



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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September 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 September 19, 2022.

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

Additions

- a. Effective September 19, 2022, the following newly marketed drugs have been added to the MassHealth Drug List.
 - Apretude (cabotegravir injection) – **PA**
 - Besremi (ropeginterferon alfa-2b-njft) – **PA**
 - Camzyos (mavacamten) – **PA**
 - Korsuva (difelikefalin); ^
 - Mounjaro (tirzepatide) – **PA**
 - Norliqva (amlodipine solution) – **PA**
 - Opdualag (nivolumab/relatlimab-rmbw) – **PA**
 - Priorix (measles/mumps/rubella vaccine)
 - Pyrukynd (mitapivat) – **PA**
 - Quviviq (daridorexant) – **PA**
 - Recorlev (levoketoconazole) – **PA**
 - Tarpeyo (budesonide 4 mg delayed-release capsule) – **PA**
 - Vabysmo (faricimab-svoa); ^
 - Vioice (alpelisib) – **PA**
 - Voxzogo (vosoritide) – **PA**
 - Zimhi (naloxone 5 mg/0.5 mL syringe)
- b. Effective for the date listed below, the following COVID-19 preventive therapy has been added to the MassHealth Drug List on September 19, 2022.
 - Novavax COVID-19 vaccine, adjuvanted (COVID EUA – July 13, 2022)
- c. Effective August 15, 2022, the following agents have been added to the MassHealth Drug List on September 19, 2022.
 - ACAM2000 (smallpox vaccine, live)
 - Jynneos (smallpox and monkeypox vaccine, live, non-replicating)
 - Tpoxx (tecovirimat)

New FDA “A”-Rated Generics

Effective September 19, 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>
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pemetrexed 100 mg, 500 mg	Alimta #
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Change in Prior-Authorization Status

- a. Effective September 19, 2022, the following antimalarial agent will no longer require prior authorization.
 - Quaaluan (quinine); #, A90
- b. Effective September 19, 2022, the following immunosuppressant agent will no longer require prior authorization.
 - Myfortic (mycophenolic acid); #, A90
- c. Effective September 19, 2022, the following modafinil agents will require prior authorization for concurrent therapy (overlapping pharmacy claims for different agents within the last 30 days)
 - Nuvigil (armodafinil) – **PA < 6 years and PA > 1 unit/day; #**
 - Provigil (modafinil 100 mg) – **PA < 6 years and PA > 1.5 units/day; #**
 - Provigil (modafinil 200 mg) – **PA < 6 years and PA > 2 units/day; #**

New or Revised Therapeutic Tables

Verbiage describing the 90-Day Initiative has been added to all Tables. Affected listings have been updated with A90 or M90 footnotes as applicable.

Table 5 – Immunological Agents

Table 8 – Opioids and Analgesics

Table 9 – Growth Hormones and mecasermin (Increlex)

Table 13 – Lipid-Lowering Agents

Table 14 – Headache Therapy

Table 15 – Hypnotics

Table 17 – Antidepressants

Table 18 – Cardiovascular Agents

Table 20 – Anticonvulsants

Table 22 – Acromegaly, Carcinoid Syndrome, and Cushing's Syndrome Agents

Table 23 – Respiratory Agents - Inhaled

Table 26 – Antidiabetic Agents

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 33 – Inflammatory Bowel Disease Agents

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

Table 36 – Drug and Alcohol Cessation Agents

Table 38 – Antiretroviral/HIV Therapy

Table 40 – Respiratory Agents - Oral

Table 41 – Antibiotics - Topical

Table 46 – Urinary Dysfunction Agents

Table 50 – Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents

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 71 – Pediatric Behavioral Health

Table 72 – Agents Not Otherwise Classified

Table 76 – Neuromuscular Agents - Duchenne Muscular Dystrophy and Spinal Muscular Atrophy

Updated and New Prior-Authorization Request Forms

- Anticonvulsant Prior Authorization Request
- Antidepressant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Benzodiazepines and Other Anti-Anxiety Agents Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request
- Diabetes Medical Supplies and Emergency Treatments Prior Authorization Request
- Gastrointestinal Agents - Antidiarrheals and Bowel Preparation Agents 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
- Hypnotic Agents Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents Prior Authorization Request
- Neuromuscular Agents Prior Authorization Request
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Oral Respiratory Agents Prior Authorization Request
- Pediatric Behavioral Health Medication Initiative Prior Authorization Request
- Prostate Cancer Agents Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request

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 September 19, 2022, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Mestinon (pyridostigmine bromide solution); BP, A90
 - Nexavar (sorafenib) – **PA**; BP, A90
 - Vectical (calcitriol ointment) – **PA**; BP, A90
- Effective September 19, 2022, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Androgel (testosterone 1% gel packet) – **PA**
 - Antara (fenofibrate 30 mg, 90 mg capsule); #, M90
 - Diastat (diazepam rectal gel) – **PA > 5 kits (10 syringes)/month; #**

MassHealth COVID-19 Pharmacy Program Emergency Response

The MassHealth COVID-19 Pharmacy Program Emergency Response document has been removed from the MassHealth Drug List.

