



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
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## May 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 May 9, 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

Effective May 9, 2022, the following newly marketed drugs have been added to the MassHealth Drug List.

- citalopram capsule – **PA**
- Cortrophin (corticotropin) – **PA**
- diclofenac potassium 25 mg tablet – **PA**
- Elepsia XR (levetiracetam extended-release) – **PA**
- Elyxyb (celecoxib oral solution) – **PA**
- Eprontia (topiramate solution) – **PA**
- Kimyrsa (oritavancin) – **PA**
- Leqvio (inclisiran) – **PA**
- Livmarli (maralixibat) – **PA**
- Livtency (maribavir) – **PA**
- Quadracel (tetanus toxoids/diphtheria/acellular pertussis/inactivated poliovirus vaccine)
- Synojoynt (hyaluronate) – **PA**
- Tezspire (tezepelumab-ekko) – **PA**
- Tyrvaya (varenicline nasal spray) – **PA**
- Xarelto (rivaroxaban suspension) – **PA**

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### New FDA “A”-Rated Generics

Effective May 9, 2022, the following FDA “A”-rated generic drug has 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>
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fosaprepitant injection – <b>PA &gt; 2 vials/28 days</b>	Emend #
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### Change in Prior-Authorization Status

- Effective May 9, 2022, the following glaucoma agent will no longer require prior authorization.
  - Simbrinza (brinzolamide/brimonidine)
- Effective May 9, 2022, the following injectable antibiotic agent will no longer require prior authorization.
  - Teflaro (ceftaroline) <sup>BP</sup>
- Effective May 9, 2022, the following antiparkinsonian agents will no longer require prior authorization.
  - Comtan # (entacapone)
  - Stalevo # (carbidopa/levodopa/entacapone)
  - ropinirole extended-release
- Effective May 9, 2022, the following probiotic agents will no longer require prior authorization within the updated age limit.

- Align (bifidobacterium infantis) – **PA ≥ 22 years**
  - Culturelle (lactobacillus rhamnosus GG) – **PA ≥ 22 years**
  - Florastor (saccaromyces boulardii) – **PA ≥ 22 years**
- e. Effective May 9, 2022, the following supplement will no longer require prior authorization within the newly updated age limit.
- coenzyme Q10 – **PA ≥ 22 years**
- f. Effective May 9, 2022, the following topical osteoporosis and bone metabolism agent will no longer require prior authorization.
- Reclast # (zoledronic acid 5 mg)

## **New or Revised Therapeutic Tables**

- Table 5 – Immunological Agents
- Table 11 – Nonsteroidal Anti-Inflammatory Drugs
- Table 13 – Lipid-Lowering Agents
- Table 14 – Headache Therapy
- Table 17 – Antidepressants
- Table 18 – Cardiovascular Agents
- Table 20 – Anticonvulsants
- Table 24 – Antipsychotics
- 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 31 – Cerebral Stimulants and Miscellaneous Agents
- Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
- Table 40 – Respiratory Agents - Oral
- Table 48 – Antiparkinsonian Agents
- Table 49 – Osteoporosis and Bone Metabolism Agents
- Table 51 – Antiglaucoma Agents - Ophthalmic
- Table 54 – Pediculicides and Scabicides
- Table 55 – Androgens
- Table 57 – Oncology Agents
- Table 58 – Anticoagulants and Antiplatelet Agents
- Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
- Table 64 – Asthma/Allergy Monoclonal Antibodies
- Table 65 – Enzyme Replacement and Substrate Reduction Therapies
- Table 66 – Antibiotics and Anti-Infectives - Injectable
- Table 67 – Antiviral Agents
- Table 68 – Thrombocytopenic 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 77 – Hyaluronan Injections

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

- Anticoagulant and Antiplatelet Prior Authorization Request
- Anticonvulsant Prior Authorization Request
- Antidepressant Prior Authorization Request

