



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
P.O. Box 2586, Worcester, MA 01613-2586  
**Fax:** (877) 208-7428 **Phone:** (800) 745-7318

## February 2023 MassHealth Drug List Summary Update

MassHealth evaluates the prior-authorization status for drugs on an ongoing basis and updates the MassHealth Drug List accordingly. This Summary Update document identifies changes to the MassHealth Drug List for the rollout effective February 6, 2023.

Additional information about these agents may be available within the MassHealth Drug List at [www.mass.gov/druglist](http://www.mass.gov/druglist).

---

### Additions

Effective February 6, 2023, the following newly marketed drugs have been added to the MassHealth Drug List.

- Ermeza (levothyroxine)
- Pheburane (sodium phenylbutyrate granules) – **PA**
- Radicava ORS (edaravone suspension) – **PA**
- Sotyktu (deucravacitinib) – **PA**
- Spevigo (spesolimab-sbzo) – **PA**
- Xaciatu (clindamycin vaginal gel) – **PA**

---

### Change in Prior-Authorization Status

- Effective February 6, 2023, the following vaginal antibiotic will require prior authorization.
  - Nuversa (metronidazole 1.3% vaginal gel) – **PA**
- Effective February 6, 2023, the following chemotherapy agent will require prior authorization.
  - Leukeran (chlorambucil) – **PA**

---

### Change in Coverage Status

Effective February 6, 2023, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.

- Abraxane (paclitaxel injectable suspension); MB
- Adriamycin (doxorubicin); MB
- albumin, human solutions; MB
- Alimta (pemetrexed disodium); MB
- Alkeran (melphalan hydrochloride injection); MB
- amiodarone injection; MB
- Aralast NP (alpha-1-proteinase inhibitor, human); MB
- azathioprine injection; MB
- BCG live, intravesical; MB
- Belrapzo (bendamustine); MB
- Bendeka (bendamustine); MB
- Bicnu (carmustine); MB
- bleomycin; MB
- bortezomib; MB
- Busulfex (busulfan injection); MB

- Cafcit (caffeine citrate injection); MB
- calcitriol injection; MB
- Camptosar (irinotecan); MB
- carboplatin; MB
- Carnitor (levocarnitine injection); MB
- chloramphenicol; MB
- cisplatin; MB
- cladribine injection; MB
- Clolar (clofarabine); MB
- Cosmegen (dactinomycin); MB
- cyclophosphamide injection; MB
- cytarabine; MB
- Cytogam (cytomegalovirus immune globulin IV, human); MB
- dacarbazine; MB
- Dacogen (decitabine); MB
- Docefrez (docetaxel); MB
- docetaxel; MB
- Doxil (doxorubicin liposomal injection); MB
- Elitek (rasburicase); MB
- Erbitux (cetuximab); MB
- etoposide injection; MB
- Evomela (melphalan injection); MB
- floxuridine; MB
- fluorouracil injection; MB
- Folutyn (pralatrexate); MB
- foscarnet; MB
- Glassia (alpha-1-proteinase inhibitor, human); MB
- Herceptin (trastuzumab) – **PA**; MB
- Herceptin Hylecta (trastuzumab/hyaluronidase-oysk) – **PA**; MB
- Herzuma (trastuzumab-pkrb) – **PA**; MB
- Hycamtin (topotecan injection); MB
- Hylenex (hyaluronidase, human recombinant); MB
- Idamycin PFS (idarubicin); MB
- Ifex (ifosfamide); MB
- Ixempra (ixabepilone); MB
- Kanjinti (trastuzumab-anns) – **PA**; MB
- Kepivance (palifermin); MB
- magnesium injection; MB
- Marcaine (bupivacaine); MB
- Mesnex (mesna injection); MB
- midazolam injection; MB
- mitomycin injection; MB
- mitoxantrone; MB
- Nipent (pentostatin); MB
- Ogivri (trastuzumab-dkst) – **PA**; MB
- Ontruzant (trastuzumab-dttb) – **PA**; MB

- oxaliplatin; MB
- pemetrexed; MB
- Prolastin-C (alpha-1-proteinase inhibitor, human); MB
- Reclast (zoledronic acid 5 mg); MB
- Rhophylac (rho(d) immune globulin IV, human); MB
- Sensorcaine (bupivacaine); MB
- Trazimera (trastuzumab-qyyp) – **PA**; MB
- Treanda (bendamustine); MB
- Valstar (valrubicin); MB
- Vectibix (panitumumab); MB
- Velcade (bortezomib); MB
- Vidaza (azacitidine vial); MB
- vinblastine; MB
- vincristine; MB
- Vitrase (hyaluronidase, ovine); MB
- Winrho SDF (rho(d) immune globulin IV, human); MB
- Zanosar (streptozocin); MB
- Zemaira (alpha-1-proteinase inhibitor, human); MB
- zoledronic acid 4 mg; MB