MassHealth Pharmacy Program Public Health Emergency Response

The MassHealth Pharmacy Program, in coordination with agencies across the Executive Office of Health and Human Services, has released guidance in response to ongoing public health emergencies, including COVID-19 and monkeypox. This guidance may be updated often and is subject to change at any time.

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.

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 September 19, 2022, the following calcitonin gene-related peptide inhibitor will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Nurtec (rimegepant) ^{PD} – PA

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

The MassHealth agency has established a 90-Day Supply Medication Initiative that includes mandatory and allowable dispensing of certain medications.

- 90-Day Supply Initiative
- Opioid and Pain Initiative
- Pediatric Behavioral Health Medication 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.
 - Anadrol-50 (oxymetholone)
 - Androxy (fluoxymesterone)
 - AVC (sulfanilamide)
 - Bebulin VH Immuno (factor ix complex human-Bebulin)
 - Cantil (mepenzolate)
 - Dilatrate-SR (isosorbide dinitrate extended-release capsule)
 - dienestrol
 - Feiba VH Immuno (anti-inhibitor coagulant complex-Feiba VH)
 - guanabenz
 - guanidine; A90
 - isosorbide dinitrate extended-release tablet; M90
 - K-phos M.F. (potassium phosphate/sodium phosphate)
 - Jetrea (ocriplasmin); ^
 - lactic acid / vitamin E
 - Lactinol (lactic acid); A90
 - Monoclate-P (antihemophilic factor, human-Monoclate-P)

- Pamine (methscopolamine); #, A90
 - Pin-X (pyrantel pamoate)
 - Propantheline; A90
 - Sylatron (peginterferon alfa-2b-Sylatron)
 - Talwin (pentazocine)
 - Thyrolar (liotrix)
- 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.
- Xofigo (radium Ra 223 dichloride)

Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
- pemetrexed 750 mg, 1000 mg
- b. The following listings have been clarified. This change does reflect a change in MassHealth policy.
- Alimta (pemetrexed 100 mg, 500 mg); #
 - nystatin bulk powder – **PA**
- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- Brisdelle (paroxetine mesylate capsule) – **PA**; A90
 - Comirnaty (COVID-19 Pfizer vaccine ≥ 12 years of age)
 - Comirnaty (Pfizer COVID-19 vaccine ≥ 12 years of age)
 - Diovan (valsartan tablet); #, M90
 - Entocort EC (budesonide 3 mg delayed-release capsule); #, A90
 - hydrocodone/acetaminophen – **PA > 80 mg/day hydrocodone and PA > 4 g/day acetaminophen**
 - hydrocodone 7.5 mg/ibuprofen – **PA > 80 mg/day hydrocodone and PA > 3.2 g/day ibuprofen**
 - Lagevrio (molnupiravir COVID EUA – December 23, 2021)
 - Lokelma (sodium zirconium cyclosilicate) – **PA > 1 unit/day**
 - Mestinon (pyridostigmine bromide 60 mg tablet, 180 mg extended-release tablet); #, A90
 - naloxone vial, 0.4 mg/mL syringe, 2 mg/2 mL syringe
 - nystatin cream, ointment, 100,000 units/g powder; A90
 - oxycodone/acetaminophen – **PA > 80 mg/day oxycodone and PA > 4 g/day acetaminophen**
 - oxycodone/aspirin – **PA > 80 mg/day oxycodone and PA > 4 g/day aspirin**
 - Percocet (oxycodone/acetaminophen) – **PA > 80 mg/day oxycodone and PA > 4 g/day acetaminophen**
 - Pexeva (paroxetine mesylate tablet) – **PA**
 - Veltassa (patiromer) – **PA > 1 unit/day**
 - Vocabria (cabotegravir tablet)

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.

A⁹⁰ Allowable 90-day supply. Dispensing in up to a 90-day supply is allowed. May not include all strengths or formulations. Quantity limits and other restrictions may apply.

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.

M⁹⁰ Effective 12/19/22, mandatory 90-day supply. After dispensing up to a 30-day supply initial fill, dispensing in a 90-day supply is required. May not include all strengths or formulations. Quantity limits and other restrictions may also apply. Prior to 12/19/22, allowable 90-day supply and dispensing in up to a 90-day supply is allowed.

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.