



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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August 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 August 26, 2019.

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

Additions

Effective August 26, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.

- Cablivi (caplacizumab-yhdp) – **PA**
- Dextenza (dexamethasone ophthalmic insert) ^
- Elzonris (tagraxofusp-erzs) – **PA**
- Euthyrox # (levothyroxine)
- Mayzent (siponimod) – **PA**
- Ruzurgi (amifampridine) – **PA**
- Slynd (drospirenone)

New or Revised Therapeutic Tables

- Table 1 – Immune Globulins
- Table 2 – Hormones - Gonadotropin-Releasing Hormone Analogs
- Table 3 – Gastrointestinal Drugs - Histamine H2 Antagonists, Proton Pump Inhibitors, and Miscellaneous Gastroesophageal Reflux Agents
- Table 4 – Hematologic Agents - Hematopoietic and Miscellaneous Hematologic Agents
- Table 5 – Immunological Agents
- Table 6 – Nutrients, Vitamins, and Vitamin Analogs
- Table 7 – Muscle Relaxants - Skeletal
- Table 8 – Opioids and Analgesics
- Table 9 – Growth Hormones and mecasermin (Increlex)
- Table 10 – Dermatologic Agents - Acne and Rosacea
- Table 11 – Nonsteroidal Anti-Inflammatory Drugs
- Table 12 – Antihistamines
- Table 13 – Lipid-Lowering Agents
- Table 14 – Headache Therapy
- Table 15 – Hypnotics
- Table 16 – Corticosteroids - Topical
- Table 17 – Antidepressants
- Table 18 – Cardiovascular Agents
- Table 19 – Benign Prostatic Hyperplasia (BPH) Agents
- Table 20 – Anticonvulsants
- Table 21 – Cystic Fibrosis Agents

Table 22 – Acromegaly Agents and Carcinoid Syndrome Agents
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 30 – Neuromuscular Blocker Agents
Table 31 – Cerebral Stimulants and Miscellaneous Agents
Table 32 – Serums, Toxoids, and Vaccines
Table 33 – Inflammatory Bowel Disease Agents
Table 34 – Antibiotics - Ophthalmic
Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
Table 36 – Drug and Alcohol Cessation Agents
Table 37 – Palivizumab (Synagis)
Table 38 – Antiretroviral/HIV Therapy
Table 39 – Influenza Prophylaxis and Treatment Agents
Table 40 – Respiratory Agents - Oral
Table 41 – Antibiotics - Topical
Table 42 – Immune Suppressants - Topical
Table 43 – Pulmonary Arterial Hypertension Agents
Table 44 – Hepatitis Antiviral Agents
Table 45 – Antidiabetic Agents - Injectable and Insulin
Table 46 – Urinary Dysfunction Agents
Table 47 – Antifungal Agents - Oral and Injectable
Table 48 – Antiparkinsonian Agents
Table 49 – Osteoporosis and Bone Metabolism Agents
Table 50 – Modafinil Agents
Table 51 – Antiglaucoma Agents - Ophthalmic
Table 52 – Multiple Sclerosis Agents
Table 53 – Antibiotics - Otic
Table 54 – Pediculicides and Scabicides
Table 55 – Androgens
Table 56 – Alzheimer's Agents
Table 57 – Oncology Agents
Table 58 – Anticoagulants and Antiplatelet Agents
Table 59 – Anesthetics - Topical
Table 60 – Hereditary Angioedema Agents
Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
Table 62 – Anti-Gout Agents
Table 63 – Dermatologic Agents - Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents
Table 64 – Asthma/Allergy Monoclonal Antibodies
Table 65 – Enzyme Replacement and Substrate Reduction Therapies
Table 66 – Antibiotics - Injectable
Table 67 – Antiviral Agents
Table 68 – Thrombocytopenic 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 74 – Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors

Table 75 – Chimeric Antigen Receptor (CAR)-T Immunotherapies

Table 76 – Neuromuscular Agents - Duchenne Muscular Dystrophy and Spinal Muscular Atrophy

Table 77 – Hyaluronan Injections

Updated and New Prior-Authorization Request Forms

- Anti-Gout Agents Prior Authorization Request
- Anticoagulant and Antiplatelet Prior Authorization Request
- Antiemetics Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Benzodiazepines and Other Anti-Anxiety Agents Prior Authorization Request
- Cystic Fibrosis Agents Prior Authorization Request
- Erythropoiesis-Stimulating Agents Prior Authorization Request
- Hepatitis Antiviral Agents Prior Authorization Request
- Hereditary Angioedema Agents Prior Authorization Request
- Hypnotic Agents Prior Authorization Request
- Immunomodulators Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Injectable Antibiotic Prior Authorization Request
- Multiple Sclerosis Agents Prior Authorization Request
- Neuromuscular Agents Prior Authorization Request
- Opioids/Acetaminophen Analgesic Prior Authorization Request
- Thrombocytopenic Agents Prior Authorization Request

Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective August 26, 2019, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Noxafil (posaconazole) ^{BP} – **PA**
 - Rozerem (ramelteon) ^{BP} – **PA > 30 units/month**
- b. Effective August 26, 2019, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Advair (fluticasone/salmeterol inhalation aerosol, powder) – **PA**
 - Ranexa (ranolazine) – **PA**
 - Tamiflu # (oseltamivir 6 mg/mL suspension) – **PA all quantities (June 1st to September 30th); PA > 180 mL/season (October 1st to May 31st)**

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

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - Ogen # (estropipate)
 - ticlopidine
 - Zinacef # (cefuroxime sodium)
 - Zinbryta (daclizumab) – **PA**
- b. 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.
 - Dutoprol (metoprolol extended-release/hydrochlorothiazide) – **PA**
 - Yosprala (aspirin/omeprazole) – **PA**

Corrections / Clarifications

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.

- glycopyrrolate powder – **PA**
- lamotrigine powder – **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.

^ 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 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.