**Number 182, June 22, 2022**

**Pharmacy Facts
Current information for pharmacists about the MassHealth Pharmacy Program**

**MHDL Update**

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

**Additions**

1. Effective June 27, 2022, the following newly marketed drugs have been added to the MassHealth Drug List.

* Adbry (tralokinumab-ldrm) – PA
* Carvykti (ciltacabtagene autoleucel) CO ^ – 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
* Seglentis (celecoxib/tramadol) – PA
* Susvimo (ranibizumab) ^
* Vyvgart (efgartigimod alfa-fcab) – PA

1. 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) H

**Change in Prior-Authorization Status**

1. Effective June 27, 2022, the following hematologic agent will require prior authorization (PA).
   * Siklos (hydroxyurea tablet) – **PA**
2. Effective June 27, 2022, the following constipation agent will no longer require PA.
   * Linzess (linaclotide 145 mcg, 290 mcg)
3. Effective June 27, 2022, the following opioid reversal agent will no longer require PA.

* Kloxxado (naloxone 8 mg nasal spray)

1. 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)

1. Effective June 27, 2022, the following butalbital-containing agent will require PA.

* butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg capsule – **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.

1. Effective June 27, 2022, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

* Breo (fluticasone/vilanterol) BP – **PA**
* Cystadane (betaine) BP
* Daytrana (methylphenidate transdermal) BP – **PA < 3 years and PA > 1 unit/day**
* Lantus (insulin glargine) BP
* Pennsaid (diclofenac topical solution) BP
* Pentasa (mesalamine controlled-release) BP
* Tegretol XR (carbamazepine extended-release) BP – **PA < 6 years**
* Trileptal (oxcarbazepine suspension) BP – **PA** **< 6 years**

1. 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)

**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 PA.

* Pediatric enteral special formula
* Thickening agents

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**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.

**H** 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.

**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.

**^** Available through the health care professional who administers the drug. MassHealth does not pay for this drug to be dispensed through a retail pharmacy.