



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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March 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 March 21, 2022.

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

Additions

- a. Effective March 21, 2022, the following newly marketed drugs have been added to the MassHealth Drug List.
 - Prehevbrio (hepatitis B recombinant vaccine)¹
 - Qulipta (atogepant) – **PA**
 - Skytrofa (lonapegsomatropin-tcgd) – **PA**
 - Tavneos (avacopan) – **PA**
 - Tivdak (tisotumab vedotin-tftv) – **PA**
 - Trudhesa (dihydroergotamine nasal spray) – **PA**
 - Ukoniq (umbralisib) – **PA**
 - Vuity (pilocarpine 1.2% ophthalmic solution) – **PA**
 - Welireg (belzutifan) – **PA**
- b. Effective for the date listed below, the following COVID-19 treatment has been added to the MassHealth Drug List on February 24, 2022.
 - bebtelovimab (COVID EUA – February 11, 2022)

New FDA “A”-Rated Generics

Effective March 21, 2022, 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.

<u>New FDA “A”-Rated Generic Drug</u>	<u>Generic Equivalent of</u>
betaine	Cystadane #

Change in Prior-Authorization Status

- a. Effective March 21, 2022, the following cerebral stimulant agent will require prior authorization.
 - Vyvanse (lisdexamfetamine chewable tablet) – **PA**
- b. Effective March 21, 2022, the following benign prostatic hyperplasia agents will no longer require prior authorization.
 - Avodart # (dutasteride)
 - Proscar # (finasteride)
- c. Effective March 21, 2022, the following intranasal corticosteroid agent will no longer require prior authorization within quantity limits.
 - Omnaris (ciclesonide 50 mcg nasal spray) – **PA > 1 inhaler/month**
- d. Effective March 21, 2022, the following intranasal corticosteroid agent will require prior authorization for all quantities.
 - Zetonna (ciclesonide 37 mcg nasal aerosol) – **PA**

- e. Effective March 21, 2022, the following topical antifungal agents will no longer require prior authorization.
 - Ertaczo (sertaconazole)
 - Vusion (miconazole/zinc oxide ointment) ^{BP}
- f. Effective March 21, 2022, the following topical antifungal agent will require prior authorization.
 - Loprox (ciclopirox 0.77% suspension) – **PA**
- g. Effective March 21, 2022, the following dermatological agent will no longer require prior authorization.
 - Carac (fluorouracil 0.5% cream) ^{BP}
- h. Effective March 21, 2022, the following cardiovascular agents will no longer require prior authorization.
 - Bidil (isosorbide dinitrate/hydralazine)
 - Ranexa # (ranolazine)
- i. Effective March 21, 2022, the following cardiovascular agents will require prior authorization.
 - isradipine immediate-release – **PA**
 - nifedipine capsule – **PA**

New or Revised Therapeutic Tables

Table 5 – Immunological Agents

Table 6 – Nutrients, Vitamins, and Vitamin Analogs

Table 7 – Muscle Relaxants - Skeletal

Table 9 – Growth Hormones and mecasermin (Increlex)

Table 14 – Headache Therapy

Table 18 – Cardiovascular Agents

Table 19 – Benign Prostatic Hyperplasia (BPH) Agents

Table 20 – Anticonvulsants

Table 21 – Cystic Fibrosis Agents

Table 25 – Corticosteroids - Intranasal

Table 27 – Antiemetics, Appetite Stimulants, and Anabolics

Table 28 – Antifungal Agents - Topical

Table 31 – Cerebral Stimulants and Miscellaneous Agents

Table 32 – Serums, Toxoids, and Vaccines

Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled

Table 38 – Antiretroviral/HIV Therapy

Table 49 – Osteoporosis and Bone Metabolism Agents

Table 54 – Pediculicides and Scabicides

Table 57 – Oncology Agents

Table 60 – Hereditary Angioedema Agents

Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents

Table 63 – Dermatologic Agents - Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents

Table 65 – Enzyme Replacement and Substrate Reduction Therapies

Table 71 – Pediatric Behavioral Health

Table 72 – Agents Not Otherwise Classified

Table 75 – Chimeric Antigen Receptor (CAR)-T Immunotherapies

Updated and New Prior-Authorization Request Forms

- Antiretroviral Agents Prior Authorization Request
- Benign Prostatic Hyperplasia (BPH) Agents Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request
- Chimeric Antigen Receptor (CAR)-T Immunotherapies Prior Authorization Request
- Dermatological Agents (Topical Chemotherapy and Genital Wart Therapy) Prior Authorization Request