---

## **New or Revised Therapeutic Tables**

Table 1 – Immune Globulins

Table 5 – Immunological Agents

Table 6 – Nutrients, Vitamins, and Vitamin Analogs

Table 10 – Dermatologic Agents - Acne and Rosacea

Table 11 – Nonsteroidal Anti-Inflammatory Drugs

Table 15 – Hypnotics

Table 16 – Corticosteroids - Topical

Table 18 – Cardiovascular Agents

Table 19 – Benign Prostatic Hyperplasia (BPH) Agents

Table 20 – Anticonvulsants

Table 26 – Antidiabetic Agents

Table 27 – Antiemetics, Appetite Stimulants, and Anabolics

Table 32 – Serums, Toxoids, and Vaccines

Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled

Table 41 – Antibiotics - Topical

Table 46 – Urinary Dysfunction Agents

Table 48 – Antiparkinsonian Agents

Table 49 – Osteoporosis and Bone Metabolism Agents

Table 50 – Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents

Table 51 – Antiglaucoma Agents - Ophthalmic

Table 55 – Androgens

Table 57 – Oncology Agents

Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents

Table 63 – Dermatologic Agents - Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents

Table 65 – Enzyme Replacement and Substrate Reduction Therapies

Table 66 – Antibiotics and Anti-Infectives - Injectable

Table 67 – Antiviral Agents

Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents

Table 70 – Progesterone Agents

Table 72 – Agents Not Otherwise Classified

---

### Updated and New Prior-Authorization Request Forms

- Anticonvulsant Prior Authorization Request
- Breast Cancer Agents Prior Authorization Request
- Diabetes Medical Supplies and Emergency Treatments Prior Authorization Request
- Glaucoma Agents Prior Authorization Request
- Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request
- Opioids/Acetaminophen Analgesic Prior Authorization Request
- Osteoporosis Agents and Calcium Regulators Prior Authorization Request
- Progesterone Agents Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request
- Topical Corticosteroids Prior Authorization Request

---

### 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.

Effective February 6, 2023, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Abraxane (paclitaxel injectable suspension); MB
- Cambia (diclofenac powder for solution) – **PA**; A90
- Clobex (clobetasol propionate shampoo); A90
- Differin (adapalene cream, 0.3% gel pump, lotion) – **PA**; A90
- Epiduo Forte (adapalene 0.3%/benzoyl peroxide 2.5%) – **PA**; A90
- Soolantra (ivermectin cream) – **PA**; A90
- Vectical (calcitriol ointment) – **PA**; A90

---

### Updated MassHealth 90-day Initiative

The MassHealth 90-day Initiative has been updated to reflect recent changes to the MassHealth Drug List.

Effective February 6, 2023, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- brimonidine topical gel, 0.33% – **PA**; A90
- diclofenac powder for solution – **PA**; A90
- Minolira (minocycline extended-release 105 mg, 135 mg tablet) – **PA**; A90
- Trokendi XR (topiramate extended-release capsule-Trokendi XR) – **PA**; BP, A90
- Zioptan (tafluprost) – **PA**; M90

---

### Updated MassHealth Pharmacy Program Emergency Response

The MassHealth Pharmacy Program Emergency Response document has been updated to reflect recent changes.

---

### 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 February 6, 2023, the following product will be added to the MassHealth Non-Drug Product List.

- Genabio (COVID-19 antigen self-test) – **PA > 8 tests/28 day**

---

## Updated MassHealth Over-the-Counter Drug List

The MassHealth Over-the-Counter Drug List has been updated to reflect recent changes to the MassHealth Drug List.

---

## Updated MassHealth Supplemental Rebate/Preferred Drug List

The MassHealth Supplemental Rebate/Preferred Drug List has been updated to reflect recent changes to the MassHealth Drug List.

Effective February 6, 2023, the following oncology agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.

- Bosulif (bosutinib) – **PA**
- 

## Updated MassHealth ACP/MCO Unified Pharmacy Product List

The MassHealth ACP/MCO Unified Pharmacy Product List has been updated to reflect recent changes to the MassHealth Drug List.

---

## Updated MassHealth Quick Reference Guide

The MassHealth Quick Reference Guide has been updated to reflect recent changes to the MassHealth Drug List.

