



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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December 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 December 21, 2020 and January 1, 2021.

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

Additions

- a. Effective December 21, 2020, the following newly marketed drugs have been added to the MassHealth Drug List.
 - Airduo Digihaler (fluticasone/salmeterol inhalation powder) – **PA**
 - Armonair Digihaler (fluticasone propionate inhalation powder) – **PA**
 - Breztri (budesonide/glycopyrrolate/formoterol) – **PA**
 - Dojolvi (triheptanoin) – **PA**
 - Durysta (bimatoprost implant) – **PA**
 - Kynmobi (apomorphine film) – **PA**
 - Luxturna (voretigene neparvovec) ^{CO ^} – **PA**
 - Lyumjev (insulin lispro) – **PA**
 - Monjuvi (tafasitamab-cxix) – **PA**
 - Ortikos (budesonide extended-release capsule) – **PA**
 - Rukobia (fostemsavir) ^{PD} – **PA**
 - Tecartus (brexucabtagene autoleucel) ^{CO ^} – **PA**
 - Vyondys 53 (golodirsen) – **PA**
- b. Effective January 1, 2021, the following newly marketed drugs have been added to the MassHealth Drug List.
 - Givlaari (givosiran) ^{PD} – **PA**
- c. Effective for the dates listed below, the following COVID-19 treatment and preventative therapies have been added to the MassHealth Drug List on December 13, 2020.
 - bamlanivimab (COVID EUA – November 10, 2020)
 - casirivimab (COVID EUA – November 21, 2020)
 - imdevimab (COVID EUA – November 21, 2020)
 - Olumiant (baricitinib COVID EUA – November 19, 2020) ^H
 - Pfizer COVID19 Vaccine (COVID EUA – December 11, 2020)
 - Veklury (remdesivir – October 22, 2020) ^H

Change in Prior-Authorization Status

- a. Effective December 21, 2020, the following antiemetic will no longer require prior authorization.
 - Transderm-Scop (scopolamine transdermal patch) ^{BP}
- b. Effective December 21, 2020, the following antiemetic will no longer require prior authorization within newly established quantity limits.
 - granisetron tablet – **PA > 2 tablets/28 days**

- c. Effective December 21, 2020, the following antiemetic will require prior authorization when exceeding newly established quantity limits.
 - Emend (fosaprepitant injection) – **PA > 2 vials/28 days** ^{BP}
- d. Effective December 21, 2020, the following antiemetic will require prior authorization.
 - Cinvanti (aprepitant injectable emulsion) – **PA**
- e. Effective December 21, 2020, the following glaucoma agent will no longer require prior authorization.
 - Lumigan (bimatoprost 0.01% ophthalmic solution)
- f. Effective December 21, 2020, the following Alzheimer's agents will require no longer prior authorization within quantity limits. Pediatric Behavioral Health Medication Initiative criteria will still apply. For additional information, please see the Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist.
 - Aricept # (donepezil 23 mg tablet) – **PA < 6 years and PA > 1 unit/day**
 - Namzaric (memantine/donepezil extended-release) – **PA < 6 years and PA > 1 unit/day**
 - Namenda XR # (memantine extended-release) ^{BP} – **PA < 6 years and PA > 1 unit/day**
- g. Effective December 21, 2020, the following Alzheimer's agent will no longer require prior authorization within quantity limit.
 - Exelon # (rivastigmine patch) – **PA > 1 unit/day**
- h. Effective December 21, 2020, the following Alzheimer's agents will no longer require prior authorization below age limits.
 - Razadyne ER # (galantamine extended-release capsule) – **PA > 1 unit/day**
 - rivastigmine capsule – **PA > 2 units/day**

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Updated and New Prior-Authorization Request Forms

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- Antiemetics Prior Authorization Request
- Anticonvulsant Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents Prior Authorization Request
- Chimeric Antigen Receptor (CAR)-T Immunotherapies Prior Authorization Request
- Diabetes Medical Supplies and Emergency Treatments Prior Authorization Request
- Glaucoma Agents Prior Authorization Request
- Headache Therapy (Calcitonin Gene-Related Peptide (CGRP) Inhibitors) Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Lipid-Lowering Agents Prior Authorization Request
- Luxturna Prior Authorization Request
- Neuromuscular Agents Prior Authorization Request
- Oral Respiratory Agents Prior Authorization Request
- Proton Pump Inhibitor Prior Authorization Request
- Topical Anesthetics 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.

- Effective December 21, 2020, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Banzel (rufinamide) ^{BP} – **PA**
 - Emend (fosaprepitant injection) ^{BP} – **PA > 2 vials/28 days**
 - Tirosint (levothyroxine) ^{BP}
 - Vascepa (icosapent ethyl) ^{BP} – **PA**
- Effective December 21, 2020, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Tarceva (erlotinib) – **PA**

Updated MassHealth COVID-19 Pharmacy Program Emergency Response

The MassHealth COVID-19 Pharmacy Program Emergency Response document has been updated to reflect recent changes to the MassHealth Drug List.

