



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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May 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 May 10, 2021.

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

Additions

Effective May 10, 2021, the following newly marketed drugs have been added to the MassHealth Drug List.

- Bafiertam (monomethyl fumarate) – **PA**
- Byfavo (remimazolam) ^ – **PA**
- Cabenuva (cabotegravir/rilpivirine) – **PA**
- Danyelza (naxitamab-ggqk) – **PA**
- Imcivree (setmelanotide) – **PA**
- Orladeyo (berotralstat) – **PA**
- Phexxi (lactic acid/citric acid/potassium bitartrate vaginal gel)
- Riabni (rituximab-arrx) – **PA**
- Vocabria (cabotegravir) – **PA**
- Zokinvy (lonafarnib) – **PA**

Change in Prior-Authorization Status

- Effective May 10, 2021, the following anticonvulsants will no longer require prior authorization for adult members. 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.
 - Equetro (carbamazepine extended-release) – **PA < 6 years**
 - Qudexy XR # (topiramate extended-release capsule) – **PA < 6 years**
- Effective May 10, 2021, the following anticonvulsant will no longer require prior authorization. Pediatric Behavioral Health Medication Initiative polypharmacy criteria will still apply. For additional information, please see the Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist.
 - Onfi # (clobazam suspension, tablet)
- Effective May 10, 2021, the following antimalarials will no longer require prior authorization.
 - chloroquine phosphate
 - hydroxychloroquine

New or Revised Therapeutic Tables

- Table 5 – Immunological Agents
- Table 8 – Opioids and Analgesics
- Table 18 – Cardiovascular Agents
- Table 20 – Anticonvulsants
- Table 26 – Antidiabetic Agents
- Table 27 – Antiemetics, Appetite Stimulants, and Anabolics
- Table 28 – Antifungal Agents - Topical

Table 29 – Anti-Allergy and Anti-Inflammatory Agents - Ophthalmic
Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
Table 38 – Antiretroviral/HIV Therapy
Table 43 – Pulmonary Arterial Hypertension Agents
Table 47 – Antifungal Agents - Oral and Injectable
Table 49 – Osteoporosis and Bone Metabolism Agents
Table 50 – Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents
Table 51 – Antiglaucoma Agents - Ophthalmic
Table 52 – Multiple Sclerosis Agents
Table 57 – Oncology Agents
Table 58 – Anticoagulants and Antiplatelet Agents
Table 60 – Hereditary Angioedema Agents
Table 63 – Dermatologic Agents - Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents
Table 65 – Enzyme Replacement and Substrate Reduction Therapies
Table 67 – Antiviral Agents
Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents
Table 71 – Pediatric Behavioral Health
Table 72 – Agents Not Otherwise Classified
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
- Antiretroviral Agents Prior Authorization Request
- Benzodiazepines and Other Anti-Anxiety Agents Prior Authorization Request
- Dermatological Agents (Topical Chemotherapy and Genital Wart Therapy) Prior Authorization Request
- Diabetes Medical Supplies and Emergency Treatments
- Glaucoma Agents Prior Authorization Request
- Hereditary Angioedema Agents Prior Authorization Request
- Imcivree Prior Authorization Request
- Multiple Sclerosis Agents Prior Authorization Request
- Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents Prior Authorization Request
- Ophthalmic Anti-Allergy and Anti-Inflammatory Agents 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 May 10, 2021, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Azopt (brinzolamide) ^{BP} – **PA**
 - Carac (fluorouracil 0.5% cream) ^{BP} – **PA**
 - Diastat (diazepam rectal gel) ^{BP} – **PA > 5 kits (10 syringes)/month**
 - Firvanq (vancomycin oral solution) ^{BP}
 - Timoptic Ocudose (timolol ophthalmic unit dose solution) ^{BP} – **PA**
- b. Effective May 10, 2021, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Emend (fosaprepitant injection) – **PA > 2 vials/28 days**
 - Kuvan (sapropterin) – **PA**

- Revatio (sildenafil oral suspension) – **PA**
 - Sensipar # (cinacalcet)
 - Zovirax # (acyclovir ointment)
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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 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

- Opioid and Pain Initiative
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Deletions

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

- Enablex (darifenacin) – **PA**
 - Patanol (olopatadine 0.1% eye drops) – **PA**
 - Pazeo (olopatadine 0.7% eye drops) – **PA**
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Corrections / Clarifications

- a. 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.
 - ciclopirox powder – **PA**
 - clindamycin powder – **PA**
 - griseofulvin powder – **PA**
 - itraconazole powder – **PA**
 - sirolimus powder – **PA**
 - terbinafine powder – **PA**
 - b. The following listing has been clarified. This change does reflect a change in MassHealth policy.
 - phenazopyridine
 - c. The following listing has been clarified. This change does not reflect any change in MassHealth policy.
 - bamlanivimab, administered with etesevimab (COVID EUA – February 9, 2021)
 - casirivimab, administered with imdevimab (COVID EUA – November 21, 2020)
 - etesevimab, administered with bamlanivimab (COVID EUA – February 9, 2021)
 - imdevimab, administered with casirivimab (COVID EUA – November 21, 2020)
 - Zovirax (acyclovir cream) ^{BP}
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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.