



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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December 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 December 20, 2021.

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

Additions

- a. Effective December 20, 2021, the following newly marketed drugs have been added to the MassHealth Drug List.
 - Brexafemme (ibrexafungerp) – **PA**
 - Bylvay (odevixibat) – **PA**
 - Dengvaxia (dengue tetravalent vaccine, live)
 - erythromycin stearate tablet
 - Hemady (dexamethasone 20 mg tablet) – **PA**
 - Rezurock (belumosudil) – **PA**
 - Ticovac (tick-borne encephalitis vaccine)
 - Truselq (infigratinib) – **PA**
 - Zynlonta (loncastuximab tesirine-lpyl) – **PA**
- b. Effective for the date listed below, the following COVID-19 preventative therapy has been added to the MassHealth Drug List on November 8, 2021.
 - Comirnaty (COVID-19 Pfizer vaccine COVID EUA – October 29, 2021 for members 5 to 11 years of age)
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Change in Prior-Authorization Status

- a. Effective December 20, 2021, the following oral antibiotic agents will no longer require prior authorization.
 - moxifloxacin tablet
 - Zyvox # (linezolid tablet)
- b. Effective December 20, 2021, the following oral antibiotic agents will require prior authorization.
 - cefpodoxime suspension – **PA**
 - ciprofloxacin 100 mg tablet – **PA**
 - Furadantin (nitrofurantoin) – **PA**
 - Zithromax (azithromycin powder packet) – **PA**
- c. Effective December 20, 2021, the following antiviral agent will no longer require prior authorization.
 - Denavir (penciclovir)
- d. Effective December 20, 2021, the following antidepressant agents will require prior authorization.
 - amitriptyline/chlordiazepoxide – **PA**
 - amitriptyline/perphenazine – **PA**
 - maprotiline – **PA**
 - protriptyline – **PA**
 - trimipramine – **PA**
- e. Effective December 20, 2021, the following corticosteroid agent will require prior authorization.

- prednisolone tablet – **PA**
- f. Effective December 20, 2021, the following immunosuppressant agent will require prior authorization.
 - Sandimmune (cyclosporine solution) – **PA**
- g. Effective December 20, 2021, the following anti-acne and rosacea agent will no longer require prior authorization within the newly established age limit.
 - Altreno (tretinoin 0.05% lotion) – **PA ≥ 22 years**
- h. Effective December 20, 2021, the following insulin agent will require prior authorization.
 - Humulin N (insulin NPH) – **PA**

New or Revised Therapeutic Tables

- Table 5 – Immunological Agents
- Table 10 – Dermatologic Agents - Acne and Rosacea
- Table 13 – Lipid-Lowering Agents
- Table 14 – Headache Therapy
- Table 15 – Hypnotics
- Table 16 – Corticosteroids - Topical
- Table 17 – Antidepressants
- Table 20 – Anticonvulsants
- Table 24 – Antipsychotics
- Table 26 – Antidiabetic Agents
- Table 30 – Neuromuscular Blocker Agents
- Table 32 – Serums, Toxoids, and Vaccines
- Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
- Table 39 – Influenza Prophylaxis and Treatment Agents
- Table 44 – Hepatitis Antiviral Agents
- Table 47 – Antifungal Agents - Oral and Injectable
- Table 50 – Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents
- Table 55 – Androgens
- Table 56 – Alzheimer’s Agents
- Table 57 – Oncology Agents
- Table 58 – Anticoagulants and Antiplatelet Agents
- Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
- Table 62 – Gout Agents
- Table 65 – Enzyme Replacement and Substrate Reduction Therapies
- Table 66 – Antibiotics and Anti-Infectives - Injectable
- Table 67 – Antiviral Agents
- Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents
- Table 70 – Progesterone Agents
- Table 71 – Pediatric Behavioral Health
- Table 72 – Agents Not Otherwise Classified
- Table 74 – Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors

Updated and New Prior-Authorization Request Forms

- Anticoagulant and Antiplatelet Prior Authorization Request
- Anticonvulsant Prior Authorization Request
- Antidepressant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Benzodiazepines and Other Anti-Anxiety Agents Prior Authorization Request

