - Prepopik (sodium picosulfate/magnesium oxide/anhydrous citric acid)
- Effective July 15, 2019, the following opioid dependence agent will no longer require prior authorization when used within updated dose limits.
 - Suboxone (buprenorphine/naloxone film ≤ 24 mg/day)^{BP PD}
- Effective July 15, 2019, the following inhaled respiratory agents will no longer require prior authorization.
 - Proair Respiclick (albuterol inhalation powder)
 - Proventil (albuterol inhaler)^{BP}
 - Xopenex (levalbuterol inhaler)^{BP}
- Effective July 15, 2019, the following oral antibiotic agent will no longer require prior authorization.
 - Solodyn (minocycline extended-release 55 mg, 65 mg, 80 mg, 105 mg, 115 mg tablet)^{BP}
- Effective July 15, 2019, the following nonsteroidal anti-inflammatory agent will no longer require prior authorization for use outside of the age limit.
 - Celebrex # (celecoxib)
- Effective July 15, 2019, the following nonsteroidal anti-inflammatory agents will no longer require prior authorization.
 - Daypro # (oxaprozin)

- diclofenac potassium
- diflunisal
- Feldene # (piroxicam)
- indomethacin extended-release
- Naprosyn EC # (naproxen enteric coated)
- Ponstel # (mefenamic acid)
- Voltaren-XR # (diclofenac extended-release)

New or Revised Therapeutic Tables

- Table 1 – Immune Globulins
- Table 7 – Muscle Relaxants - Skeletal
- Table 8 – Opioids and Analgesics
- Table 9 – Growth Hormones and mecasermin (Increlex)
- Table 11 – Nonsteroidal Anti-Inflammatory Drugs
- Table 16 – Corticosteroids - Topical
- Table 17 – Antidepressants
- Table 18 – Cardiovascular Agents
- Table 20 – Anticonvulsants
- Table 21 – Cystic Fibrosis Agents
- Table 23 – Respiratory Agents - Inhaled
- 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 30 – Neuromuscular Blocker Agents
- Table 33 – Inflammatory Bowel Disease Agents
- Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
- Table 36 – Drug and Alcohol Cessation Agents
- Table 40 – Respiratory Agents - Oral
- Table 43 – Pulmonary Arterial Hypertension Agents
- Table 44 – Hepatitis Antiviral Agents
- Table 45 – Antidiabetic Agents - Injectable and Insulin
- Table 46 – Urinary Dysfunction Agents
- Table 53 – Antibiotics - Otic
- Table 57 – Oncology Agents
- Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
- Table 71 – Pediatric Behavioral Health
- Table 72 – Agents Not Otherwise Classified

Updated and New Prior-Authorization Request Forms

- Anticonvulsant Prior Authorization Request
- Antidepressant Prior Authorization Request
- Constipation Agents Prior Authorization Request
- Gastrointestinal Agents - Antidiarrheals and Bowel Preparation Agents Prior Authorization Request
- General Drug Prior Authorization Request
- Growth Hormone and Increlex Prior Authorization Request
- Hepatitis Antiviral Agents Prior Authorization Request
- Hyaluronan Injections Prior Authorization Request

- Immune Globulin Prior Authorization Request
 - Inhaled Respiratory 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
 - Opioid Dependence and Reversal Agents Prior Authorization Request
 - Opioids/Acetaminophen Analgesic Prior Authorization Request
 - Oral Antibiotics and Anti-Infectives Prior Authorization Request
 - Pulmonary Arterial Hypertension Prior Authorization Request
 - Topical Corticosteroids Prior Authorization Request
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Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective July 15, 2019, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Coly-Mycin S (colistin/neomycin/thonzonium/hydrocortisone)^{BP}
 - Diclegis (doxylamine/pyridoxine delayed-release)^{BP} – **PA**
 - Revatio (sildenafil oral suspension)^{BP} – **PA**
 - Xopenex (levalbuterol inhaler)^{BP}
 - b. Effective July 15, 2019, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Albenza # (albendazole)
 - Canasa # (mesalamine suppository)
 - Gleevec # (imatinib)
 - Zyflo CR (zileuton extended-release) – **PA**
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Updated MassHealth Supplemental Rebate/Preferred Drug List

The MassHealth Supplemental Rebate/Preferred 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

- Hepatitis C Virus Clinical Information
 - Hospital Outpatient Prior Authorization Initiative
 - Opioid and Pain Initiative
 - Pediatric Behavioral Health Medication Initiative
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Updated Pharmacy Covered Professional Services List

Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - desvenlafaxine fumarate extended-release – **PA**
 - Dyloject (diclofenac injection) – **PA**
 - Mobic (meloxicam suspension) – **PA**
 - Motrin (ibuprofen)

- Olysio (simeprevir) – **PA**
 - polyethylene glycol-electrolyte solution/bisacodyl – **PA**
 - Ponstel (mefenamic acid)
 - Zylflo CR (zileuton extended-release) – **PA**
- b. The following agent has been removed from the MassHealth Drug List because it is available only in an inpatient hospital setting. The MassHealth Drug List does not include drugs restricted to inpatient hospital billing.
- Activase (alteplase)

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.
- clobetasol propionate powder – **PA**
 - dimethyl sulfoxide liquid – **PA**
 - fluconazole powder – **PA**
 - miconazole nitrate powder – **PA**
 - orphenadrine/aspirin/caffeine – **PA**
- b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- chlorzoxazone 250 mg, 375 mg, 750 mg – **PA**
 - Colyte # (polyethylene glycol-electrolyte solution)
 - diclofenac tablet
 - minocycline extended-release 45 mg, 90 mg, 135 mg tablet – **PA**
 - Rimso-50 (dimethyl sulfoxide solution)
 - Suprep (sodium sulfate / potassium sulfate / magnesium sulfate) – **PA**
 - Toprol XL # (metoprolol extended-release tablet)
 - Xopenex (levalbuterol inhalation solution) – **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.

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.