THE PRESCRIBER E-LETTER

The Prescriber E-Letter is a quarterly update designed to enhance the transparency and efficiency of the MassHealth drug prior authorization (PA) process and the MassHealth Drug List. Each issue will **highlight** 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.

Cerebral Stimulants and ADHD Medications

Effective **November 6, 2017**, MassHealth has designated brand name Focalin XR® (dexmethylphenidate ER), brand name Adderall XR® (amphetamine salts ER), and Vyvanse® (lisdexamfetamine), as preferred **Long-acting Cerebral Stimulants.** In addition, although not a preferred drug, brand name Concerta® (methylphenidate ER) will continue to be available without PA within quantity limits. All other long-acting methylphenidate and amphetamine products will require trials with the preferred agents of the same product.

Table 1. Long-acting Cerebral Stimulants (oral, non-solution and transdermal)

Drugs that require PA	No PA
Adderall XR® (amphetamine salts ER)† PD >60 units/month	Adderall XR® # (amphetamine salts ER)PD ≤60 units/month
Adzenys XR-ODT® (amphetamine ER ODT) (QL >30 units/month)	
Aptensio XR® (methylphenidate ER) (QL >30 units/month)	
Concerta® (methylphenidate ER)† >60 units/month	Concerta® # (methylphenidate ER) ≤60 units/month
Cotempla XR-ODT® (methylphenidate ER ODT) (QL >30 units/month)	
Daytrana® (methylphenidate transdermal) (QL >30 units/month)	
Focalin XR® (dexmethylphenidate ER)† PD >60 units/month	Focalin XR®# (dexmethylphenidate ER)PD ≤60 units/month
Metadate CD® (methylphenidate ER)† (QL >60 units/month)	
Mydayis® (amphetamine salts ER) (QL >30 units/month)	
QuilliChew ER® (methylphenidate ER chewable tablet) (QL >60 units/month)	
Ritalin LA® (methylphenidate 10 mg) (QL >60 units/month)	
Ritalin LA® (methylphenidate 20, 30, 40, 60 mg)† (QL >60 units/month)	
Vyvanse® (lisdexamfetamine)PD >60 units/month	Vyvanse® (lisdexamfetamine)PD ≤60 units/month

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 (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.
† A-rated generic available. Brand and A-rated generics require PA at these quantities, if applicable.
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.

Immunomodulators

Immunomodulators include anti-tumor necrosis factor (TNF) agents, a selective co-stimulation modulator, oral Janus kinase (JAK) inhibitors, a phosphodiesterase-4 (PDE-4) inhibitor, an integrin receptor antagonist, and interleukin antagonists. Agents in this class are FDA-approved for a variety of immune-mediated indications including the treatment of Crohn's disease, atopic dermatitis, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis, ulcerative colitis, and others. Due to the high cost of these agents, the availability of less costly alternatives, and the potential for off-label use, MassHealth manages all immunomodulators with a PA requirement.

Effective **November 6, 2017**, MassHealth has designated Enbrel® (etanercept) and Humira® (adalimumab) as preferred anti-TNF agents. All other anti-TNF agents, Cimzia® (certolizumab), Inflectra® (infliximab-dyyb), Remicade® (infliximab), Renflexis® (infliximab-abda), Simponi® (golimumab), and Simponi Aria® (golimumab), will now require a rationale for use over Enbrel® (etanercept) and Humira® (adalimumab), in addition to previous approval criteria.

Table 2. Anti-TNF agents

Drugs that require PA
Cimzia® (certolizumab)
Enbrel® (etanercept) PD
Humira® (adalimumab) PD
Inflectra® (infliximab-dyyb)
Remicade® (infliximab)
Renflexis® (infliximab-abda)
Simponi® (golimumab)
Simponi Aria® (golimumab for infusion)

PD Preferred Drug. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing a nonpreferred drug within a therapeutic class.

