



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
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## February 2022 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 February 7, 2022.

Additional information about these agents may be available within the MassHealth Drug List at [www.mass.gov/druglist](http://www.mass.gov/druglist).

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### Additions

- a. Effective February 7, 2022, the following newly marketed drugs have been added to the MassHealth Drug List.
  - Aduhelm (aducanumab-avwa) – **PA**
  - Exkivity (mobocertinib) – **PA**
  - Gimoti (metoclopramide nasal spray) – **PA**
  - Invega Hafyera (paliperidone extended-release 6-month injection) – **PA < 6 years and PA > 1 injection/6 months**
  - Kerendia (finerenone) – **PA**
  - Loreev XR (lorazepam extended-release) – **PA**
  - Lybalvi (olanzapine/samidorphan) – **PA**
  - Nexviazyme (avalglucosidase alfa-ngpt) – **PA**
  - Opzelura (ruxolitinib cream) – **PA**
  - Saphnelo (anifrolumab-fnia) – **PA**
  - sertraline capsule – **PA**
- b. Effective for the date listed below, the following COVID-19 preventative therapy has been added to the MassHealth Drug List on January 3, 2022.
  - Evusheld (tixagevimab/cilgavimab COVID EUA – December 8, 2021)
- c. Effective for the dates listed below, the following COVID-19 treatments have been added to the MassHealth Drug List on January 13, 2022.
  - molnupiravir (COVID EUA – December 23, 2021)
  - Paxlovid (nirmatrelvir/ritonavir COVID EUA – December 22, 2021)
- d. Effective for the date listed below, the following COVID-19 preventative therapy has been added to the MassHealth Drug List on February 7, 2022.
  - Spikevax (Moderna COVID-19 vaccine ≥ 18 years of age)
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### Change in Prior-Authorization Status

- a. Effective February 7, 2022, the following oral antifungal agents will no longer require prior authorization.
  - Noxafil (posaconazole tablet) <sup>BP</sup>
  - Vfend # (voriconazole 200 mg tablet)
- b. Effective February 7, 2022, the following androgen agent will require prior authorization.
  - methyltestosterone – **PA**
- c. Effective February 7, 2022, the following anticonvulsants will no longer require prior authorization for Pediatric Behavioral Health Medication Initiative restrictions. For additional information, please see the

Pediatric Behavioral Health Medication Initiative documents found at [www.mass.gov/druglist](http://www.mass.gov/druglist). Individual drug PA criteria will still apply, where applicable.

- Banzel (rufinamide) <sup>BP</sup> – **PA**
  - Briviact (brivaracetam solution, tablet) – **PA**
  - Celontin (methsuximide)
  - Diacomit (stiripentol) – **PA**
  - Dilantin-125 # (phenytoin suspension)
  - Dilantin # (phenytoin extended 30 mg and 100 mg capsule)
  - Dilantin Infatab # (phenytoin chewable tablet)
  - Epidiolex (cannabidiol) – **PA**
  - Felbatol # (felbamate)
  - Fintepla (fenfluramine) – **PA**
  - Fycompa (perampanel) – **PA**
  - Gabitril (tiagabine) – **PA**
  - Keppra # (levetiracetam injection, solution, tablet)
  - Keppra XR # (levetiracetam extended-release)
  - Mysoline # (primidone)
  - Onfi # (clobazam suspension, tablet)
  - phenytoin extended 200 mg and 300 mg capsule
  - Sabril (vigabatrin) <sup>BP</sup> – **PA**
  - Spritam (levetiracetam tablet for oral suspension) – **PA**
  - Sympazan (clobazam film) – **PA**
  - Vimpat (lacosamide solution, tablet) – **PA**
  - Xcopri (cenobamate) – **PA**
  - Zarontin # (ethosuximide)
  - zonisamide
- d. Effective February 7, 2022, the following proton pump inhibitor agents will no longer require prior authorization.
- Dexilant (dexlansoprazole) <sup>BP</sup>
  - Nexium (esomeprazole magnesium 10 mg, 20 mg, 40 mg suspension) <sup>BP</sup>
  - Zegerid (omeprazole/sodium bicarbonate capsule) <sup>BP</sup>
- e. Effective February 7, 2022, the following histamine H2 antagonist agents will no longer require prior authorization within the newly established quantity limit.
- nizatidine 150 mg capsule – **PA > 2 units/day**
  - nizatidine 300 mg capsule – **PA > 1 unit/day**
- f. Effective February 7, 2022, the following anti-anxiety agents will require prior authorization.
- oxazepam – **PA**
  - Tranxene (clorazepate) – **PA**
- g. Effective February 7, 2022, the following benign prostatic hyperplasia agent will no longer require prior authorization.
- Cardura XL (doxazosin extended-release)
- h. Effective February 7, 2022, the following insulin agents will require prior authorization.
- Humalog (insulin lispro 100 units/mL prefilled syringe, vial) – **PA**
  - Humalog (insulin lispro 75/25 prefilled syringe) – **PA**
  - Novolog (insulin aspart) – **PA**
  - Novolog (insulin aspart 70/30) – **PA**
- i. Effective February 7, 2022, the following antiviral agent will require prior authorization and will no longer be restricted to the health care professional who administers the drug.

