



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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January 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 January 11, 2021.

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

New or Revised Therapeutic Tables

- Table 5 – Immunological Agents
- Table 21 – Cystic Fibrosis Agents
- Table 38 – Antiretroviral/HIV Therapy

Updated and New Prior-Authorization Request Forms

- Antiretroviral 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 for the dates listed below, the following interleukin antagonist have been added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Stelara (ustekinumab) ^{PD} – **PA** (effective 01/01/2021)
- Effective for the dates listed below, the following Cystic Fibrosis agents have been added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Kalydeco (ivacaftor) ^{PD} – **PA** (effective 01/01/2021)
 - Orkambi (lumacaftor/ivacaftor) ^{PD} – **PA** (effective 01/01/2021)
 - Symdeko (tezacaftor/ivacaftor) ^{PD} – **PA** (effective 01/01/2021)
 - Trikafta (elexacaftor/tezacaftor/ivacaftor) ^{PD} – **PA** (effective 01/01/2021)

MassHealth ACP/MCO Uniform Preferred Drug List

The MassHealth ACP/MCO Uniform Preferred Drug List has been removed from the MassHealth Drug List.

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.

Effective January 11, 2021, the following drug cessation agent will be removed from the MassHealth ACP/MCO Uniform Preferred Drug List.

- Sublocade (buprenorphine extended-release injection)

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.

^{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.