Recent MassHealth Drug List Updates

Drug/Drug Class	Addition/Deletion/Change	Rationale
Antipsychotics	Addition: **PA < 6 years and PA > 1 injection/2 months** Aripiprazole lauroxil 1,064 mg injection (Aristada®)	This is a newly approved formulation with a dosing frequency of once every two months. Other strengths of aripiprazole lauroxil require PA < 6 years and PA > 1 injection/1 month. This formulation will have the same age restriction and quantity limits based on the approved dosing frequency.
	Change in PA status: **PA < 6 years and PA > 30 units/month** Aripiprazole tablet (Abilify®)# #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 decrease in cost of aripiprazole tablets, the PA restriction on aripiprazole tablets for members 18 years of age and older was removed.
Cardiovascular Agents	Change in PA status: does not require PA Amlodipine/valsartan (Exforge®)# Amlodipine/benazepril (Lotrel®)# #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, these agents no longer require PA.
	Change in PA status: **requires PA** Ethacrynic acid (Edecrin®) Isosorbide dinitrate 40 mg tablet (Isordil®)	Given the increase in cost for ethacrynic acid (Edecrin®), this agent will require PA. Due to the lack of a generic product for isosorbide dinitrate 40 mg tablet (Isordil®) and the high cost of this agent, the agent will require PA.

Recent MassHealth Drug List Updates

Cardiovascular Agents *(cont.)*	Deletion: no longer on MassHealth Drug List Labetalol (Trandate®)# #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.	This agent has been removed from the MassHealth Drug List because it has been discontinued by the manufacturer.
	Addition: **PA** Spironolactone suspension (Carospir®)	Given the higher cost of the suspension formulation, this agent will require PA.
Cerebral Stimulants and ADHD Medications	Addition: **PA** Amphetamine salts extended-release (Mydayis®)	Given the availability of less costly alternatives including amphetamine salts extended-release (Adderall XR®), this agent will require PA.
	Change in PA status: **requires PA** Methylphenidate extended-release (Aptensio XR®) Methylphenidate transdermal (Daytrana®) Methylphenidate extended-release (Metadate CD®) Methylphenidate extended-release chewable tablet (Quillichew ER®) Methylphenidate extended-release (Ritalin LA®)	Given that brand name amphetamine salts extended-release (Adderall XR®), brand name dexmethylphenidate extended-release (Focalin XR®), and lisdexamfetamine (Vyvanse®) have been designated as preferred products, these long-acting stimulant agents will now require PA.
	Addition: **PA** Methylphenidate extended-release orally disintegrating tablet (Cotempla XR-ODT®)	Given the higher cost of the orally disintegrating formulation, this agent will require PA.
Vaccines	Deletion: no longer on MassHealth Drug List Human papillomavirus bivalent vaccine (Cervarix®) Influenza virus vaccine (Flumist®)	Human papillomavirus bivalent vaccine (Cervarix®) has been removed from the MassHealth Drug List because it has been discontinued by the manufacturer. Influenza virus vaccine (Flumist®) has been removed from the MassHealth Drug List because it is no longer recommended by the Centers for Disease Control and Prevention.
c1 esterase inhibitor, human (Haegarda®)	Addition: **PA**	Given the high cost and the specific indication for this agent, the agent will require PA.
Edaravone (Radicava®)	Addition: **PA**	Given the potential for off-label use and high cost, this agent will require PA.

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Enasidenib (Idhifa®)	Addition: **PA**	Given the high cost and the specific indication for this agent, the agent will require PA.
Guselkumab (Tremfya®)	Addition: **PA**	Given the potential for off-label use and high cost, this agent will require PA.
Neratinib (Nerlynx®)	Addition: **PA**	Given the potential for off-label use and high cost, this agent will require PA.
Thiotepa	Deletion: this agent will be available only in an inpatient hospital setting.	Given that this medication is not generally utilized in the outpatient setting, this agent will be available only in the inpatient hospital setting.

Please send any suggestions or comments to: PrescriberELetter@state.ma.us