



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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December 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 December 30, 2019 and January 1, 2020.

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

New or Revised Therapeutic Tables

Table 44 – Hepatitis Antiviral Agents

Updated and New Prior-Authorization Request Forms

- Hepatitis Antiviral Agents Prior Authorization Request

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 January 1, 2020, the following hepatitis antiviral agents will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.

- Vosevi (sofosbuvir/velpatasvir/voxilaprevir) – **PA**

MassHealth ACPP/MCO Uniform Preferred Drug List

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

Updated and New Pharmacy Initiatives

The Hepatitis C Clinical Document has been removed from the MassHealth Drug List.

Deletions

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

- Daklinza (daclatasvir) – **PA**
 - Technivie (ombitasvir/paritaprevir/ritonavir) – **PA**
 - Viekira XR (dasabuvir/ombitasvir/paritaprevir/ritonavir extended-release) – **PA**
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Abbreviations, Acronyms, and Symbols

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.