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June 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 June 29, 2020.

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

Additions

Effective June 29, 2020, the following newly marketed drugs have been added to the MassHealth Drug List.

- Ayvakit (avapritinib) – **PA**
- Caplyta (lumateperone) – **PA**
- Gvoke (glucagon auto-injection, prefilled syringe) – **PA**
- Jatenzo (testosterone undecanoate capsule) – **PA**
- Nexletol (bempedoic acid) – **PA**
- Palforzia (peanut allergen powder-dnfp) – **PA**
- Procysbi (cysteamine delayed-release granule) – **PA**
- Quzyttir (cetirizine injection) ^ – **PA**
- Recarbrio (imipenem/cilastatin/relebactam) – **PA**
- Reyvow (lasmiditan) – **PA**
- romidepsin - **PA**
- Ruxience (rituximab-pvvr) – **PA**
- Talicia (omeprazole/amoxicillin/rifabutin) – **PA**
- Tazverik (tazemetostat) – **PA**
- Truxima (rituximab-abbs) – **PA**
- Ubrelvy (ubrogepant) – **PA**
- Valtoco (diazepam nasal spray) – **PA > 10 units/month**

New FDA “A”-Rated Generics

Effective June 29, 2020, the following FDA “A”-rated generic drugs have been added to the MassHealth Drug List. The brand name is listed with a # symbol, to indicate that prior authorization is required for the brand.

New FDA “A”-Rated Generic Drug	Generic Equivalent of
albuterol inhaler	Proventil #
micafungin	Mycamine #

Change in Prior-Authorization Status

a. Effective June 29, the following topical antiviral agents will no longer require prior authorization.
    - Xerese (acyclovir/hydrocortisone)
    - Zovirax (acyclovir cream, ointment) [BP]

b. Effective June 29, the following triptan will no longer require prior authorization when used within established quantity limits.
    - Zomig (zolmitriptan tablet) [BP] – **PA > 18 units/month**

c. Effective June 29, the following ophthalmic anti-inflammatory agents will no longer require prior authorization.
   - Acuvail (ketorolac 0.45% ophthalmic solution)
   - Maxidex (dexamethasone ophthalmic suspension)
   - Nevanac (nepafenac 0.1% ophthalmic suspension)

d. Effective June 29, 2020, the following combination H. Pylori medication will no longer require prior authorization.
   - Pylera (bismuth subcitrate/metronidazole/tetracycline)

e. Effective June 29, 2020, the following antiretroviral agent will no longer require prior authorization.
   - Symtuza (darunavir/cobicistat/emtricitabine/tenofovir alafenamide) [PD]

New or Revised Therapeutic Tables

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- Androgen Therapy Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antihistamine Agents Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Benzodiazepines and Other Anti-Anxiety Agents Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request
- Gastrointestinal Agents - Antidiarrheals and Bowel Preparation Agents Prior Authorization Request
- Headache Therapy (Calcitonin Gene-Related Peptide (CGRP) Inhibitors) Prior Authorization Request
- Headache Therapy (Serotonin Receptor Agents) Prior Authorization Request
- Injectable Antibiotic Prior Authorization Request

- Lipid-Lowering Agents Prior Authorization Request
- Ophthalmic Anti-Allergy and Anti-Inflammatory Agents Prior Authorization Request
- Topical Antiviral Prior Authorization Request
- Topical Corticosteroids 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 June 29, 2020, the following agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
   - Kitabis Pak (tobramycin inhalation solution) [BP]

b. Effective June 29, 2020, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
   - Coly-Mycin S (colistin/neomycin/thonzonium/hydrocortisone)

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.

a. Effective June 29, 2020, the following calcitonin gene-related peptide inhibitors will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Ajovy (fremanezumab-vfrm for migraine prophylaxis) [PD] – **PA**
   - Emgality (galcanezumab-gnlm for cluster headache) [PD] – **PA**

b. Effective June 29, 2020, the following antiretroviral agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Prezcobix (darunavir/cobicistat) [PD]
   - Prezista (darunavir) [PD]
   - Symtuza (darunavir/cobicistat/emtricitabine/tenofovir alafenamide) [PD]

c. Effective June 29, 2020, the following long-acting paliperidone agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Invega Trinza (paliperidone extended-release 3-month injection) [PD] – **PA < 6 years and PA > 1 injection/3 months**

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

- Concomitant Opioid and Benzodiazepine Initiative
- 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.
   - acetic acid/aluminum acetate
   - Axert (almotriptan) – **PA**
   - Axiron (testosterone 2% solution) – **PA**
   - Coly-Mycin S (colistin/neomycin/thonzonium/hydrocortisone)
   - Lartruvo (olaratumab) – **PA**
   - Pepcid (famotidine suspension) – **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.
    - Syndros (dronabinol solution) – **PA**

Corrections / Clarifications

a. The following drug has been added to the MassHealth Drug List. It was omitted in error. This change does not reflect any change in MassHealth policy.
    - Glucagen (glucagon vial)

b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
    - Aveed (testosterone undecanoate injection) ^ – **PA**
    - Emgality (galcanezumab-gnlm for migraine prophylaxis) – **PA**
    - Halog (halcinonide cream, ointment, solution) – **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.

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.