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THE PRESCRIBER e-LETTER

MassHealth PHARMACY PROGRAM

Meprobamate

Meprobamate is approved by the U.S. Food and Drug Administration (FDA) for the treatment of anxiety. Originally approved in 1955 for generalized anxiety disorders, meprobamate is a carbamate with anxiolytic and sedative effects similar to those of benzodiazepines. It is associated with significant potential for abuse, and cases of dependence or overdose have been well documented. Meprobamate is a Schedule IV controlled substance, and is a metabolite of the muscle relaxant carisoprodol, which has also been recognized as a drug with a history of abuse.

Because of the potential for dependence and abuse, meprobamate is no longer recommended for the treatment of anxiety, and has largely been replaced by benzodiazepines and other agents in current treatment guidelines. Therefore, prior authorization will be required for meprobamate with documentation of the diagnosis of anxiety and either inadequate response or adverse reaction to the use of at least two benzodiazepines or a contraindication to the use of all benzodiazepines.

The prior authorization process for meprobamate was implemented on **January 9, 2017**.

Non-Insulin Antidiabetic Agents

Alpha-glucosidase inhibitors and meglitinides are approved by the FDA for the treatment of type 2 diabetes mellitus. The 2017 American Diabetes Association guidelines for the treatment of type 2 diabetes mellitus include recommendations for the use of alpha-glucosidase inhibitors and meglitinides as adjunctive therapies to first-line treatment with metformin.

With a recent quality assurance analysis, it was determined that the cost of miglitol, repaglinide, and nateglinide has decreased. Therefore, prior authorization will no longer be required for these agents.

The removal of the prior authorization requirement for miglitol, repaglinide, and nateglinide was implemented on **January 9, 2017**.

Urinary Antispasmodics

Fesoterodine (Toviaz®) and darifenacin (Enablex®) are both competitive muscarinic receptor antagonists approved by the FDA for the treatment of overactive bladder (OAB). The 2014 American Urological Association guideline recommends antimuscarinic agents as second-line treatment, and no specific agent is indicated as a preferred.

With a quality assurance analysis, it was determined that the cost of tolterodine extended-release (Detrol LA®) has decreased, whereas the costs of fesoterodine (Toviaz®) and darifenacin (Enablex®) have increased. Therefore, prior authorization will be required for fesoterodine (Toviaz®) and darifenacin (Enablex®) with documentation of the diagnosis of OAB, and either inadequate response or adverse reaction to oxybutynin extended-release or tolterodine extended-release, or documentation of contraindication to both oxybutynin extended-release and tolterodine extended-release. A quantity limit of ≤30 tablets per month is in place for both agents.

The prior authorization process for Toviaz® (fesoterodine) and Enablex® (darifenacin) was implemented on **January 9, 2017**. The PA status of the individual products is outlined below.

PA	No PA
Detrol LA® (tolterodine extended-release 2 mg) > 30 units/month†	Detrol® # (tolterodine immediate-release)
	Detrol LA® # (tolterodine extended-release 2 mg) < 30 units/month
	Detrol LA® # (tolterodine extended-release 4 mg)
Enablex® (darifenacin)†	Ditropan XL® # (oxybutynin extended-release tablet)
Gelnique® (oxybutynin gel)	flavoxate
Oxytrol® (oxybutynin transdermal system)	oxybutynin immediate-release tablet, syrup
Myrbetriq® (mirabegron extended-release)	Oxytrol® (oxybutynin transdermal system)
Toviaz® (fesoterodine)	Oxytrol for Women (oxybutynin)*
VESIcare® (solifenacin)	trospium immediate-release
	trospium extended-release

This is a brand-name drug with FDA "A"-rated generic equivalents. PA is required for the brand, unless a particular form of that drug does not have an FDA "A"-rated generic equivalent.

***** The OTC version of the drug is payable under MassHealth without prior authorization.

† A-rated generic available. Both brand and generic require prior authorization.

The Prescriber e-Letter is an update designed to enhance the transparency and efficiency of the MassHealth drug prior-authorization (PA) process and the MassHealth Drug List. Each issue **highlights** key clinical **information and updates** to the **MassHealth Drug List**. The Prescriber E-Letter was prepared by the MassHealth Drug Utilization Review Program and the MassHealth Pharmacy Program.

Recent MassHealth Drug List Updates

Drug/Drug Class	Addition/Deletion/Change	Rationale
Glycopyrrolate/formoterol (Bevespi®)	Addition; **requires PA**	Given that this newly marketed agent has similar safety and efficacy data and similar cost compared to other inhalers within the class, this agent requires PA.
Immune globulin subcutaneous injection, human (Cuvitru®)	Addition; **requires PA**	Given that all other immune globulin agents indicated for primary immune deficiencies require PA, this agent requires PA.
Eteplirsen (Exondys 51®)	Addition; **requires PA**	Given the high cost and specific indication, this agent requires PA.
Nitroglycerin sublingual powder (Gonitro®)	Addition; **requires PA**	Nitroglycerin sublingual tablets continue to be available without PA. Given the availability of less costly alternatives, this newly marketed agent requires PA.
Ciprofloxacin/fluocinolone (Otovel®)	Addition; **requires PA**	Given that the indications for this newly marketed agent are similar to other less costly agents including ciprofloxacin/ dexamethasone (Ciprodex®), this agent requires PA.
Lifitegrast (Xiidra®)	Addition; **requires PA**	Given that the availability of less costly agents including artificial tears substitutes and cyclosporine (Restasis®), this agent requires PA.
Lesinurad (Zurampic®)	Addition; **requires PA**	Given that this newly marketed agent is indicated as a second-line therapy after xanthine oxidase inhibitors and that this agent is associated with a high cost, this agent requires PA.
Levonorgestrel-releasing intrauterine system 19.5 mg (Kyleena®)	Addition; does not require PA	MassHealth has determined that this newly marketed agent will not require PA.
Ethinyl estradiol/ norethindrone/ferrous fumarate (Taytulla®)	Addition; does not require PA	MassHealth has determined that this newly marketed agent will not require PA.
Antidiabetic Agents – Non-Insulin	Change in PA status; does not require PA Miglitol (Glyset®)# Repaglinide (Prandin®)# Nateglinide (Starlix®)# #This designates a brand-name drug with FDA "A"-rated generic equivalents. PA 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.	Given a recent decrease in the cost of generic miglitol, repaglinide, and nateglinide, these agents no longer require PA.
	Deletion: no longer on MassHealth Drug List Rosiglitazone/metformin (Avandamet®) Glimepiride/rosiglitazone (Avandaryl®) Glyburide (Diabeta®)	These agents have been removed from the MassHealth Drug List because they have been discontinued by the manufacturers.
	Addition; **requires PA** Canagliflozin/metformin extended-release (Invokamet® XR) Linagliptin/metformin extended-release (Jentadueto® XR)	Given that other similar combination non-insulin antidiabetic agents, including canagliflozin/metformin (Invokamet®) and linagliptin/metformin (Jentadueto®), require PA, these newly marketed agents require PA.

