



PHARMACY FACTS

Current Information for pharmacists about
the MassHealth Pharmacy Program

www.mass.gov/masshealth-pharmacy-facts

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MHDL Update

Below are certain updates to the MassHealth Drug List (MHDL). See the MHDL for a complete listing of updates.

Additions

- a. Effective February 7, 2022, the following newly marketed drugs have been added to the MassHealth Drug List.
 - Aduhelm (aducanumab-avwa) – **PA**
 - Exkivity (mobocertinib) – **PA**
 - Gimoti (metoclopramide nasal spray) – **PA**
 - Invega Hafyera (paliperidone extended-release 6-month injection) – **PA < 6 years and PA > 1 injection/6 months**
 - Kerendia (finerenone) – **PA**
 - Loreev XR (lorazepam extended-release) – **PA**
 - Lybalvi (olanzapine/samidorphan) – **PA**
 - Nexvazyne (avalglucosidase alfa-ngpt) – **PA**
 - Opzelura (ruxolitinib cream) – **PA**
 - Saphnelo (anifrolumab-fnia) – **PA**
 - sertraline capsule – **PA**
- b. Effective for the date listed below, the following COVID-19 preventive therapy was added to the MassHealth Drug List on January 3, 2022.
 - Evusheld (tixagevimab/cilgavimab COVID EUA – December 8, 2021)
- c. Effective for the dates listed below, the following COVID-19 treatments were added to the MassHealth Drug List on January 13, 2022.
 - molnupiravir (COVID EUA – December 23, 2021)

- Paxlovid (nirmatrelvir/ritonavir COVID EUA – December 22, 2021)

Change in Prior-Authorization Status

- a. Effective February 7, 2022, the following oral antifungal agents will no longer require prior authorization (PA).
 - Noxafil (posaconazole tablet) ^{BP}
 - Vfend # (voriconazole 200 mg tablet)
- b. Effective February 7, 2022, the following androgen agent will require PA.
 - methyltestosterone – **PA**
- c. Effective February 7, 2022, the following anticonvulsants will no longer require PA for Pediatric Behavioral Health Medication Initiative restrictions. For additional information, please see the Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist. Individual drug PA criteria will still apply, where applicable.
 - Banzel (rufinamide) ^{BP} – **PA**
 - Briviact (brivaracetam solution, tablet) – **PA**
 - Celontin (methsuximide)
 - Diacomit (stiripentol) – **PA**
 - Dilantin-125 # (phenytoin suspension)
 - Dilantin # (phenytoin extended 30 mg and 100 mg capsule)
 - Dilantin Infatab # (phenytoin chewable tablet)
 - Epidiolex (cannabidiol) – **PA**
 - Felbatol # (felbamate)
 - Fintepla (fenfluramine) – **PA**
 - Fycompa (perampanel) – **PA**
 - Gabitril (tiagabine) – **PA**

- Keppra # (levetiracetam injection, solution, tablet)
 - Keppra XR # (levetiracetam extended-release)
 - Mysoline # (primidone)
 - Onfi # (clobazam suspension, tablet)
 - phenytoin extended 200 mg and 300 mg capsule
 - Sabril (vigabatrin) – **PA**
 - Spritam (levetiracetam tablet for oral suspension) – **PA**
 - Sympazan (clobazam film) – **PA**
 - Vimpat (lacosamide solution, tablet) – **PA**
 - Xcopri (cenobamate) – **PA**
 - Zarontin # (ethosuximide)
 - zonisamide
- d. Effective February 7, 2022, the following proton pump inhibitor agents will no longer require PA.
- Dexilant (dexlansoprazole) ^{BP}
 - Nexium (esomeprazole magnesium 10 mg, 20 mg, 40 mg suspension) ^{BP}
 - Zegerid (omeprazole/sodium bicarbonate capsule) ^{BP}
- e. Effective February 7, 2022, the following histamine H2 antagonist agents will no longer require PA within the newly established quantity limit.
- nizatidine 150 mg capsule – **PA > 2 units/day**
 - nizatidine 300 mg capsule – **PA > 1 unit/day**
- f. Effective February 7, 2022, the following anti-anxiety agents will require PA.
- oxazepam – **PA**
 - Tranxene (clorazepate) – **PA**
- g. Effective February 7, 2022, the following benign prostatic hyperplasia agent will no longer PA.
- Cardura XL (doxazosin extended-release)
- h. Effective February 7, 2022, the following insulin agents will require PA.
- Humalog (insulin lispro 100 units/mL prefilled syringe, vial) – **PA**