- Veklury (remdesivir) – PA

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## **New or Revised Therapeutic Tables**

- Table 1 – Immune Globulins
- Table 2 – Hormones - Gonadotropin-Releasing Hormone Analogs
- Table 3 – Gastrointestinal Drugs - Histamine H2 Antagonists, Proton Pump Inhibitors, and Miscellaneous Gastroesophageal Reflux Agents
- Table 8 – Opioids and Analgesics
- Table 12 – Antihistamines
- Table 14 – Headache Therapy
- Table 15 – Hypnotics
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- Table 19 – Benign Prostatic Hyperplasia (BPH) Agents
- Table 20 – Anticonvulsants
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- Table 27 – Antiemetics, Appetite Stimulants, and Anabolics
- Table 31 – Cerebral Stimulants and Miscellaneous Agents
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- Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
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- Table 43 – Pulmonary Arterial Hypertension Agents
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- Table 48 – Antiparkinsonian Agents
- Table 50 – Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents
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- Table 59 – Anesthetics - Topical
- Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
- Table 63 – Dermatologic Agents - Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents
- Table 64 – Asthma/Allergy Monoclonal Antibodies
- Table 65 – Enzyme Replacement and Substrate Reduction Therapies
- 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

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## **Updated and New Prior-Authorization Request Forms**

- Aduhelm Prior Authorization Request
- Androgen Therapy Prior Authorization Request
- Anticonvulsant Prior Authorization Request
- Antidepressant Prior Authorization Request
- Antiemetics Prior Authorization Request
- Antihistamine Agents Prior Authorization Request

- Antipsychotic Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Benign Prostatic Hyperplasia (BPH) Agents Prior Authorization Request
- Benzodiazepines and Other Anti-Anxiety Agents Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request
- Gastrointestinal Agents - Antidiarrheals and Bowel Preparation Agents Prior Authorization Request
- Gonadotropin-Releasing Hormone Prior Authorization Request
- Headache Therapy (Butalbital Combination Agents and Ergot Alkaloids) Prior Authorization Request
- Headache Therapy (Calcitonin Gene-Related Peptide (CGRP) Inhibitors) Prior Authorization Request
- Hepatitis Antiviral Agents Prior Authorization Request
- Immune Globulin Prior Authorization Request
- Opioid Dependence and Reversal Agents Prior Authorization Request
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Oral/Injectable Antifungal Agents Prior Authorization Request
- Pediatric Behavioral Health Medication Initiative Prior Authorization Request
- Proton Pump Inhibitor Prior Authorization Request
- Pulmonary Arterial Hypertension Prior Authorization Request