- Antiemetics Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Chimeric Antigen Receptor (CAR)-T Immunotherapies Prior Authorization Request
- Erythropoiesis-Stimulating Agents Prior Authorization Request
- Glaucoma Agents Prior Authorization Request
- Headache Therapy (Serotonin Receptor Agents and Ergot Alkaloids) Prior Authorization Request
- Hyaluronan Injections Prior Authorization Request
- Injectable Antibiotic Prior Authorization Request
- Lipid-Lowering Agents Prior Authorization Request
- Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request
- Ophthalmic Anti-Allergy and Anti-Inflammatory Agents Prior Authorization Request
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Oral Respiratory Agents Prior Authorization Request
- Osteoporosis Agents and Calcium Regulators Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request
- Thrombocytopenic Agents 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 May 9, 2022, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Atelvia (risedronate delayed-release) <sup>BP</sup> – **PA**
  - Miacalcin (calcitonin salmon injection) <sup>BP</sup> – **PA**
  - Xerese (acyclovir/hydrocortisone) <sup>BP</sup>
- Effective May 9, 2022, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
  - Androgel (testosterone 1.62% gel packet) – **PA**
  - Naftin (naftifine 1% gel) – **PA**
  - Protopic # (tacrolimus topical)
  - Vimpat (lacosamide solution, tablet) – **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 May 9, 2022 the following product was added to the MassHealth Non-Drug Product List.
- Synjoynt (hyaluronate) – **PA**

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### Updated MassHealth Over-the-Counter Drug List

The MassHealth Over-the-Counter Drug List has been updated to reflect recent changes to the MassHealth Drug List.

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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.

- a. Effective May 9, 2022, the following asthma and allergy agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
    - Dupixent (dupilumab)<sup>PD</sup> – **PA**
  - b. Effective May 9, 2022, the following long-acting paliperidone agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
    - Invega Hafyera (paliperidone extended-release 6-month injection)<sup>PD</sup> – **PA < 6 years and PA > 1 injection/6 months**
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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 Certain MassHealth Outpatient Physician Administered Drugs to be Paid by Fee Schedule**

The Certain MassHealth Outpatient Physician Administered Drugs to be Paid by Fee Schedule has been updated to reflect recent changes to the MassHealth Drug List effective March 30, 2022.

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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.
  - Aredia # (pamidronate)
  - Betagan # (levobunolol)
  - Boniva (ibandronate IV) – **PA**
  - ciprofloxacin extended-release – **PA**
  - Emend # (aprepitant 40 mg) – **PA > 2 capsules/28 days**
  - Fortical (calcitonin salmon nasal spray)
  - Miacalcin # (calcitonin salmon nasal spray)
  - meloxicam suspension – **PA**
  - metipranolol
  - Phospholine Iodide (echothiophate)
  - Pravachol # (pravastatin 10 mg, 20 mg, 40 mg) – **PA > 1.5 units/day**
  - Qmii (meloxicam orally disintegrating tablet) – **PA**
  - Requip # (ropinirole)
  - Requip XL (ropinirole extended-release) – **PA**
  - Ruzurgi (amifampridine) – **PA**
  - Salagen # (pilocarpine tablet)
  - Vistide # (cidofovir)
  - Voltaren Gel # (diclofenac 1% gel)
  - Voltaren-XR # (diclofenac extended-release)
  - Zofran (ondansetron solution) – **PA**
  - Zofran # (ondansetron injection)
  - Zofran ODT # (ondansetron orally disintegrating tablet)
- 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.
  - Naprosyn EC # (naproxen enteric coated)
  - Zuplenz (ondansetron film) – **PA**

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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.
  - Antivert # (meclizine)\*
  - Betimol (timolol) – **PA**
- b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
  - Celexa # (citalopram solution, tablet) – **PA < 6 years**
  - Chantix # (varenicline tablet)
  - diclofenac potassium 50 mg tablet
  - diclofenac sodium tablet
  - indomethacin suppository
  - Isopto Carpine # (pilocarpine 1%, 2%, 4% ophthalmic solution)
  - Naftin (naftifine) – **PA**
  - Simbrinza (brinzolamide/brimonidine)
  - Topamax # (topiramate tablet) – **PA < 6 years**
  - Xarelto (rivaroxaban 10 mg, 15 mg, 20 mg tablet, starter pack)
  - zileuton extended-release – **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.

\* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

**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.

**PD** Preferred Drug. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class