



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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August 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 August 9, 2021.

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

Additions

Effective August 9, 2021, the following newly marketed drugs have been added to the MassHealth Drug List.

- Abecma (idecabtagene vicleucel) ^{CO ^} – **PA**
- Amondys 45 (casimersen) – **PA**
- Bronchitol (mannitol inhalation powder) – **PA**
- Evkeeza (evinacumab-dgnb) – **PA**
- Exservan (riluzole film) – **PA**
- Fotivda (tivozanib) – **PA**
- Nulibry (fosdenopterin) – **PA**
- Pepaxto (melphalan flufenamide) – **PA**
- Reditrex (methotrexate subcutaneous injection) – **PA**
- ursodiol 200 mg, 400 mg capsule – **PA**
- Vesicare LS (solifenacin suspension) – **PA**
- Zegalogue (dasiglucagon) – **PA**

Change in Prior-Authorization Status

- Effective August 9, 2021, the following antifungal topical agents will no longer require prior authorization.
 - Mentax (butenafine)
- Effective August 9, 2021, the following antifungal topical agents will no longer require prior authorization outside of age limits.
 - nystatin/triamcinolone cream, ointment
- Effective August 9, 2021, the following topical corticosteroid agents will no longer require prior authorization.
 - Capex (fluocinolone shampoo)
 - Clobex # (clobetasol propionate lotion, spray)
 - Halog (halcinonide ointment)
 - Olux # (clobetasol propionate foam)
 - Vanos # (fluocinonide 0.1% cream)
- Effective August 9, 2021, the following topical corticosteroid agent will require prior authorization.
 - amcinonide lotion – **PA**
- Effective August 9, 2021, the following inhaled respiratory agent will require prior authorization.
 - Proventil (albuterol) – **PA**
- Effective August 9, 2021, the following gabapentinoid agents will require prior authorization for concurrent therapy (overlapping pharmacy claims for both agents for at least 60 days within a 90-day period).
 - Lyrica (pregabalin) – **PA**
 - Neurontin # (gabapentin capsule, solution, tablet) – **PA < 6 years and PA > 3600 mg/day**

New or Revised Therapeutic Tables

- Table 5 – Immunological Agents
- Table 7 – Muscle Relaxants - Skeletal
- Table 10 – Dermatologic Agents - Acne and Rosacea
- Table 13 – Lipid-Lowering Agents
- Table 16 – Corticosteroids - Topical
- Table 20 – Anticonvulsants
- Table 21 – Cystic Fibrosis Agents
- Table 23 – Respiratory Agents – Inhaled
- Table 26 – Antidiabetic Agents
- Table 28 – Antifungal Agents - Topical
- Table 30 – Neuromuscular Blocker Agents
- Table 43 – Pulmonary Arterial Hypertension Agents
- Table 44 – Hepatitis Antiviral Agents
- Table 46 – Urinary Dysfunction Agents
- Table 49 – Osteoporosis and Bone Metabolism Agents
- Table 57 – Oncology Agents
- Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
- Table 62 – Anti-Gout Agents
- Table 65 – Enzyme and Metabolic Disorder Therapies
- Table 72 – Agents Not Otherwise Classified
- Table 75 – Chimeric Antigen Receptor (CAR)-T Immunotherapies
- Table 76 – Neuromuscular Agents - Duchenne Muscular Dystrophy and Spinal Muscular Atrophy
- Table 78 – Diabetes Medical Supplies and Emergency Treatments

Updated and New Prior-Authorization Request Forms

- Anticonvulsant Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Chimeric Antigen Receptor (CAR)-T Immunotherapies Prior Authorization Request
- Cystic Fibrosis Agents Prior Authorization Request
- Diabetes Medical Supplies and Emergency Treatments
- Inhaled Respiratory Agents Prior Authorization Request
- Lipid-Lowering Agents Prior Authorization Request
- Neuromuscular Agents Prior Authorization Request
- Osteoporosis Agents and Calcium Regulators Prior Authorization Request
- Pulmonary Arterial Hypertension Prior Authorization Request
- Targeted Immunomodulators 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 August 9, 2021, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Buphenyl (sodium phenylbutyrate powder) ^{BP}
 - Colcrys (colchicine tablet) ^{BP} – **PA**
 - Depakote (divalproex sprinkle capsule) ^{BP} – **PA < 6 years**
 - Soolantra (ivermectin cream) ^{BP} – **PA**

- Taclonex (betamethasone / calcipotriene scalp suspension) ^{BP} – **PA**
 - Targretin (bexarotene) ^{BP}
- b. Effective August 9, 2021, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Differin (adapalene 0.3% gel tube) – **PA**
 - Riomet # (metformin solution) – **PA ≥ 13 years**
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Updated MassHealth COVID-19 Pharmacy Program Emergency Response

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

Updated MassHealth Non-Drug Product List

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

Effective August 9, 2021, the following device will be added to the MassHealth Non-Drug Product List.

- Pulmosal (sodium chloride 7% for inhalation)
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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.

Updated and New Pharmacy Initiatives

- Chimeric Antigen Receptor (CAR)-T Immunotherapies Monitoring Program
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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.
- Adagen (pegademase bovine) – **PA**
 - amcinonide ointment – **PA**
 - Arcapta (indacaterol) – **PA**
 - Dermatop # (prednicarbate cream, ointment)
 - Diprolene # (betamethasone dipropionate, augmented lotion)
 - Diprolene AF # (betamethasone dipropionate, augmented cream)
 - Elocon # (mometasone cream, solution)
 - Elocon # (mometasone ointment)
 - Lotrisone # (clotrimazole/betamethasone cream)
 - Nizoral # (ketoconazole shampoo)
 - Penlac # (ciclopirox 8% nail lacquer)
 - Seebri (glycopyrrolate inhalation powder)
 - Temovate E # (clobetasol propionate/emollient)
 - Ultravate # (halobetasol cream, ointment)
 - Ultravate X (halobetasol/lactic acid) – **PA**
 - Utibron (indacaterol/glycopyrrolate) – **PA**
- 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.

- Panretin (alitretinoin) – **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.
 - Ozobax (baclofen oral solution) – **PA**
 - b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
 - Actigall # (ursodiol 300 mg capsule)
 - amcinonide cream, lotion – **PA**
 - buprenorphine sublingual tablet – **PA**
 - buprenorphine/naloxone sublingual tablet – **PA**
 - Clobex (clobetasol propionate shampoo) – **PA**
 - Differin (adapalene cream, 0.3% gel pump, lotion)^{BP} – **PA**
 - Estrace # (estradiol)
 - Perforomist (formoterol)^{BP} – **PA**
 - Taclonex (betamethasone/calcipotriene ointment) – **PA**
 - Urso # (ursodiol 250 mg tablet)
 - Urso Forte # (ursodiol 500 mg tablet)
 - Vesicare # (solifenacin tablet)
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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.

^ 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.