- Growth Hormone and Increlex Prior Authorization Request
 - Headache Therapy (Butalbital Combination Agents) Prior Authorization Request
 - Headache Therapy (Calcitonin Gene-Related Peptide (CGRP) Inhibitors) Prior Authorization Request
 - Headache Therapy (Ergot Alkaloids and Serotonin Receptor Agents) Prior Authorization Request
 - Heart Failure Agents Prior Authorization Request
 - Intranasal Corticosteroids Prior Authorization Request
 - Pediculicides and Scabicides 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 March 21, 2022, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Coreg CR (carvedilol extended-release)^{BP} – **PA**
 - Corgard (nadolol)^{BP}
 - Cosopt PF (dorzolamide/timolol, preservative free)^{BP} – **PA**
 - Exelderm (sulconazole)^{BP} – **PA**
 - Inspra (eplerenone)^{BP}
 - Lotronex (alosetron)^{BP} – **PA**
 - Luzu (luliconazole)^{BP} – **PA**
 - Naftin (naftifine 1% gel)^{BP} – **PA**
 - Nitrolingual (nitroglycerin lingual spray)^{BP} – **PA**
 - Oxistat (oxiconazole cream)^{BP} – **PA**
 - Vimpat (lacosamide solution, tablet)^{BP} – **PA**
 - Vusion (miconazole/zinc oxide ointment)^{BP}
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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 March 21, 2022, the following products will be added to the MassHealth Non-Drug Product List.

- Carestart (COVID-19 antigen self-test) – **PA > 8 tests/28 days**
 - On-Go (COVID-19 antigen self-test) – **PA > 8 tests/28 days**
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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 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

- Chimeric Antigen Receptor (CAR)-T Immunotherapies Monitoring Program
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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.

- Cesamet (nabilone) – **PA**
 - Crixivan (indinavir)
 - Dyazide # (hydrochlorothiazide/triamterene)
 - Lopressor HCT # (metoprolol/hydrochlorothiazide)
 - nadolol/bendroflumethiazide
 - Nasonex (mometasone nasal spray) – **PA**
 - Picato (ingenol gel) – **PA**
 - Prinivil # (lisinopril)
 - Procardia # (nifedipine capsule)
 - Solaraze # (diclofenac 3% gel)
- b. The following agent has been removed from the MassHealth Drug List because it is available only in an inpatient hospital setting. The MassHealth Drug List does not include drugs restricted to inpatient hospital billing.
- Cleviprex (clevidipine)
- c. 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.
- Ozobax (baclofen oral solution) – **PA**

Corrections / Clarifications

- a. The following drug has been added to the MassHealth Drug List. This change does not reflect a change in MassHealth policy.
- Thalitone (chlorthalidone)
- b. The following products have been added to the MassHealth Drug List. They were omitted in error. These changes do not reflect any change in MassHealth policy.
- 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**
- c. The following listings have been clarified. This change does reflect a change in MassHealth policy.
- Ceprotin (protein C concentrate) ^ – **PA**
- d. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- daunorubicin
 - Egrifta SV (tesamorelin) – **PA**
 - fluorouracil injection
 - Isopto Carpine (pilocarpine 1%, 2% ophthalmic solution)
 - Loprox (ciclopirox 0.77% gel, suspension) – **PA**
 - Loprox # (ciclopirox 0.77% cream)
 - Naftin (naftifine 1% cream, 2% cream, 2% gel) – **PA**
 - nifedipine injection
 - Oxistat (oxiconazole lotion) – **PA**
 - Tenvac (tetanus toxoid/diphtheria vaccine)¹
 - Thalitone (chlorthalidone)
 - Vaxelis (diphtheria/tetanus/acellular pertussis/poliovirus inactivated/haemophilus B conjugate/hepatitis B vaccine)
 - Vyvanse (lisdexamfetamine capsule) – **PA < 3 years and PA > 2 units/day**

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.

¹ Product may be available through the Massachusetts Department of Public Health (DPH). Please check with DPH for availability. MassHealth does not pay for immunizing biologicals (i.e., vaccines) and tubercular (TB) drugs that are available free of charge through local boards of public health or through the Massachusetts Department of Public Health without prior authorization (130 CMR 406.413(C)). In cases where free vaccines are available to providers for specific populations (e.g., children, high risk, etc.), MassHealth will reimburse the provider only for individuals not eligible for the free vaccines. Notwithstanding the above, MassHealth will pay pharmacies for seasonal flu vaccine serum without prior authorization, if the vaccine is administered in the pharmacy.