



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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December 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 December 12, 2022.

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

Additions

Effective December 12, 2022, the following newly marketed drugs have been added to the MassHealth Drug List.

- Alymsys (bevacizumab-maly) – **PA**
- Camcevi (leuprolide) – **PA**
- Hyftor (sirolimus gel) – **PA**
- Ryaltris (olopatadine/mometasone) – **PA**
- Tascenso ODT (fingolimod orally disintegrating tablet) – **PA**
- Verkazia (cyclosporine 0.1% ophthalmic emulsion) – **PA**
- Zoryve (roflumilast cream) – **PA**

Change in Prior-Authorization Status

a. Effective December 12, 2022, the following cerebral stimulants and miscellaneous agents will require prior authorization within the newly established age limit.

- Adderall (amphetamine salts) – **PA < 3 years or ≥ 21 years and PA > 3 units/day; #**
- Adderall XR (amphetamine salts extended-release) – **PA < 3 years or ≥ 21 years and PA > 2 units/day; BP**
- Concerta (methylphenidate extended-release) – **PA < 3 years or ≥ 21 years and PA > 2 units/day; BP**
- Daytrana (methylphenidate transdermal) – **PA < 3 years or ≥ 21 years and PA > 1 unit/day**
- Dexedrine Spansule (dextroamphetamine 5 mg, 10 mg, 15 mg capsule) – **PA < 3 years or ≥ 21 years and PA > 3 units/day; #**
- dextroamphetamine 5 mg, 10 mg tablet – **PA < 3 years or ≥ 21 years and PA > 3 units/day**
- dextroamphetamine solution – **PA < 3 years or ≥ 21 years and PA > 40 mL/day**
- Focalin (dexmethylphenidate) – **PA < 3 years or ≥ 21 years and PA > 3 units/day; #**
- Focalin XR (dexmethylphenidate extended-release) ^{PD} – **PA < 3 years or ≥ 21 years and PA > 2 units/day; BP**
- Methylin oral solution (methylphenidate oral solution) – **PA < 3 years or ≥ 21 years and PA > 30 mL/day; #**
- methylphenidate chewable tablet – **PA < 3 years or ≥ 21 years and PA > 3 units/day**
- methylphenidate sustained-release tablet – **PA < 3 years or ≥ 21 years and PA > 3 units/day**
- Ritalin (methylphenidate) – **PA < 3 years or ≥ 21 years and PA > 3 units/day; #**
- Vyvanse (lisdexamfetamine capsule) – **PA < 3 years or ≥ 21 years and PA > 2 units/day**

b. Effective December 12, 2022, the following phosphate binder and iron replacement agent will require prior authorization.

- Auryxia (ferric citrate) – **PA**
- c. Effective December 12, 2022, the following iron replacement agents will no longer require prior authorization.

- Ferrlecit (sodium ferric gluconate complex); #
 - Infed (low molecular weight iron dextran)
 - Venofer (iron sucrose)
- d. Effective December 12, 2022, the following topical anesthetic agent will no longer require prior authorization.
- lidocaine ointment; A90
- e. Effective December 12, 2022, the following topical corticosteroids will no longer require prior authorization.
- clobetasol propionate gel; A90
 - Clobex (clobetasol propionate shampoo); BP, A90
 - Enstilar (betamethasone dipropionate/calcipotriene foam)
- f. Effective December 12, 2022, the following oral antibiotic agent will no longer require prior authorization.
- tinidazole; A90
- g. Effective December 12, 2022, the following oral antibiotic agent will require prior authorization.
- cefaclor suspension – **PA**; A90
- h. Effective December 12, 2022,, the following hepatitis antiviral agent will no longer require prior authorization.
- Vemlidy (tenofovir alafenamide) ^{PD}

New or Revised Therapeutic Tables

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- Gonadotropin-Releasing Hormone Prior Authorization Request
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- Hepatitis Antiviral Agents Prior Authorization Request
- Hereditary Angioedema Agents Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Intranasal Corticosteroids Prior Authorization Request
- Lung Cancer Agents Prior Authorization Request
- Luxturna Prior Authorization Request
- Multiple Sclerosis Agents Prior Authorization Request
- Ophthalmic Anti-Allergy and Anti-Inflammatory Agents Prior Authorization Request
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- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Oral Respiratory Agents Prior Authorization Request
- Prostate Cancer Agents Prior Authorization Request
- Topical Anesthetics Prior Authorization Request
- Topical Corticosteroids 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 December 12, 2022, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Airduo Respiclick (fluticasone/salmeterol inhalation powder) – **PA**; BP, A90
 - Clobex (clobetasol propionate shampoo); BP, A90
 - Humira (adalimumab) ^{PD} – **PA**; BP
- Effective December 12, 2022, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Durezol (difluprednate); #
 - Tecfidera (dimethyl fumarate) – **PA**; A90

Updated MassHealth 90-day Initiative

The MassHealth 90-day Initiative has been updated to reflect recent changes to the MassHealth Drug List.