Recent MassHealth Drug List Updates

Drug/Drug Class	Addition/Deletion/Change	Rationale
Antiemetics	Change in PA status; **requires PA** for exceeding new quantity limits Aprepitant 125 mg powder for oral suspension (Emend®) – PA > 6 units/28 days Aprepitant 40 mg and 125 mg capsule (Emend®) – PA > 2 capsules/28 days Aprepitant 80 mg (Emend®) – PA > 4 capsules/28 days	Given that other agents in the class are available without PA under a quantity limit of two courses of antiemetic therapy per 28 day cycle, these agents require PA for quantities greater than two courses of therapy per 28 day cycle.
	Change in PA status; **requires PA** for exceeding new quantity limits Aprepitant trifold pack (Emend®) – PA > 2 packs/28 days	Given that the cost of this formulation of aprepitant is similar to that of the equivalent quantity of other available formulations that require PA for quantities greater than two courses of therapy per 28 day cycle, this agent requires PA for quantities greater than two courses of therapy per 28 day cycle.
	Change in PA status; does not require PA Ondansetron orally disintegrating tablet 8 mg (Zofran® ODT)[#] [#]This designates a brand-name drug with FDA "A"-rated generic equivalents. PA 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.	Given the recent decrease in cost of generic ondansetron orally disintegrating 8 mg tablet, this agent no longer requires PA.
Buprenorphine implant (Probuphine®)	Change in PA status; **requires PA**	Given that buprenorphine implant (Probuphine®) is now available through specialty pharmacies, it is no longer restricted to the health care professional who administers the drug, and requires PA.
Meprobamate	Change in PA status; **requires PA**	Because of the potential for dependence and the effects of overdose or withdrawal, meprobamate is no longer recommended for the treatment of anxiety, and has largely been replaced by benzodiazepines and other agents in current treatment guidelines. Therefore, this agent requires PA.
Urinary Antispasmodics	Change in PA status; **requires PA** Darifenacin (Enablex®)[†] Fesoterodine (Toviaz®) [†]A-rated generic available. Both brand and generic require prior authorization.	Given that the costs of fesoterodine (Toviaz®) and darifenacin (Enablex®) have increased, whereas the cost of tolterodine extended-release (Detrol LA®) has decreased, these agents require PA.

Recent MassHealth Drug List Updates

Drug/Drug Class	Addition/Deletion/Change	Rationale
Cardiovascular Agents	Change in PA status; **requires PA** Nitroglycerin lingual spray (Nitrolingual®)* Nitroglycerin lingual aerosol (Nitromist®)§ *A-rated generic available. Both brand and generic require PA §Authorized generic available. Both brand and authorized generic require PA.	Nitroglycerin sublingual tablets continue to be available without PA. Given the availability of less costly alternatives, these agents require PA.
High-molecular weight iron dextran (Dexferrum®)	Deletion: no longer on MassHealth Drug List	This agent has been removed from the MassHealth Drug List because it has been discontinued by the manufacturer.
Crofelemer (Fulyzaq®)	Deletion: no longer on MassHealth Drug List	This agent has been removed from the MassHealth Drug List because it has been discontinued by the manufacturer.
Rifampin/isoniazid (Isonarif®)	Deletion: no longer on MassHealth Drug List	This agent has been removed from the MassHealth Drug List because it has been discontinued by the manufacturer.
Hexachlorophene (Phisohex®)	Deletion: no longer on MassHealth Drug List	This agent has been removed from the MassHealth Drug List because it has been discontinued by the manufacturer.
Somatropin (Tev-Tropin®)	Deletion: no longer on MassHealth Drug List	This agent has been removed from the MassHealth Drug List because it has been discontinued by the manufacturer.
Methenamine (Urex®)	Deletion: no longer on MassHealth Drug List	This agent has been removed from the MassHealth Drug List because it has been discontinued by the manufacturer.
Retapamulin (Altabax®)	Deletion: no longer on MassHealth Drug List	This agent has been removed from the MassHealth Drug List because it is now non-rebate.
Oxytocin	Deletion: no longer on MassHealth Drug List	This agent has been removed from the MassHealth Drug List because it is available only in an inpatient setting.
Fibrinogen/thrombin patch (Tachosil®)	Deletion: no longer on MassHealth Drug List	This agent has been removed from the MassHealth Drug List because it is available only in an inpatient setting.