



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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November 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 rollout effective November 2, 2020.

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

Additions

Effective November 2, 2020, the following newly marketed drugs have been added to the MassHealth Drug List.

- Fintepla (fenfluramine) – **PA**
- Isturisa (osilodrostat) – **PA**
- Koselugo (selumetinib) – **PA**
- Menquadfi (quadrivalent meningococcal conjugate vaccine) ¹
- Qinlock (ripretinib) – **PA**
- Semglee (insulin glargine) – **PA**
- teriparatide 620 mcg/2.48 mL – **PA**
- Zerviate (cetirizine ophthalmic solution) – **PA**

Change in Prior-Authorization Status

- Effective November 2, 2020 the following ophthalmic anti-allergy agents will no longer require prior authorization.
 - Alocril (nedocromil)
 - Alomide (Iodoxamide)
 - Bepreve (bepotastine)
 - Lastacaft (alcaftadine)
- Effective November 2, 2020 the following osteoporosis and bone metabolism agents will no longer require prior authorization.
 - alendronate solution
 - Boniva # (ibandronate tablet)
- Effective November 2, 2020, the following oncology agent will require prior authorization.
 - Yervoy (ipilimumab) – **PA**

New or Revised Therapeutic Tables

- Table 5 – Immunological Agents
- Table 7 – Muscle Relaxants - Skeletal
- Table 10 – Dermatologic Agents - Acne and Rosacea
- Table 17 – Antidepressants
- Table 20 – Anticonvulsants
- Table 22 – Acromegaly, Carcinoid Syndrome, and Cushing's Syndrome Agents
- Table 26 – Antidiabetic Agents
- Table 29 – Anti-Allergy and Anti-Inflammatory Agents - Ophthalmic
- Table 31 – Cerebral Stimulants and Miscellaneous Agents

Table 32 – Serums, Toxoids, and Vaccines
 Table 33 – Inflammatory Bowel Disease Agents
 Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
 Table 38 – Antiretroviral/HIV Therapy
 Table 49 – Osteoporosis and Bone Metabolism Agents
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 Table 57 – Oncology Agents
 Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
 Table 65 – Enzyme Replacement and Substrate Reduction Therapies
 Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents
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Updated and New Prior-Authorization Request Forms

- Anticonvulsant Prior Authorization Request
- Antidepressant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request
- Cystic Fibrosis Agents Prior Authorization Request
- Constipation Agents Prior Authorization Request
- Ophthalmic Anti-Allergy and Anti-Inflammatory Agents Prior Authorization Request
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Osteoporosis Agents and Calcium Regulators Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request

Updated MassHealth Brand Name Preferred Over Generic Drug List

The MassHealth Brand Name Preferred Over Generic Drug List has been updated to reflect recent changes to the MassHealth Drug List.

- a. Effective November 2, 2020, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Bethkis (tobramycin inhalation solution) ^{BP} – **PA**
 - Kuvan (sapropterin) ^{BP} – **PA**
 - Lialda (mesalamine delayed-release) ^{BP}
 - Monurol (fosfomycin) ^{BP}
 - Samsca (tolvaptan) ^{BP} – **PA**
 - Strattera (atomoxetine) ^{BP} – **PA < 6 years**
 - Tykerb (lapatinib) ^{BP}
- b. Effective November 2, 2020, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Aczone (dapsone 7.5% gel) – **PA**

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 Supplemental Rebate/Preferred Drug List

The MassHealth Supplemental Rebate/Preferred Drug List has been updated to reflect recent changes to the MassHealth Drug List.

Effective November 2, 2020, the following multiple sclerosis agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Tecfidera (dimethyl fumarate) ^{BP PD} – **PA**

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

- Pediatric Behavioral Health Medication Initiative

Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - Elestat (epinastine) – **PA**
 - Emadine (emedastine) – **PA**
 - Parafon Forte DSC (chlorzoxazone 500 mg) – **PA <18 years**
 - Pataday (olopatadine 0.2%) – **PA**
- b. 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.
 - Aczone (dapson 7.5% gel) – **PA**
 - Binosto (alendronate effervescent tablet) – **PA**
 - Zelnorm (tegaserod) – **PA**

Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. They were omitted in error. This change does not reflect any change in MassHealth policy.
 - Doryx (doxycycline hyclate delayed-release 50 mg, 80 mg, 120 mg, 200 mg tablet) – **PA**
 - Fortaz # (ceftazidime)
- b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
 - Aczone (dapson 7.5% gel) – **PA**
 - Adderall (amphetamine salts) # – **PA < 3 years and PA > 3 units/day**
 - Adderall XR (amphetamine salts extended-release) ^{BP, PD} – **PA < 3 years and PA > 2 units/day**
 - Aplenzin (bupropion hydrobromide extended-release) – **PA < 6 years and PA > 1 unit/day**
 - artificial tears
 - Concerta (methylphenidate extended-release) ^{BP} – **PA < 3 years and PA > 2 units/day**
 - Dexedrine (dextroamphetamine 5 mg, 10 mg, 15 mg capsule) # – **PA < 3 years and PA > 3 units/day**
 - dextroamphetamine 5 mg, 10 mg tablet – **PA < 3 years and PA > 3 units/day**
 - dextroamphetamine solution – **PA < 3 years and PA > 30 mL/day**
 - Fetzima (levomilnacipran) – **PA < 6 years and PA > 1 unit/day**
 - Focalin (dexmethylphenidate) # – **PA < 3 years and PA > 3 units/day**
 - Focalin XR (dexmethylphenidate extended-release) ^{BP, PD} – **PA < 3 years and PA > 2 units/day**
 - Forteo (teriparatide 600 mcg/2.4 mL) – **PA**
 - Menactra (quadrivalent meningococcal conjugate vaccine) ¹
 - Menveo (quadrivalent meningococcal conjugate vaccine) ¹
 - Methylin oral solution (methylphenidate oral solution) # – **PA < 3 years and PA > 30 mL/day**
 - methylphenidate chewable tablet – **PA < 3 years and PA > 3 units/day**
 - methylphenidate sustained-release tablet – **PA < 3 years and PA > 3 units/day**

- Pristiq # (desvenlafaxine succinate extended-release) – **PA < 6 years and PA > 1 unit/day**
- Ritalin (methylphenidate) # – **PA < 3 years and PA > 3 units/day**
- Symfi (efavirenz 600 mg/lamivudine 300 mg/tenofovir disoproxil fumarate 300 mg) – **PA**
- Symfi Lo (efavirenz 400 mg/lamivudine 300 mg/tenofovir disoproxil fumarate 300 mg) – **PA**
- Vyvanse (lisdexamfetamine) ^{PD} – **PA < 3 years and PA > 2 units/day**
- Wellbutrin XL # (bupropion hydrochloride extended-release 150 mg, 300 mg tablets) – **PA < 6 years and PA > 1 unit/day**

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 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.

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.

¹ Product may be available through the Massachusetts Department of Public Health (DPH). Please check with DPH for availability. MassHealth does not pay for immunizing biologicals (i.e., vaccines) and tubercular (TB) drugs that are available free of charge through local boards of public health or through the Massachusetts Department of Public Health without prior authorization (130 CMR 406.413(C)). In cases where free vaccines are available to providers for specific populations (e.g. children, high risk, etc.), MassHealth will reimburse the provider only for individuals not eligible for the free vaccines. Notwithstanding the above, MassHealth will pay pharmacies for seasonal flu vaccine serum without prior authorization, if the vaccine is administered in the pharmacy.