



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
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## June 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 June 27, 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 June 27, 2022, the following newly marketed drugs have been added to the MassHealth Drug List.
  - Adbry (tralokinumab-ldrm) – **PA**
  - Carvykti (ciltacabtagene autoleucel) <sup>CO</sup> ^ – **PA**
  - Cibinqo (abrocitinib) – **PA**
  - Dartisla ODT (glycopyrrolate orally disintegrating tablet) – **PA**
  - Enjaymo (sutimlimab-jome) – **PA**
  - Ibsrela (tenapanor) – **PA**
  - Kimmtrak (tebentafusp-tebn) – **PA**
  - Scemblix (asciminib) – **PA**
  - Seglantis (celecoxib/tramadol) – **PA**
  - Susvimo (ranibizumab) ^
  - Vyvgart (efgartigimod alfa-fcab) – **PA**
- b. Effective June 27, 2022, the following COVID-19 therapy has been added to the MassHealth Drug List.
  - Olumiant (baricitinib for members ≥ 18 years of age) <sup>H</sup>
- c. Effective for the date listed below, the following COVID-19 preventative therapies have been added to the MassHealth Drug List on June 27, 2022.
  - Comirnaty (COVID-19 Pfizer vaccine COVID EUA – June 17, 2022 for members 6 months to 4 years of age)
  - Comirnaty (Pfizer COVID-19 vaccine COVID EUA – June 17, 2022 for members 6 months to 4 years of age)
  - Spikevax (COVID-19 Moderna vaccine COVID EUA – June 17, 2022 for members 6 months to 17 years of age)
  - Spikevax (Moderna COVID-19 vaccine COVID EUA – June 17, 2022 for members 6 months to 17 years of age)

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### New FDA “A”-Rated Generics

Effective June 27, 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.

#### New FDA “A”-Rated Generic Drug

apomorphine injection  
bortezomib  
isosorbide dinitrate/hydralazine  
lacosamide injection

#### Generic Equivalent of

Apokyn #  
Velcade #  
Bidil #  
Vimpat #

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## Change in Prior-Authorization Status

- a. Effective June 27, 2022, the following hematologic agent will require prior authorization.
    - Siklos (hydroxyurea tablet) – **PA**
  - b. Effective June 27, 2022, the following constipation agent will no longer require prior authorization.
    - Linzess (linaclotide 145 mcg, 290 mcg)
  - c. Effective June 27, 2022, the following opioid reversal agent will no longer require prior authorization.
    - Kloxxado (naloxone 8 mg nasal spray)
  - d. Effective June 27, 2022, the following agent will no longer be restricted to the health care professional who administers the drug.
    - Mifeprex # (mifepristone 200 mg)
  - e. Effective June 27, 2022, the following butalbital-containing agent will require prior authorization.
    - butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg capsule – **PA**
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## New or Revised Therapeutic Tables

Table 4 – Hematologic Agents - Hematopoietic and Miscellaneous Hematologic Agents

Table 5 – Immunological Agents

Table 7 – Muscle Relaxants - Skeletal

Table 8 – Opioids and Analgesics

Table 14 – Headache Therapy

Table 18 – Cardiovascular Agents

Table 20 – Anticonvulsants

Table 23 – Respiratory Agents - Inhaled

Table 24 – Antipsychotics

Table 26 – Antidiabetic Agents

Table 31 – Cerebral Stimulants and Miscellaneous Agents

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

Table 36 – Drug and Alcohol Cessation Agents

Table 45 – Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents

Table 48 – Antiparkinsonian Agents

Table 57 – Oncology Agents

Table 58 – Anticoagulants and Antiplatelet Agents

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

Table 71 – Pediatric Behavioral Health

Table 72 – Agents Not Otherwise Classified

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

Table 78 – Diabetes Medical Supplies and Emergency Treatments

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## Updated and New Prior-Authorization Request Forms

- Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents Prior Authorization Request
- Breast Cancer Agents Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request
- Chimeric Antigen Receptor (CAR)-T Immunotherapies Prior Authorization Request
- Constipation Agents Prior Authorization Request
- Diabetes Medical Supplies and Emergency Treatments Prior Authorization Request
- Erythropoiesis-Stimulating Agents Prior Authorization Request

- Headache Therapy (Butalbital Combination Agents) Prior Authorization Request
- Lung Cancer Agents Prior Authorization Request
- Multiple Myeloma Agents Prior Authorization Request
- Opioid Dependence and Reversal Agents Prior Authorization Request
- Opioids/Acetaminophen Analgesic Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request
- Topical Corticosteroids 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.

