



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
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## October 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 October 31, 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 October 31, 2022, the following newly marketed drugs have been added to the MassHealth Drug List.
  - Adlarity (donepezil patch) – **PA**
  - Amvuttra (vutrisiran) – **PA**
  - Entadfi (finasteride/tadalafil) – **PA**
  - Epsolay (benzoyl peroxide) – **PA**
  - Fleqsuvy (baclofen suspension) – **PA**
  - Fyarro (sirolimus injection) – **PA**
  - Igalmi (dexmedetomidine) ^
  - Lyvispah (baclofen granules) – **PA**
  - Pemfexy (pemetrexed) – **PA**
  - Releuko (filgrastim-ayow) – **PA**
  - Tlando (testosterone undecanoate capsule) – **PA**
  - Twyneo (tretinoin/benzoyl peroxide) – **PA**
  - Tyvaso DPI (treprostinil inhalation powder) – **PA**
  - venlafaxine besylate extended-release tablet – **PA**
  - Vivjoa (oteseconazole) – **PA**
  - Vonjo (pacritinib) – **PA**
  - Vtama (tapinarof) – **PA**
- b. Effective for the date listed below, the following COVID-19 preventative therapies have been added to the MassHealth Drug List on October 31, 2022.
  - Comirnaty (COVID-19 Pfizer vaccine, bivalent COVID EUA – August 31, 2022 for members ≥ 5 years of age)
  - Comirnaty (Pfizer COVID-19 vaccine, bivalent COVID EUA – August 31, 2022 for members ≥ 5 years of age)
  - Spikevax (COVID-19 Moderna vaccine, bivalent COVID EUA – August 31, 2022 for members ≥ 6 years of age)
  - Spikevax (Moderna COVID-19 vaccine, bivalent COVID EUA – August 31, 2022 for members ≥ 6 years of age)

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### Change in Prior-Authorization Status

- a. Effective October 31, 2022, the following inflammatory bowel disorder agent will no longer require prior authorization.
  - Uceris (budesonide extended-release tablet); BP
- b. Effective October 31, 2022, the following glucagon products will no longer require prior authorization.

- Gvoke (glucagon auto-injection, prefilled syringe, vial)
- c. Effective October 31, 2022, the following anti-acne and rosacea agent will no longer require prior authorization.
  - clindamycin pledgets; A90
- d. Effective October 31, 2022, the following anti-acne and rosacea agents will no longer require prior authorization outside of age limits.
  - Cleocin T (clindamycin gel, lotion, solution); #, A90
  - Erygel (erythromycin gel); #, A90
  - erythromycin solution; A90
  - benzoyl peroxide; \*, A90

## **New or Revised Therapeutic Tables**

Table 3 – Gastrointestinal Drugs - Histamine H2 Antagonists, Proton Pump Inhibitors, and Miscellaneous Gastroesophageal Reflux Agents

Table 4 – Hematologic Agents - Hematopoietic and Miscellaneous Hematologic Agents

Table 5 – Immunological Agents

Table 7 – Muscle Relaxants - Skeletal

Table 10 – Dermatologic Agents - Acne and Rosacea

Table 17 – Antidepressants

Table 19 – Benign Prostatic Hyperplasia (BPH) Agents

Table 20 – Anticonvulsants

Table 23 – Respiratory Agents - Inhaled

Table 24 – Antipsychotics

Table 26 – Antidiabetic Agents

Table 33 – Inflammatory Bowel Disease Agents

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

Table 38 – Antiretroviral/HIV Therapy

Table 42 – Immune Suppressants - Topical

Table 43 – Pulmonary Hypertension Agents

Table 47 – Antifungal Agents - Oral and Injectable

Table 52 – Multiple Sclerosis Agents

Table 53 – Otic Agents

Table 55 – Androgens

Table 56 – Alzheimer’s Agents

Table 57 – Oncology Agents

Table 58 – Anticoagulants and Antiplatelet Agents

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

Table 67 – Antiviral 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

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

- Androgen Therapy Prior Authorization Request
- Antidepressant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Benign Prostatic Hyperplasia (BPH) Agents 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
- Imcivree (setmelanotide) Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Oral/Injectable Antifungal Agents Prior Authorization Request
- Otic Agents Prior Authorization Request
- Pulmonary Hypertension 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 October 31, 2022, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Dermotic (fluocinolone oil, otic drops); BP, A90
  - Divigel (estradiol); BP, A90
  - Edurant (rilpivirine); BP
  - Gattex (teduglutide injection) – **PA**; BP
  - Gilenya (fingolimod) – **PA**; BP, A90
  - Solodyn (minocycline extended-release 80 mg, 105 mg tablet); BP, A90
  - Tresiba (insulin degludec); BP
  - Victoza (liraglutide); BP
  - Zyvox (linezolid suspension) – **PA**; BP, A90
- Effective September 23, 2022, the following agents were added to the MassHealth Brand Name Preferred Over Generic Drug List
  - Proventil (albuterol inhaler); BP, A90
  - Ventolin (albuterol inhaler); BP, A90
- Effective October 31, 2022, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
  - Brovana (arformoterol) – **PA**; A90
  - Noxafil # (posaconazole tablet); A90
  - Perforomist (formoterol) – **PA**
  - Vytorin # (ezetimibe/simvastatin) – **PA** > 1 unit/day; M90
  - Zegerid # (omeprazole/sodium bicarbonate capsule); M90
  - Zovirax # (acyclovir suspension); A90
  - Zytiga (abiraterone 250 mg) – **PA**, A90

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### MassHealth Pharmacy Program Public Health Emergency Response

The MassHealth Pharmacy Program Public Health Emergency Response document has been updated to reflect recent changes to the MassHealth Drug List.

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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 October 31, 2022 the following anti-hemophilia agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Jivi (antihemophilic factor, recombinant pegylated-aucl) <sup>PD</sup>
  - Kogenate (antihemophilic factor, recombinant) <sup>PD</sup>
  - Kovaltry (antihemophilic factor, recombinant) <sup>PD</sup>
- b. October 31, 2022, the following calcitonin gene-related peptide inhibitor agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
- Ubrelvy (ubrogepant) <sup>PD</sup> – **PA**

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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
- Pediatric Behavioral Health Medication Initiative

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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.
- Depacon # (valproate)
  - Duac (clindamycin 1.2%/benzoyl peroxide 5%) – **PA**, A90
  - Otiprio (ciprofloxacin otic suspension); <sup>^</sup>
  - Soriatane (acitretin); A90, #
  - Tretin-X (tretinoin) – **PA**; 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.
- Erwinase (asparaginase erwinia chrysanthemi) – **PA**; <sup>^</sup>

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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.
- aspirin/omeprazole – **PA**; A90
  - tazarotene 0.1% cream, gel – **PA**
  - Xipere (triamcinolone ophthalmic suspension); <sup>^</sup>
- b. The following drug has been added to the MassHealth Drug List. It was omitted in error. This change does not reflect any change in MassHealth policy.
- Doryx (doxycycline hyclate delayed-release 50 mg, 60 mg, 80 mg, 120 mg, 200 mg tablet) – **PA**; A90
- c. The following listings have been clarified. This change does reflect a change in MassHealth policy.
- albuterol inhaler – **PA**; A90
- d. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- Alimta # (pemetrexed)
  - pemetrexed
  - venlafaxine hydrochloride extended-release tablet – **PA**; A90
  - Zytiga (abiraterone 500 mg) – **PA**; BP, A90
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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.

^ 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.

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

**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.