



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
P.O. Box 2586, Worcester, MA 01613-2586
Fax: (877) 208-7428 Phone: (800) 745-7318

September 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 September 20, 2021.

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

Additions

Effective September 20, 2021, the following newly marketed drugs have been added to the MassHealth Drug List.

- Accrufer (ferric maltol) – **PA**
- Comirnaty (COVID-19 Pfizer vaccine for members ≥ 16 years of age)
- Comirnaty (COVID-19 Pfizer vaccine COVID EUA – May 10, 2021 for members 12 to 15 years of age)
- Comirnaty (Pfizer COVID-19 vaccine for members ≥ 16 years of age)
- Comirnaty (Pfizer COVID-19 vaccine COVID EUA – May 10, 2021 for members 12 to 15 years of age)
- Cosela (trilaciclib) – **PA**
- Empaveli (pegcetacoplan) – **PA**
- Impeklo (clobetasol propionate lotion) – **PA**
- Jemperli (dostarlimab-gxly) – **PA**
- Myfembree (relugolix/estradiol/norethindrone) – **PA**
- Oriahnn (elagolix/estradiol/norethindrone) – **PA**
- Prevnar 20 (pneumococcal 20-valent conjugate vaccine)
- Zynrelef (bupivacaine/meloxicam) ^

New FDA “A”-Rated Generics

Effective September 20, 2021, the following FDA “A”-rated generic drugs have been added to the MassHealth Drug List. The brand name is listed with a # symbol, to indicate that prior authorization is required for the brand.

New FDA “A”-Rated Generic Drug

ibuprofen/famotidine – **PA < 60 years**

Generic Equivalent of

Duexis #

Change in Prior-Authorization Status

- Effective September 20, 2021, the following gout agent will no longer require prior authorization.
 - Colcrys (colchicine tablet) ^{BP}
- Effective September 20, 2021, the following ophthalmic anti-allergy and anti-inflammatory agents will no longer require prior authorization.
 - Alrex (loteprednol 0.2%)
 - Lotemax (loteprednol 0.5% gel, ointment) ^{BP}
 - olopatadine 0.1% eye drops
 - olopatadine 0.2% eye drops
- Effective September 20, 2021, the following topical dermatologic agent will no longer require prior authorization.

- Solaraze # (diclofenac 3% gel)
- d. Effective September 20, 2021, the following serotonin and norepinephrine reuptake inhibitor will no longer require prior authorization.
 - Savella (milnacipran)
- e. Effective September 20, 2021, the following antiretroviral agent will no longer require prior authorization.
 - Vocabria (cabotegravir)
- f. Effective September 20, 2021, the following antiparasitic agent will require prior authorization when exceeding newly established quantity limits.
 - Stromectol # (ivermectin tablet) – **PA > 20 units/90 days**

New or Revised Therapeutic Tables

- Table 2 – Hormones - Gonadotropin-Releasing Hormone Analogs
- Table 5 – Immunological Agents
- Table 8 – Opioids and Analgesics
- Table 10 – Dermatologic Agents - Acne and Rosacea
- Table 11 – Nonsteroidal Anti-Inflammatory Drugs
- Table 16 – Corticosteroids - Topical
- Table 18 – Cardiovascular Agents
- Table 24 – Antipsychotics
- Table 29 – Anti-Allergy and Anti-Inflammatory Agents - Ophthalmic
- Table 32 – Serums, Toxoids, and Vaccines
- Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
- Table 37 – Palivizumab (Synagis)
- Table 38 – Antiretroviral/HIV Therapy
- Table 41 – Antibiotics - Topical
- Table 46 – Urinary Dysfunction Agents
- Table 52 – Multiple Sclerosis Agents
- Table 57 – Oncology Agents
- Table 58 – Anticoagulants and Antiplatelet Agents
- Table 62 – Gout Agents
- Table 63 – Dermatologic Agents - Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents
- Table 71 – Pediatric Behavioral Health
- Table 72 – Agents Not Otherwise Classified
- Table 73 – Iron Agents and Chelators
- Table 75 – Chimeric Antigen Receptor (CAR)-T Immunotherapies
- Table 78 – Diabetes Medical Supplies and Emergency Treatments

Updated and New Prior-Authorization Request Forms

- Anticoagulant and Antiplatelet Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Dermatological Agents (Topical Chemotherapy and Genital Wart Therapy) Prior Authorization Request
- Diabetes Medical Supplies and Emergency Treatments
- Gonadotropin-Releasing Hormone Prior Authorization Request
- Gout Agents Prior Authorization Request
- Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request
- Ophthalmic Anti-Allergy and Anti-Inflammatory Agents Prior Authorization Request
- Opioids/Acetaminophen Analgesic Prior Authorization Request

Summary Update (Rev. 09/21)

- Topical Corticosteroids Prior Authorization Request

Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective September 20, 2021, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Belbuca (buprenorphine buccal film)^{BP} – **PA**
 - Duetact (glimepiride/pioglitazone)^{BP} – **PA**
 - Dulera (mometasone/formoterol)^{BP}
 - Flovent (fluticasone propionate inhalation aerosol)^{BP}
 - Glumetza (metformin extended-release)^{BP} – **PA**
 - Invega (paliperidone tablet)^{BP} – **PA**
 - Kazano (alogliptin/metformin)^{BP} – **PA**
 - Mitigare (colchicine capsule)^{BP} – **PA**
 - Nesina (alogliptin)^{BP} – **PA**
 - Oseni (alogliptin/pioglitazone)^{BP} – **PA**
 - Viiibryd (vilazodone)^{BP} – **PA**
 - Zioptan (tafluprost)^{BP} – **PA**
- b. Effective September 20, 2021, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Fycompa (perampanel tablet) – **PA**
 - Osmoprep (sodium phosphate)
 - Velphoro (sucroferric oxyhydroxide)

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

Updated Pharmacy Covered Professional Services List

The MassHealth Pharmacy Covered Professional Services 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.
 - Arymo ER (morphine extended-release tablet) – **PA**
 - Bactroban (mupirocin cream) – **PA**
 - Bactroban (mupirocin nasal ointment) – **PA**
 - Embeda (morphine/naltrexone) – **PA**
 - Megace ES (megestrol 625 mg/5 mL suspension) – **PA**
 - rifampin/isoniazid
 - Rifater (rifampin/isoniazid/pyrazinamide)

Summary Update (Rev. 09/21)

- Seromycin (cycloserine)
 - Theracys (BCG live, intravesical)
 - Tindamax (tinidazole) – **PA**
- b. The following drug has 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.
- Lazanda (fentanyl nasal spray) – **PA**
-

Corrections / Clarifications

- a. The following drug has been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
- Xepi (ozenoxacin) – **PA**
- b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- diclofenac ophthalmic solution
 - Flovent (fluticasone propionate inhalation powder)
 - Fycompa (perampanel) – **PA**
 - Lotemax (loteprednol 0.5%) ^{BP}
 - olopatadine ophthalmic solution
 - Sotradecol (tetradecyl sulfate injection) [^] – **PA**
-

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.