**Number 184, September 16, 2022**



MHDL Updates

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

1. **Additions**

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) – ^
* Vijoice (alpelisib) – **PA**
* Voxzogo (vosoritide) – **PA**
* Zimhi (naloxone 5 mg/0.5 mL syringe)

**2.** 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)

**3.** 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)

**Change in Prior-Authorization Status**

**1.** Effective September 19, 2022, the following antimalarial agent will no longer require prior authorization (PA).

* Qualaquin (quinine); #, A90

**2.** Effective September 19, 2022, the following immunosuppressant agent will no longer require PA .

* Myfortic (mycophenolic acid); #, A90

**3.** Effective September 19, 2022, the following modafinil agents will require PA 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; #**

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 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**
* Vecitical (calcitriol ointment) – **PA; BP, A90**

**2.** 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; #**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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.

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

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.

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.