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MassHealth Drug Utilization Review Program
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June 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 June 28, 2021 and July 1, 2021.

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

Additions

a. Effective June 28, 2021, the following newly marketed drugs have been added to the MassHealth Drug List.
- Breyanzi (lisocabtagene maraleucel) [CO] ^ – **PA**
- Eysuvis (loteprednol 0.25% suspension) – **PA**
- fluorescein/benoxinate
- Gemtesa (vibegron) – **PA**
- Herceptin Hylecta (trastuzumab/hyaluronidase-oysk) – **PA**
- Herzuma (trastuzumab-pkrb) – **PA**
- Kanjinti (trastuzumab-anns) – **PA**
- Lupkynis (voclosporin) – **PA**
- Margenza (margetuximab-cmkb) – **PA**
- Mvasi (bevacizumab-awwb) – **PA**
- Mycapssa (octreotide capsule) – **PA**
- Ogivri (trastuzumab-dkst) – **PA**
- Olinvyk (oliceridine) ^ – **PA**
- Ontruzant (trastuzumab-dttb) – **PA**
- Orgovyx (relugolix) – **PA**
- Oxlumo (lumasiran) – **PA**
- Ponvory (ponesimod) – **PA**
- Qelbree (viloxazine) – **PA**
- Tepmetko (tepotinib) – **PA**
- Thyquidity (levothyroxine)
- Trazimera (trastuzumab-qyyp) – **PA**
- Verquvo (vericiguat) – **PA**
- Zirabev (bevacizumab-bvzr) – **PA**

b. Effective for the date listed below, the following COVID-19 treatment therapy has been added to the MassHealth Drug List on June 09, 2021.
- sotrovimab (COVID EUA – May 26, 2021)

c. Effective for the date listed below, the following COVID-19 treatment therapy has been added to the MassHealth Drug List on June 25, 2021.
- Actemra (tocilizumab COVID EUA – June 24, 2021) [H]

Change in Prior-Authorization Status

a. Effective June 28, 2021, the following dermatologic agents will no longer require prior authorization.
- Aldara # (imiquimod 5% cream)

- Condylox Gel (podofilox gel)
- Efudex (fluorouracil 5% cream) [BP]

b. Effective June 28, 2021, the following antipsychotic agents will no longer require prior authorization within updated 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.
   - Abilify # (aripiprazole tablet) – **PA < 6 years and PA > 2 units/day**
   - Seroquel XR # (quetiapine extended-release 150 mg, 200 mg) – **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 > 2 units/day**

c. Effective June 28, 2021, the following antipsychotic agent will no longer require prior authorization when used 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.
   - Risperdal M-Tab # (risperidone 0.25 mg orally disintegrating tablet) – **PA < 6 years and PA > 2 units/day**

d. Effective June 28, 2021, the following antipsychotic agent will require prior authorization when exceeding newly established 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.
   - Risperdal M-Tab # (risperidone 2 mg orally disintegrating tablet) – **PA < 6 years and PA > 2 units/day**

e. Effective June 28, 2021, the following antipsychotic agent will require prior authorization for all ages.
   - Risperdal M-Tab (risperidone 3 mg orally disintegrating tablet) – **PA**

f. Effective June 28, 2021, the following anticonvulsant agent will require prior authorization when exceeding newly established dosing 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.
   - Neurontin # (gabapentin capsule, solution, tablet) – **PA < 6 years and PA > 3600 mg/day**

g. Effective June 28, 2021, the following injectable antibiotic agents will no longer require prior authorization.
   - Cubicin # (daptomycin)
   - daptomycin

h. Effective June 28, 2021, the following glaucoma agent will no longer require prior authorization.
   - Azopt (brinzolamide) [BP]

i. Effective June 28, 2021, the following hereditary angioedema agent will require prior authorization.
   - Kalbitor (ecallantide) ^ – **PA**

j. Effective June 28, 2021, the following oncology agent will require prior authorization.
   - Herceptin (trastuzumab) – **PA**

k. Effective June 28, 2021, the following antiretroviral/HIV agent will no longer require prior authorization.
   - Cabenuva (cabotegravir/rilpivirine) [PD]

