



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
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## February 2021 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 February 8, 2021.

Additional information about these agents may be available within the MassHealth Drug List at [www.mass.gov/druglist](http://www.mass.gov/druglist).

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### Additions

- a. Effective February 8, 2021, the following newly marketed drugs have been added to the MassHealth Drug List.
  - Enspryng (satralizumab-mwge) – **PA**
  - Evrysdi (risdiplam) – **PA**
  - Kesimpta (ofatumumab prefilled syringe) – **PA**
  - Ongentys (opicapone) – **PA**
  - Onureg (azacitidine tablet) – **PA**
  - pretomanid – **PA**
  - Twirla (levonorgestrel/ethinyl estradiol patch)
  - Uplizna (inebilizumab-cdon) – **PA**
  - Vaxelis (diphtheria/tetanus/acellular pertussis/poliovirus inactivated/haemophilus B conjugate/hepatitis B vaccine)<sup>1</sup>
  - Vumerity (diroximel fumarate) – **PA**
- b. Effective for the date listed below, the following COVID-19 preventative therapy has been added to the MassHealth Drug List on December 19, 2020.
  - Moderna COVID-19 Vaccine (COVID EUA – December 18, 2020)

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### New FDA “A”-Rated Generics

Effective TBD, 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

estradiol  
ethinyl estradiol/norethindrone/ferrous fumarate

#### Generic Equivalent of

Minivelle #  
Taytulla #

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### Change in Prior-Authorization Status

- a. Effective February 8, 2021, the following inhaled respiratory agents will no longer require prior authorization.
  - Advair (fluticasone/salmeterol inhalation aerosol)
  - Advair (fluticasone/salmeterol inhalation powder)<sup>BP</sup>
  - Dulera (mometasone/formoterol)
  - Symbicort (budesonide/formoterol)<sup>BP</sup>
- b. Effective February 8, 2021, the following inhaled respiratory agent will no longer require prior authorization within the newly established age limit.
  - Pulmicort # (budesonide inhalation suspension) – **PA ≥ 13 years**

- c. Effective February 8, 2021, the following inhaled respiratory agents will no longer require prior authorization for use above quantity limits.
- Incruse (umeclidinium)
  - Seebri (glycopyrrolate inhalation powder)
  - Spiriva (tiotropium)
  - Tudorza (aclidinium)

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## **New or Revised Therapeutic Tables**

- Table 5 – Immunological Agents
- Table 10 – Dermatologic Agents – Acne and Rosacea
- Table 11 – Nonsteroidal Anti-Inflammatory Drugs
- Table 13 – Lipid-Lowering Agents
- Table 14 – Headache Therapy
- Table 18 – Cardiovascular Agents
- Table 20 – Anticonvulsants
- Table 22 – Acromegaly, Carcinoid Syndrome, and Cushing’s Syndrome Agents
- Table 23 – Respiratory Agents – Inhaled
- Table 24 – Antipsychotics
- Table 25 – Corticosteroids – Intranasal
- Table 28 – Antifungal Agents – Topical
- Table 29 – Anti-Allergy and Anti-Inflammatory Agents – Ophthalmic
- Table 32 – Serums, Toxoids, and Vaccines
- Table 35 – Antibiotics and Anti-Infectives – Oral and Inhaled
- Table 36 – Drug and Alcohol Cessation Agents
- Table 38 – Antiretroviral/HIV Therapy
- Table 40 – Respiratory Agents – Oral
- Table 43 – Pulmonary Arterial Hypertension Agents
- Table 44 – Hepatitis Antiviral Agents
- Table 48 – Antiparkinsonian Agents
- Table 49 – Osteoporosis and Bone Metabolism Agents
- Table 52 – Multiple Sclerosis Agents
- Table 54 – Pediculicides and Scabicides
- Table 55 – Androgens
- Table 57 – Oncology Agents
- Table 58 – Anticoagulants and Antiplatelet Agents
- Table 59 – Anesthetics – Topical
- Table 61 – Gastrointestinal Drugs – Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
- Table 64 – Asthma/Allergy Monoclonal Antibodies
- Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents
- Table 71 – Pediatric Behavioral Health
- Table 72 – Agents Not Otherwise Classified
- Table 76 – Neuromuscular Agents – Duchenne Muscular Dystrophy and Spinal Muscular Atrophy

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## **Updated and New Prior-Authorization Request Forms**

- Antipsychotic Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Headache Therapy (Butalbital Combination Agents and Ergot Alkaloids) Prior Authorization Request
- Hepatitis Antiviral Agents Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request

- Intranasal Corticosteroids Prior Authorization Request
- Multiple Sclerosis Agents Prior Authorization Request
- Neuromuscular Agents Prior Authorization Request
- Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Pediculicides and Scabicides Prior Authorization Request
- Topical Anesthetics Prior Authorization Request

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## 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.

