



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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January 2020 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 rollouts effective January 1, and January 13, 2020.

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

Additions

Effective January 13, 2020, the following newly marketed drugs have been added to the MassHealth Drug List.

- Anovera (segesterone/ethinyl estradiol)
- Bijuva (estradiol/progesterone) – **PA**
- Cequa (cyclosporine 0.09% ophthalmic solution) – **PA**
- Egaten (triclabendazole) – **PA**
- Infugem (gemcitabine) – **PA**
- Inveltys (loteprednol 1% suspension) – **PA**
- Khapzory (levoleucovorin powder for injection) – **PA**
- Lotemax SM (loteprednol 0.38% gel) – **PA**
- Nayzilam (midazolam nasal spray) – **PA > 10 units/month**
- Nubeqa (darolutamide) – **PA**
- Rinvoq (upadacitinib) – **PA**
- Rocklatan (netarsudil/latanoprost) – **PA**
- Temixys (lamivudine/tenofovir disoproxil fumarate) – **PA**
- Trikafta (elexacaftor/tezacaftor/ivacaftor) – **PA**
- Turalio (pexidartinib) – **PA**
- Xpovio (selinexor) – **PA**
- Yutiq (fluocinolone ophthalmic implant) ^
- Zelnorm (tegaserod) – **PA**
- Zulresso (brexanolone) ^ – **PA**

New FDA “A”-Rated Generics

Effective January 13, 2020, 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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pentamidine	Nebupent #
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Change in Prior-Authorization Status

Effective January 13, 2020, the following ophthalmic agents will no longer require prior authorization.

- Lotemax (loteprednol 0.5% suspension) ^{BP}
 - Restasis (cyclosporine 0.05% ophthalmic emulsion) ^{BP}
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New or Revised Therapeutic Tables

- Table 5 – Immunological Agents
 - Table 10 – Dermatologic Agents - Acne and Rosacea
 - Table 15 – Hypnotics
 - Table 17 – Antidepressants
 - Table 18 – Cardiovascular Agents
 - Table 20 – Anticonvulsants
 - Table 21 – Cystic Fibrosis Agents
 - Table 29 – Anti-Allergy and Anti-Inflammatory Agents - Ophthalmic
 - Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
 - Table 38 – Antiretroviral/HIV Therapy
 - Table 40 – Respiratory Agents – Oral
 - Table 45 – Antidiabetic Agents - Injectable and Insulin
 - Table 51 – Antiglaucoma Agents - Ophthalmic
 - Table 57 – Oncology Agents
 - Table 58 – Anticoagulants and Antiplatelet Agents
 - Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
 - Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents
 - Table 71 – Pediatric Behavioral Health
 - Table 72 – Agents Not Otherwise Classified
 - Table 74 – Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors
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Updated and New Prior-Authorization Request Forms

- Androgen Therapy Prior Authorization Request
 - Antidepressant Prior Authorization Request
 - Antiretroviral Agents Prior Authorization Request
 - Benzodiazepines and Other Anti-Anxiety Agents Prior Authorization Request
 - Constipation Agents Prior Authorization Request
 - Cystic Fibrosis Agents Prior Authorization Request
 - Glaucoma Agents Prior Authorization Request
 - Immunomodulators Prior Authorization Request
 - Ophthalmic Anti-Allergy and Anti-Inflammatory Agents Prior Authorization Request
 - Oral Antibiotics and Anti-Infectives Prior Authorization Request
 - Oral Respiratory Agents Prior Authorization Request
 - Osteoporosis Agents and Calcium Regulators Prior Authorization Request
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Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective January 13, 2020, the following agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Aczone (dapsone 7.5% gel)^{BP} – **PA**
 - Afinitor (everolimus)^{BP} – **PA**
 - Aggrenox (aspirin/extended-release dipyridamole)^{BP}
 - Apriso (mesalamine extended-release)^{BP}
 - Isordil (isosorbide dinitrate 40 mg tablet)^{BP} – **PA**
 - Novolog (insulin aspart 70/30)^{BP}
 - Novolog (insulin aspart)^{BP}
 - Restasis (cyclosporine 0.05% ophthalmic emulsion)^{BP}
 - Silenor (doxepin tablet)^{BP} – **PA**
 - Travatan Z (travoprost 0.004% eye drop)^{BP}

- b. Effective January 13, 2020, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Proventil (albuterol inhaler)
 - Ventolin (albuterol inhaler) – **PA**
 - Xenazine (tetrabenazine) – **PA**
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Updated MassHealth Over-the-Counter Drug List

Effective January 13, 2020, the following gastrointestinal agent will be added to the MassHealth Over-the-Counter Drug List.

- lactase *
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MassHealth ACP/MCO Uniform Preferred Drug List

- a. Effective January 1, 2020, the following antiretroviral agents will be added to the MassHealth ACP/MCO Uniform Preferred Drug List.
- Dovato (dolutegravir/lamivudine)
 - Juluca (dolutegravir/rilpivirine)
 - Triumeq (abacavir/dolutegravir/lamivudine)
- b. Effective January 1, 2020, the following hepatitis antiviral agents will be added to the MassHealth ACP/MCO Uniform Preferred Drug List.
- ledipasvir/sofosbuvir
 - sofosbuvir/velpatasvir
- c. Effective January 1, 2020, the following hepatitis antiviral agents will be removed from the MassHealth ACP/MCO Uniform Preferred Drug List.
- Epclusa (sofosbuvir/velpatasvir)
 - Harvoni (ledipasvir/sofosbuvir)
 - Sovaldi (sofosbuvir)
 - Vosevi (sofosbuvir/velpatasvir/voxilaprevir)
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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.

Updated and New Pharmacy Initiatives

- Concomitant Opioid and Benzodiazepine Initiative
 - Pediatric Behavioral Health Medication Initiative
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Deletions

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

- clonidine/chlorthalidone
 - Vexol (rimexolone) – **PA**
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Corrections / Clarifications

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

- Aczone (dapson 5% gel) – **PA**
 - Lotemax (loteprednol 0.5% gel, ointment) ^{BP} – **PA**
 - Restasis Multidose (cyclosporine multidose 0.05% ophthalmic emulsion) – **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.

* 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 provider to receive reimbursement. 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.