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- Pediatric Behavioral Health Medication Initiative Prior Authorization Request
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- Targeted Immunomodulators 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 28, 2021, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
   - Bepreve (bepotastine) BP
   - Combigan (brimonidine/timolol, ophthalmic) BP
   - Prezista (darunavir) BP PD
   - Revlimid (lenalidomide) BP – **PA**
   - Teflaro (ceftaroline) BP – **PA**
   - Thiola (tiopronin) BP
   - Zoladex (goserelin) BP – **PA**

b. Effective June 28, 2021, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
   - Atripla # (efavirenz/emtricitabine/tenofovir)
   - Kaletra # (lopinavir/ritonavir)
   - Purixan (mercaptopurine oral suspension) – **PA**
   - Rapaflo (silodosin) – **PA**
   - Silenor (doxepin tablet) – **PA**
   - Truvada # (emtricitabine/tenofovir disoproxil fumarate)

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

The MassHealth Non-Drug Product List has been updated to reflect recent changes to the MassHealth Drug List.

a. Effective June 28, 2021, the following medical supplies will be added to the MassHealth Non-Drug Product List.
   - Urine protein testing reagent strips

b. Effective July 1, 2021, the following medical supplies will be added to the MassHealth Non-Drug Product List.
   - Omnipod, Omnipod Dash, and V-Go continuous subcutaneous insulin infusion 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 July 1, 2021, the following long-acting paliperidone agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Invega Sustenna (paliperidone extended-release 1-month injection) PD – **PA < 6 years, PA > 2 injections/month within the first 30 days of therapy and PA > 1 injection/month after 30 days of therapy**

b. Effective July 1, 2021, the following antiretroviral/HIV agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Cabenuva (cabotegravir/rilpivirine) PD

Updated MassHealth ACPP/MCO Unified Pharmacy Product List

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

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
- Opioid and Pain Initiative
- Pediatric Behavioral Health Medication Initiative

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

a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
   - Brevicon # (ethinyl estradiol/norethindrone)
   - Coumadin # (warfarin)
   - Cyclessa # (ethinyl estradiol/desogestrel)
   - Doribax # (doripenem)
   - Fazaclo (clozapine orally disintegrating tablet) – **PA**
   - Maxipime # (cefepime)
   - Necon # (ethinyl estradiol/ norethindrone)
   - norgestrel/ethinyl estradiol 0.5/0.05 mg
   - Ortho-Cyclen (ethinyl estradiol/norgestimate)
   - Ortho Tri-Cyclen Lo (ethinyl estradiol/norgestimate)
   - Parnate # (tranylcypromine) – **PA < 6 years**
   - Risperdal M-Tab # (risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg orally disintegrating tablet)
   - Risperdal M-Tab (risperidone 3 mg, 4 mg orally disintegrating tablet) – **PA**
   - Timentin (ticarcillin/clavulanate)
   - Tri-Norinyl # (ethinyl estradiol/norethindrone)

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.
   - Regranex (becaplermin) – **PA**
   - Santyl (collagenase)
   - Subsys (fentanyl sublingual spray) – **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.
   - diphtheria/tetanus toxoids vaccine [1]

b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
   - Adacel (tetanus toxoids/diphtheria/acellular pertussis vaccine) [1]

- Boostrix (tetanus toxoids/diphtheria/acellular pertussis vaccine) [1]
- Depo-Provera # (medroxyprogesterone injection)
- Depo-SubQ Provera 104 (medroxyprogesterone injection)
- Estrostep Fe # (ethinyl estradiol/norethindrone/ferrous fumarate)
- Forteo (teriparatide) [BP] – **PA**
- Generess Fe # (ethinyl estradiol/norethindrone/ferrous fumarate chewable 0.8 mg/25 mcg)
- Heplisav-B (hepatitis B recombinant vaccine, adjuvanted) [1]
- Korlym (mifepristone 300 mg) – **PA**
- levonorgestrel 1.5 mg tablet *
- Namenda (memantine titration pack) – **PA < 6 years and PA > 49 units/28 days**
- Pneumovax (pneumococcal 23-valent polysaccharide vaccine) [1]
- podofilox solution
- Sandostatin # (octreotide injection)
- Tenivac (tetanus toxoid vaccine/diphtheria) [1]
- tranylcypromine – **PA < 6 years**
- teriparatide – **PA**
- Vaxchora (cholera vaccine, live, oral)
- Vaxelis (diphtheria/tetanus/acellular pertussis/poliovirus inactivated/haemophilus B conjugate/hepatitis B vaccine)

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.

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.

1 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.