- a. Effective June 27, 2022, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Breo (fluticasone/vilanterol) <sup>BP</sup> – **PA**
  - Cystadane (betaine) <sup>BP</sup>
  - Daytrana (methylphenidate transdermal) <sup>BP</sup> – **PA < 3 years and PA > 1 unit/day**
  - Lantus (insulin glargine) <sup>BP</sup>
  - Pennsaid (diclofenac topical solution) <sup>BP</sup>
  - Pentasa (mesalamine controlled-release) <sup>BP</sup>
  - Tegretol XR (carbamazepine extended-release) <sup>BP</sup> – **PA < 6 years**
  - Trileptal (oxcarbazepine suspension) <sup>BP</sup> – **PA < 6 years**
- b. Effective June 27, 2022, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
  - Catapres-TTS (clonidine patch) – **PA**
  - Cayston (aztreonam)
  - Corgard # (nadolol)
  - Narcan # (naloxone 4 mg nasal spray)
  - Renagel # (sevelamer hydrochloride)
  - Revatio (sildenafil 20 mg tablet) – **PA**
  - Xopenex HFA # (levalbuterol inhaler)

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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 17, 2022, the following product was added to the MassHealth Non-Drug Product List.

- Medically necessary formula

Effective May 20, 2022, the following products do not require prior authorization.

- Pediatric enteral special formula
- Thickening agents

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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.

Effective June 27, 2022, the following opioid reversal agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Kloxxado (naloxone 8 mg nasal spray) <sup>PD</sup>
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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

- Chimeric Antigen Receptor (CAR)-T Immunotherapies Monitoring Program
  - Opioid and Pain 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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## Deletions

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

- Duragesic # (fentanyl 12, 25, 50 mcg/hr transdermal system – **PA > 50 mcg/hr and PA > 10 patches/month**)
  - Duragesic (fentanyl 75, 100 mcg/hr transdermal system – **PA**)
  - Farydak (panobinostat) – **PA**
  - Fiorinal/Codeine (butalbital/aspirin/caffeine/codeine) – **PA**
  - Fiorinal (butalbital/aspirin/caffeine) – **PA**
  - Kadian (morphine extended-release capsule) – **PA**
  - Morphabond ER (morphine extended-release tablet) – **PA**
  - Opana IR (oxycodone immediate-release, oral) – **PA**
  - oxycodone/ibuprofen – **PA**
  - Synalgos-DC (dihydrocodeine/aspirin/caffeine) – **PA**
  - Pepaxto (melphalan flufenamide) – **PA**
  - Tylenol/Codeine # (acetaminophen/codeine) – **PA < 12 years and PA > 4 g/day acetaminophen and PA > 360 mg/day codeine**
  - Ukoniq (umbralisib) – **PA**
  - Ultram ER (tramadol extended-release tablet) – **PA**
  - Xartemis XR (oxycodone/acetaminophen extended-release) – **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.
  - baclofen oral solution - **PA**
  - infliximab, unbranded – **PA**

- levamlodipine – **PA**
- b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- aspirin 81 mg
  - aspirin 325 mg, 500 mg, 650 mg
  - aspirin suppository
  - bisacodyl enema, suppository
  - bisacodyl tablet
  - docusate sodium capsule, tablet
  - docusate sodium solution, syrup
  - Droxia (hydroxyurea capsule)
  - Hydrea # (hydroxyurea capsule)
  - Olumiant (baricitinib COVID EUA – November 19, 2020, for members 2 to 17 years of age) <sup>COVID H</sup>
  - psyllium capsule
  - psyllium powder
  - sennosides tablet
  - sennosides syrup
  - Trileptal # (oxcarbazepine tablet) – **PA < 6 years**
  - Zubsolv (buprenorphine/naloxone sublingual tablet) – **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.

<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.

<sup>CO</sup> Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.

<sup>H</sup> This drug is available only in an inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy or physician's office.