



# PHARMACY FACTS

Current information for pharmacists about  
the MassHealth Pharmacy Program

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Editor: Vic Vangel Contributors: Jennifer Banks, Aimee Evers, Neha Kashalikar, Kim Lenz, Natalie Rodenberg, Nancy Schiff, Mckenzie Taylor, Vic Vangel

## MHDL Update

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

### 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 on August 31, 2022, the following COVID-19 preventive therapies will be 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)

### Change in Prior-Authorization Status

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

## 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 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
- b. 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
- c. 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

### 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.
- \*** The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.
- ^** 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.