- Effective February 8, 2021, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Afinitor Disperz (everolimus tablets for oral suspension) <sup>BP</sup> – **PA**
  - Amitiza (lubiprostone) <sup>BP</sup> – **PA**
  - AndroGel (testosterone 1.62% gel pump) <sup>BP</sup> – **PA**
  - Antara (fenofibrate 30 mg, 90 mg capsule) <sup>BP</sup>
  - Brovana (arformoterol) <sup>BP</sup> – **PA**
  - Bystolic (nebivolol) <sup>BP</sup>
  - Cayston (aztreonam) <sup>BP</sup>
  - Chantix (varenicline) <sup>BP</sup>
  - Daliresp (roflumilast) <sup>BP</sup> – **PA**
  - Durezol (difluprednate) <sup>BP</sup> – **PA**
  - Forteo (teriparatide 600 mcg/2.4 mL) <sup>BP</sup> – **PA**
  - Fycompa (perampanel tablet) <sup>BP</sup> – **PA**
  - Intelence (etravirine) <sup>BP</sup>
  - Jevtana (cabazitaxel) <sup>BP</sup> – **PA**
  - Jublia (efinaconazole) <sup>BP</sup> – **PA**
  - Lyrica CR (pregabalin extended-release) <sup>BP</sup> – **PA**
  - Narcan (naloxone nasal spray) <sup>BP</sup>
  - Neupro (rotigotine transdermal system) <sup>BP</sup> – **PA**
  - Osmoprep (sodium phosphate) <sup>BP</sup>
  - Perforomist (formoterol inhalation solution) <sup>BP</sup> – **PA**
  - Pradaxa (dabigatran etexilate mesylate 110 mg) <sup>BP</sup> – **PA > 70 capsules/365 days**
  - Pradaxa (dabigatran etexilate mesylate 75 mg, 150 mg) <sup>BP</sup> – **PA**
  - Purixan (mercaptapurine oral suspension) <sup>BP</sup> – **PA**
  - Sandostatin LAR (octreotide injectable suspension) <sup>BP</sup>
  - Selzentry (maraviroc tablet) <sup>BP</sup> – **PA**
  - Suprep (sodium sulfate/potassium sulfate/magnesium sulfate) <sup>BP</sup> – **PA**
  - Sutent (sunitinib) <sup>BP</sup> – **PA**
  - Thalomid (thalidomide) <sup>BP</sup>
  - Velphoro (sucroferric oxyhydroxide) <sup>BP</sup>
  - Zomig (zolmitriptan nasal spray) <sup>BP</sup> – **PA**
  - Zytiga (abiraterone 250 mg, 500 mg) <sup>BP</sup> – **PA**
- Effective February 8, 2021, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
  - Flector (diclofenac topical patch) – **PA**
  - Sustiva # (efavirenz)

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## 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.

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## 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 February 8, 2021, the following drug and alcohol cessation agent has been added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Sublocade (buprenorphine extended-release injection)<sup>PD</sup>
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## Updated MassHealth ACP/MCO Unified Pharmacy Product List

The MassHealth ACP/MCO Unified Pharmacy Product List has been updated to reflect recent changes to the MassHealth Drug List.

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## Updated MassHealth Quick Reference Guide

The MassHealth Quick Reference Guide has been updated to reflect recent changes to the MassHealth Drug List.

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## Updated Pharmacy Covered Professional Services List

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### Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
    - Armonair Respiclick (fluticasone propionate inhalation powder) – **PA**
    - Butisol (butabarbital)
    - Copegus # (ribavirin tablet)
    - ribavirin 600 mg – **PA**
    - ribavirin dose pack – **PA**
    - Sinemet CR (carbidopa/levodopa extended-release tablet)
    - Zostavax (herpes zoster vaccine) – **PA < 50 years**
  - 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.
    - Proleukin (aldesleukin)
    - Tazorac (tazarotene cream, gel) – **PA**
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### Corrections / Clarifications

- a. The following drug has been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
  - Tretin-X (tretinoin) – **PA**
- b. The following drugs have been added to the MassHealth Drug List. They were omitted in error. These changes do not reflect any change in MassHealth policy.
  - Aloprim # (allopurinol sodium)
  - nitazoxanide tablet – **PA**
- c. The following listing has been clarified. This change does reflect a change in MassHealth policy.
  - triamcinolone OTC nasal spray – **PA > 1 inhaler/month**
- d. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
  - Androgel (testosterone 1.62% gel packet) – **PA**
  - Antara (fenofibrate 30 mg, 90 mg capsule)

- Arzerra (ofatumumab vial) – **PA**
- fenofibrate 43 mg, 67 mg, 130 mg, 134 mg, 200 mg capsule
- fenofibrate 54 mg, 160 mg tablet
- Fycompa (perampanel suspension) – **PA**
- Lipofen (fenofibrate 50 mg, 150 mg capsule)
- Nipent (pentostatin)
- Razadyne # (galantamine tablet) – **PA > 2 units/day**
- Selzentry (maraviroc solution) – **PA**
- Vidaza # (azacitidine vial)

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## 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.

**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.

<sup>1</sup> 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.