- Headache Therapy (Calcitonin Gene-Related Peptide (CGRP) Inhibitors) Prior Authorization Request
- Hypnotic Agents Prior Authorization Request
- Lipid-Lowering Agents Prior Authorization Request
- Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents Prior Authorization Request
- Neuromuscular Agents Prior Authorization Request
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Oral/Injectable Antifungal Agents Prior Authorization Request
- Progesterone Agents Prior Authorization Request
- Prostate Cancer Agents Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request
- Topical Antiviral 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 20, 2021, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Acthar (corticotropin) ^{BP} – **PA**
 - Ancobon (flucytosine) ^{BP}
 - Carbaglu (carglumic acid) ^{BP} – **PA**
 - Epiduo Forte (adapalene 0.3%/benzoyl peroxide 2.5%) ^{BP} – **PA**
 - Hepsera (adefovir) ^{BP} – **PA >1 unit/day**
 - Letairis (ambrisentan) ^{BP} – **PA**
 - Pristiq (desvenlafaxine succinate extended-release) ^{BP} – **PA < 6 years and PA > 1 unit/day**
 - Revatio (sildenafil 20 mg tablet) ^{BP} – **PA**
 - Revatio (sildenafil oral suspension) ^{BP} – **PA**
- Effective December 20, 2021, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Colcrys # (colchicine tablet)
 - Depo-Testosterone (testosterone cypionate) – **PA**
 - Humalog (insulin lispro 75/25)
 - Humalog (insulin lispro)
 - Namenda XR # (memantine extended-release) – **PA < 6 years and PA > 1 unit/day**
 - Novolog (insulin aspart 70/30)
 - Novolog (insulin aspart)
 - Prometrium # (progesterone capsule)

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 Supplemental Rebate/Preferred Drug List

The MassHealth Supplemental Rebate/Preferred Drug List has been updated to reflect recent changes to 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.

Updated MassHealth Quick Reference Guide

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

Updated Pharmacy Initiatives

- Givlaari Monitoring Program
 - Onpattro Monitoring Program
 - Zolgensma Monitoring Program
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Deletions

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

- A-Hydrocort (hydrocortisone injection)
 - Actigall # (ursodiol 300 mg capsule)
 - Aristospan (triamcinolone injection)
 - Avelox # (moxifloxacin tablet)
 - Biaxin # (clarithromycin)
 - cephalexin 333 mg capsule – **PA**
 - Cipro XR (ciprofloxacin extended-release) – **PA**
 - Cleocin T (clindamycin pledgets) – **PA**
 - cortisone
 - Famvir # (famciclovir)
 - Khedezla (desvenlafaxine extended-release) – **PA**
 - Levaquin # (levofloxacin)
 - PCE (erythromycin delayed-release tablet)
 - Pravachol # (pravastatin 80 mg) – **PA > 1 unit/day**
 - Prozac Weekly (fluoxetine 90 mg delayed-release capsule) – **PA**
 - Sarafem # (fluoxetine 10 mg, 20 mg tablet for premenstrual dysphoric disorder) – **PA < 6 years**
 - Triglide (fenofibrate 160 mg tablet)
 - Wellbutrin # (bupropion hydrochloride) – **PA < 6 years**
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Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
 - artesunate – **PA**
 - Mifeprex (mifepristone 200 mg) ^
 - Winlevi (clascoterone) – **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.
 - doxycycline hyclate 50 mg tablet – **PA**
 - progesterone powder
- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
 - cefpodoxime tablet
 - cholestyramine/aspartame
 - cholestyramine/sucrose
 - Cipro # (ciprofloxacin injection, suspension, 250 mg, 500 mg, 750 mg tablet)
 - Epiduo (adapalene 0.1%/benzoyl peroxide 2.5%) – **PA**
 - imipramine hydrochloride – **PA < 6 years**

- Sandimmune (cyclosporine solution) – **PA**
 - Sandimmune # (cyclosporine capsule, injection)
 - Solu-Cortef (hydrocortisone injection)
 - triamcinolone paste
 - Valcyte # (valganciclovir)
 - Zithromax # (azithromycin injection, suspension, tablet)
 - Zyvox (linezolid suspension) – PA
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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.