Updated MassHealth Non-Drug Product List

Effective January 1, 2021, the following medical supplies will be added to the MassHealth Non-Drug Product List.

- Dexcom G6 and Freestyle Libre continuous glucose monitors used for the management of diabetes – **PA**

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 December 21, 2020, the following antiretroviral agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Rukobia (fostemsavir) ^{PD} – **PA**
- b) Effective January 1, 2021, the following small interfering RNA agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Givlaari (givosiran) ^{PD} – **PA**
 - Onpattro (patisiran) ^{PD} – **PA**

Updated MassHealth ACP/MCO Uniform Preferred Drug List

The MassHealth ACP/MCO Uniform Preferred Drug List has been updated to reflect recent changes to the MassHealth Drug List.

MassHealth ACP/MCO Unified Pharmacy Product List

In order to provide the most cost effective, sustainable pharmacy benefit, MassHealth has designated MassHealth ACP/MCO Unified Pharmacy Products within certain therapeutic classes that includes both drug and non-drug pharmacy products.

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

- Chimeric Antigen Receptor (CAR)-T Immunotherapies Monitoring Program
- Givlaari Monitoring Program
- Luxturna Monitoring Program
- Onpattro Monitoring Program

Updated MassHealth Acute Hospital Carve-Out Drugs List

The MassHealth Acute Hospital Carve-Out Drugs list has been updated to reflect recent changes to the MassHealth Drug List.

Deletions

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

- Anzemet (dolasetron injection)
- Anzemet (dolasetron tablet) – **PA**
- Emend (aprepitant 125 mg capsule) – **PA > 2 capsules/28 days**
- Namenda (memantine solution) – **PA**
- Surmontil (trimipramine) – **PA < 6 years**
- Tofranil (imipramine hydrochloride) – **PA < 6 years**
- Tofranil-PM (imipramine pamoate) – **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.
 - Tyblume (levonorgestrel/ethinyl estradiol)

- b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- Abilify # (aripiprazole tablet) – **PA < 6 years and PA > 1 unit/day**
 - Aciphex # (rabeprazole delayed-release tablet) – **PA > 1 unit/day**
 - Airduo Respiclick (fluticasone/salmeterol inhalation powder) – **PA**
 - Apokyn (apomorphine injection)
 - aripiprazole solution – **PA < 6 years or ≥ 18 years and PA > 25 mL/day**
 - Armonair Respiclick (fluticasone propionate inhalation powder) – **PA**
 - Dexilant (dexlansoprazole) – **PA > 1 unit/day**
 - Entocort EC # (budesonide delayed-release capsule)
 - Geodon # (ziprasidone capsule) – **PA < 6 years and PA > 2 units/day**
 - Lidoderm # (lidocaine 5% patch) – **PA > 3 patches/day**
 - Nexium # (esomeprazole magnesium capsule) – **PA > 1 unit/day**
 - omeprazole 10 mg – **PA > 1 unit/day**
 - omeprazole 20 mg – **PA > 4 units/day**
 - omeprazole 40 mg – **PA > 2 units/day**
 - Prevacid # (lansoprazole capsule) – **PA > 1 unit/day**
 - Protonix # (pantoprazole tablet) – **PA > 4 units/day**
 - Risperdal # (risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg tablets) – **PA < 6 years and PA > 2 units/day**
 - Risperdal # (risperidone 4 mg tablet) – **PA < 6 years and PA > 4 units/day**
 - Risperdal # (risperidone solution) – **PA < 6 years and PA > 16 mL/day**
 - Risperdal M-Tab # (risperidone 0.5 mg, 1 mg, 3 mg orally disintegrating tablet) – **PA < 6 years and PA > 2 units/day**
 - Risperdal M-Tab # (risperidone 2 mg orally disintegrating tablet) – **PA < 6 years and PA > 8 units/day**
 - Seroquel # (quetiapine) – **PA < 6 years and PA > 3 units/day**
 - Seroquel XR # (quetiapine extended-release 150 mg, 200 mg) – **PA < 6 years and PA > 1 unit/day**
 - Seroquel XR # (quetiapine extended-release 50 mg, 300 mg and 400 mg) – **PA < 6 years and PA > 2 units/day**
 - Zyprexa # (olanzapine 15 mg tablet) – **PA < 6 years and PA > 2 units/day**
 - Zyprexa # (olanzapine 2.5 mg, 5 mg, 7.5 mg, 10 mg, 20 mg tablets) – **PA < 6 years and PA > 1 unit/day**
 - Zyprexa Zydis # (olanzapine 15 mg orally disintegrating tablet) – **PA < 6 years and PA > 2 units/day**
 - Zyprexa Zydis # (olanzapine 5 mg, 10 mg, 20 mg orally disintegrating tablet) – **PA < 6 years and PA > 1 unit/day**

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.

CO Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.

^H This drug is available only in an inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy or physician's office.

^{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.