



PHARMACY FACTS

Current Information for pharmacists about
the MassHealth Pharmacy Program

www.mass.gov/masshealth-pharmacy-facts

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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 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
- b. 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

- a. Effective June 27, 2022, the following hematologic agent will require prior authorization (PA).
 - Siklos (hydroxyurea tablet) – PA
- b. Effective June 27, 2022, the following constipation agent will no longer require PA.
 - Linzess (linaclotide 145 mcg, 290 mcg)

- c. Effective June 27, 2022, the following opioid reversal agent will no longer require PA.
 - Kloxxado (naloxone 8 mg nasal spray)
- d. 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)
- e. 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.

- a. 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

b. 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

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.