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### 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 February 7, 2022, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Abraxane (paclitaxel injectable suspension) <sup>BP</sup>
  - Cambia (diclofenac powder for solution) <sup>BP</sup> – **PA**
  - Canasa (mesalamine suppository) <sup>BP</sup>
  - Delzicol DR (mesalamine capsule) <sup>BP</sup>
  - Eurax (crotamiton lotion) <sup>BP</sup> – **PA**
  - Evamist (estradiol) <sup>BP</sup>
  - Frova (frovatriptan) <sup>BP</sup> – **PA**
  - Gelnique (oxybutynin gel) <sup>BP</sup>
  - Imitrex (sumatriptan 5 mg, 20 mg nasal spray) <sup>BP</sup> – **PA**
  - Kombiglyze XR (saxagliptin/metformin extended-release) <sup>BP</sup>
  - Lidoderm (lidocaine 5% patch) <sup>BP</sup> – **PA > 3 patches/day**
  - Myrbetriq (mirabegron extended-release) <sup>BP</sup>
  - Nexium (esomeprazole magnesium 10 mg, 20 mg, 40 mg suspension) <sup>BP</sup>
  - Onglyza (saxagliptin) <sup>BP</sup>
  - Prolensa (bromfenac 0.07%) <sup>BP</sup>
  - Spiriva Handihaler (tiotropium inhalation powder) <sup>BP</sup>
  - Trokendi XR (topiramate extended-release capsule) <sup>BP</sup> – **PA**
  - Uceris (budesonide extended-release tablet) <sup>BP</sup> – **PA**
  - Xyrem (sodium oxybate) <sup>BP</sup> – **PA**
  - Zegerid (omeprazole/sodium bicarbonate capsule) <sup>BP</sup>
- Effective February 7, 2022, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
  - Acthar (corticotropin) – **PA**
  - Daliresp (roflumilast) – **PA**
  - Gilenya (fingolimod) – **PA**

- Letairis (ambrisentan) – **PA**
  - Zioptan (tafluprost) – **PA**
  - Zoladex (goserelin) – **PA**
  - Zomig (zolmitriptan nasal spray) – **PA**
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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.

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### **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 December 16, 2021, the following product was added to the MassHealth Non-Drug Product List.
    - Pediatric Enteral Special Formula – **PA**
    - Thickening Agents – **PA**
  - Effective December 31, 2021, the following products were added to the MassHealth Non-Drug Product List
    - Binaxnow (COVID-19 antigen self-test) – **PA > 2 tests/week**
    - Flowflex (COVID-19 antigen self-test) – **PA > 2 tests/week**
    - Quickvue (COVID-19 antigen self-test) – **PA > 2 tests/week**
  - Effective January 14, 2022, the quantity limits of following products were updated on the MassHealth Non-Drug Product List
    - Binaxnow (COVID-19 antigen self-test) – **PA > 8 tests/28 days**
    - Flowflex (COVID-19 antigen self-test) – **PA > 8 tests/28 days**
    - Ihealth (COVID-19 antigen self-test) – **PA > 8 tests/28 days**
    - Inteliswab (COVID-19 antigen self-test) – **PA > 8 tests/28 days**
    - Quickvue (COVID-19 antigen self-test) – **PA > 8 tests/28 days**
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### **Updated MassHealth Over-the-Counter Drug List**

Effective February 7, 2022, the following drug will be added to the MassHealth Over-the-Counter Drug List.

- fexofenadine/pseudoephedrine \*
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### **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.

- Effective February 7, 2022, the following cerebral stimulant agents will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
    - Adderall XR (amphetamine salts extended-release) – **PA < 3 years and PA > 2 units/day**
    - Vyvanse (lisdexamfetamine) – **PA < 3 years and PA > 2 units/day**
  - Effective February 7, 2022 the following calcitonin gene-related peptide inhibitor will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
    - Emgality (galcanezumab-gnlm)<sup>BP</sup> – **PA**
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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.

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### **Updated MassHealth Quick Reference Guide**

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

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### **Updated and New Pharmacy Initiatives**

The Givlaari Monitoring Program, Onpattro Monitoring Program, and Zolgensma Monitoring Program Initiatives have been removed from the MassHealth Drug List.

- Concomitant Opioid and Benzodiazepine Initiative
- Opioid and Pain Initiative
- Pediatric Behavioral Health Medication Initiative

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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.