- Humalog (insulin lispro 75/25 prefilled syringe) – **PA**
 - Novolog (insulin aspart) – **PA**
 - Novolog (insulin aspart 70/30) – **PA**
- i. Effective February 7, 2022, the following antiviral agent will require PA and will no longer be restricted to the health care professional who administers the drug.
- Veklury (remdesivir) – **PA**

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 February 7, 2022, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Abraxane (paclitaxel injectable suspension) ^{BP}
 - Cambia (diclofenac powder for solution) ^{BP} – **PA**
 - Canasa (mesalamine suppository) ^{BP}
 - Delzicol DR (mesalamine capsule) ^{BP}
 - Eurax (crotamiton lotion) ^{BP} – **PA**
 - Evamist (estradiol) ^{BP}
 - Frova (frovatriptan) ^{BP} – **PA**
 - Gelnique (oxybutynin gel) ^{BP}
 - Imitrex (sumatriptan 5 mg, 20 mg nasal spray) ^{BP} – **PA**
 - Kombiglyze XR (saxagliptin/metformin extended-release) ^{BP}
 - Lidoderm (lidocaine 5% patch) ^{BP} – **PA > 3 patches/day**
 - Myrbetriq (mirabegron extended-release) ^{BP}
 - Nexium (esomeprazole magnesium 10 mg, 20 mg, 40 mg suspension) ^{BP}
 - Onglyza (saxagliptin) ^{BP}
 - Prolensa (bromfenac 0.07%) ^{BP}
 - Spiriva Handihaler (tiotropium inhalation powder) ^{BP}

- Trokendi XR (topiramate extended-release capsule)^{BP} – **PA**
 - Uceris (budesonide extended-release tablet)^{BP} – **PA**
 - Xyrem (sodium oxybate)^{BP} – **PA**
 - Zegerid (omeprazole/sodium bicarbonate capsule)^{BP}
- b. Effective February 7, 2022, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Acthar (corticotropin) – **PA**
 - Daliresp (roflumilast) – **PA**
 - Gilenya (fingolimod) – **PA**
 - Letairis (ambrisentan) – **PA**
 - Sabril (vigabatrin) – **PA**
 - Zioptan (tafluprost) – **PA**
 - Zoladex (goserelin) – **PA**
 - Zomig (zolmitriptan nasal spray) – **PA**

Updated MassHealth Non-Drug Product List

The MassHealth Non-Drug Product List has been updated to reflect recent changes to the MassHealth Drug List.

- a. Effective December 16, 2021, the following product was added to the MassHealth Non-Drug Product List.
- Pediatric Enteral Special Formula – **PA**
 - Thickening Agents – **PA**
- b. Effective December 31, 2021, the following products were added to the MassHealth Non-Drug Product List
- Binaxnow (COVID-19 antigen self-test) – **PA > 2 tests/week**

- Flowflex (COVID-19 antigen self-test) – **PA > 2 tests/week**
 - Quickvue (COVID-19 antigen self-test) – **PA > 2 tests/week**
- c. Effective January 14, 2022, the quantity limits of following products were updated on the MassHealth Non-Drug Product List
- Binaxnow (COVID-19 antigen self-test) – **PA > 8 tests/28 days**
 - Flowflex (COVID-19 antigen self-test) – **PA > 8 tests/28 days**
 - Ihealth (COVID-19 antigen self-test) – **PA > 8 tests/28 days**
 - Inteliswab (COVID-19 antigen self-test) – **PA > 8 tests/28 days**
 - Quickvue (COVID-19 antigen self-test) – **PA > 8 tests/28 days**

Legend

- PA** Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment. Note: PA applies to both the brand-name and the FDA “A”-rated generic equivalent of listed product.
- #** 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.
- BP** Brand preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the nonpreferred drug generic equivalent.
- PD** In general, MassHealth requires a trial of the preferred drug (PD) or a clinical rationale for prescribing a nonpreferred drug within a therapeutic class.
- CO** Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.