- Effective December 12, 2022, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
- Daliresp (roflumilast tablet) – **PA**; M90
 - Luzu (luliconazole) – **PA**; BP, A90
 - Sorilux (calcipotriene foam) – **PA**; BP, A90
 - venlafaxine besylate extended-release tablet – **PA**; A90

Updated MassHealth Pharmacy Program Emergency Response

The MassHealth 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 December 12, 2022, the following products will be added to the MassHealth Non-Drug Product List.

- CVS COVID-19 At-Home Test (COVID-19 antigen self-test) – **PA > 8 tests/28 days**
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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.

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 December 12, 2022, the following multiple sclerosis agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
 - Tecfidera (dimethyl fumarate) – **PA**; A90
 - Effective December 12, 2022, the following chemotherapy agents will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
 - Inlyta (axitinib) – **PA**
 - Sutent (sunitinib) – **PA**; BP, A90
 - Effective December 12, 2022, the following antipsychotic agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Vraylar (cariprazine) ^{PD} – **PA**
 - Effective December 12, 2022, the following small interfering RNA agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Amvuttra (vutrisiran) ^{PD} – **PA**
 - Oxlumo (lumasiran) ^{PD} – **PA**
 - Effective December 12, 2022, the following enzyme therapy agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Carbaglu (carglumic acid) ^{PD} – **PA**; BP
 - Effective December 12, 2022, the following hepatitis antiviral agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Vemlidy (tenofovir alafenamide) ^{PD}
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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

- 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.

Deletions

- The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - amcinonide lotion – **PA**; A90
 - Cutivate (fluticasone cream); A90
 - Cutivate (fluticasone lotion) – **PA**; A90

- Desonate (desonide gel) – **PA**; A90
 - Flagyl (metronidazole 250 mg, 500 mg tablet); #, A90
 - Keflex (cephalexin 750 mg capsule) – **PA**; A90
 - Keflex (cephalexin 250 mg, 500 mg capsule, suspension); #, A90
 - Nilandron (nilutamide); #, A90
- 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.
- Nitromist (nitroglycerin lingual aerosol) – **PA**

Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
- Aemcolo (rifamycin) – **PA**
 - clonidine extended-release 0.17 mg tablet – **PA**; A90
- b. The following listings have been clarified. This change does reflect a change in MassHealth policy.
- melatonin gummy, solution, tablet; *, A90
- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- Beconase AQ (beclomethasone nasal spray) – **PA > 1 inhaler/30 days**
 - budesonide OTC nasal spray – **PA > 1 inhaler/30 days**; M90
 - cefaclor capsule; A90
 - clonidine extended-release 0.1 mg tablet – **PA**; A90
 - Daliresp (roflumilast tablet) – **PA**; M90
 - fluticasone propionate 50 mcg nasal spray – **PA > 1 inhaler/30 days**; M90
 - Gilenya (fingolimod capsule) – **PA**; BP
 - Omnaris (ciclesonide 50 mcg nasal spray) – **PA > 1 inhaler/30 days**
 - Synera (lidocaine/tetracaine) – **PA > 4 patches/30 days**
 - triamcinolone OTC nasal spray – **PA > 1 inhaler/30 days**; M90

Abbreviations, Acronyms, and Symbols

The caret (^) footnote has been updated to the Medical Benefit (MB) footnote. All agents previously designated as ^ are now designated as MB. This change does not reflect any change in MassHealth policy.

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.

MB This drug is available through the health care professional who administers the drug or in an outpatient or inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy. If listed, prior authorization does not apply through the hospital outpatient and inpatient settings. Please refer to 130 CMR 433.408 for prior authorization requirements for other health care professionals.

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.

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

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.

P^D 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.