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## Certain MassHealth Outpatient Physician Administered Drugs to be Paid by Fee Schedule

This List identifies the current list of “Fee Schedule Drugs” and hospital reimbursement for outpatient administration of certain physician administered drugs. The List of “Fee Scheduled Drugs” may be updated from time-to-time.

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## MassHealth Drug List 90-day Supply Page

Link to a list that describes the types of drugs that are allowed or required to be dispensed in a 90-day supply.

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## Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
  - Astepro (azelastine 0.15% nasal spray) – **PA**
  - Calan # (verapamil tablet)
  - Catapres # (clonidine tablet) – **PA < 3 years**
  - Clarinex (desloratadine syrup)
  - Demadex # (torsemide)
  - Grifulvin V # (griseofulvin 500 mg tablet)
  - Gris-Peg # (griseofulvin 125 mg, 250 mg tablet)
  - Lamisil # (terbinafine tablet)
  - Mustargen (mechlorethamine injection)
  - Onmel (itraconazole 200 mg tablet) – **PA**
  - Peganone (ethotoin)
  - ranitidine capsules – **PA**
  - Semprex-D (acrivastine/pseudoephedrine) – **PA**
  - Tarka (trandolapril/verapamil) – **PA**
  - Uroxatral # (alfuzosin extended-release)
  - Vumon (teniposide)
- 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.
  - ergotamine – **PA**
  - esomeprazole strontium – **PA**
  - Imogam Rabies-HT (rabies immune globulin IM, human)
  - Oravig (miconazole buccal tablet) – **PA**
  - Prialt (ziconotide) – **PA**
  - Quzyttir (cetirizine injection) ^ – **PA**
  - Varubi (rolapitant tablet) – **PA > 2 tablets/28 days**
  - Zoladex (goserelin) – **PA**

## Corrections / Clarifications

- a. The following drug has been added to the MassHealth Drug List. This change does not reflect any change in MassHealth policy.
  - Scenesse (afamelanotide) <sup>^</sup> – **PA**
- b. 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.
  - Idamycin PFS # (idarubicin)
- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
  - Clarinex # (desloratadine tablet)
  - clemastine tablet
  - Emgality (galcanezumab-gnlm) <sup>BP</sup> – **PA**
  - Furadantin (nitrofurantoin suspension) – **PA**
  - griseofulvin suspension, tablet
  - Gvoke (glucagon auto-injection, prefilled syringe, vial) – **PA**
  - Humalog (insulin lispro 100 units/mL cartridge)
  - Humalog (insulin lispro 200 units/mL)
  - Humalog (insulin lispro 75/25 vial)
  - insulin aspart
  - insulin aspart 70/30
  - insulin lispro 100 units/mL prefilled syringe, vial
  - insulin lispro 75/25 prefilled syringe
  - Jakafi (ruxolitinib tablet) – **PA**
  - Nexium (esomeprazole magnesium 2.5 mg, 5 mg suspension) – **PA**
  - Nexium (esomeprazole magnesium 10 mg, 20 mg, 40 mg suspension) <sup>BP</sup>
  - nizatidine solution – **PA**
  - Noxafil (posaconazole injection, suspension) <sup>BP</sup> – **PA**
  - Regen-Cov (casirivimab, administered with imdevimab COVID EUA – November 21, 2020)
  - Regen-Cov (imdevimab, administered with casirivimab COVID EUA – November 21, 2020)
  - Spiriva Respimat (tiotropium inhalation solution)
  - Soltamox (tamoxifen solution)
  - Valstar # (valrubicin)
  - Vfend # (voriconazole injection, 200 mg tablet)
  - Vfend (voriconazole 50 mg tablet) – **PA**
  - Vimpat (lacosamide solution, tablet) – **PA**
  - Zegerid (omeprazole/sodium bicarbonate capsule) <sup>BP</sup>
  - Zegerid (omeprazole/sodium bicarbonate suspension) – **PA**
  - Zoloft # (sertraline oral concentrate, 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.

<sup>^</sup> 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.

<sup>BP</sup> 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.