---

## Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
  - Aralast (alpha-1-proteinase inhibitor, human)
  - Cafcit (caffeine citrate solution); #
  - Cytovene (ganciclovir injection); #
  - Cefotan (cefotetan); #
  - Cortisporin (neomycin/bacitracin/polymyxin b/hydrocortisone topical ointment)
  - Cortisporin (neomycin/polymyxin b/hydrocortisone cream)
  - Fortaz (ceftazidime); #
  - Merrem (meropenem); #
  - Novantrone (mitoxantrone); #
  - SSD (silver sulfadiazine); #; A90
  - Thermazene (silver sulfadiazine); #; A90
  - Zometa (zoledronic acid 4 mg); #
- b. The following drugs have been removed from the MassHealth Drug List. MassHealth does not pay for drugs that are manufactured by companies that have not signed rebate agreements with the U.S. Secretary of Health and Human Services.
  - Akliel (trifarotene) – **PA**
  - Cambia (diclofenac powder for solution) – **PA**; A90
  - Capex (fluocinolone shampoo)
  - Clobex (clobetasol propionate lotion, spray); A90
  - Clobex (clobetasol propionate shampoo); A90
  - Desowen (desonide cream); A90
  - Differin (adapalene cream, 0.3% gel pump, lotion) – **PA**; A90
  - Epiduo (adapalene 0.1% / benzoyl peroxide 2.5%) – **PA**; A90
  - Epiduo Forte (adapalene 0.3% / benzoyl peroxide 2.5%) – **PA**; A90
  - Epsolay (benzoyl peroxide) – **PA**
  - Ethylol (amifostine)

- Metrocream (metronidazole 0.75% cream); A90
  - Metrogel (metronidazole 1% gel) – **PA**; A90
  - Metrogel-Vaginal (metronidazole 0.75% vaginal gel); A90
  - Metrolotion (metronidazole lotion) – **PA**; A90
  - Mirvaso (brimonidine topical gel, 0.33%) – **PA**
  - Oracea (doxycycline monohydrate 40 mg capsule) – **PA**; A90
  - Pancrease DR (pancrelipase)
  - Soolantra (ivermectin cream) – **PA**; A90
  - Twynéo (tretinoin / benzoyl peroxide) – **PA**
  - Vectical (calcitriol ointment) – **PA**; A90
- c. The following agents have been removed from the MassHealth Drug List because the monkeypox public health emergency has expired. These agents are held by the strategic national stockpile for use in a public health emergency.
- ACAM2000 (smallpox vaccine, live)
  - Jynneos (smallpox and monkeypox vaccine, live, non-replicating)
  - Tpoxx (tecovirimat)

---

## Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
- Endometrin (progesterone vaginal insert) – **PA**
  - Oxytrol for Women (oxybutynin transdermal system) – **PA**
- b. The following drug has been added to the MassHealth Drug List. The following agent will be available through medical billing only.
- Amphadase (hyaluronidase); MB
- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- amiodarone tablet; M90
  - Buphenyl (sodium phenylbutyrate powder, tablet); BP, A90
  - Carnitor (levocarnitine tablet, solution); #, A90
  - Comirnaty (COVID-19 Pfizer vaccine, bivalent COVID EUA – August 31, 2022 for members ≥ 6 months of age)
  - Comirnaty (Pfizer COVID-19 vaccine, bivalent COVID EUA – August 31, 2022 for members ≥ 6 months of age)
  - cyclophosphamide capsule, tablet; A90
  - Differin (adapalene) – **PA**; A90
  - etoposide capsule; A90
  - Hycamtin (topotecan capsule)
  - Impeklo (clobetasol propionate lotion pump) – **PA**
  - Klaron (sulfacetamide 10% lotion) – **PA ≥ 22 years**; #, A90
  - Lyumjev (insulin lispro-aabc) – **PA**
  - magnesium salts; \*, A90
  - Radicava (edaravone injection) – **PA**
  - Rocaltrol (calcitriol capsule, solution); #, M90
  - Spikevax (COVID-19 Moderna vaccine, bivalent COVID EUA – August 31, 2022 for members ≥ 6 months of age)
  - Spikevax (Moderna COVID-19 vaccine, bivalent COVID EUA – August 31, 2022 for members ≥ 6 months of age)

---

## Abbreviations, Acronyms, and Symbols

**PA** Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the provider to receive reimbursement. Note: Prior authorization applies to both the brand-name and the FDA “A”-rated generic equivalent of listed product.

**#** This 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 non-preferred drug generic equivalent.

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

<sup>MB</sup> This drug is available through the health care professional who administers the drug or in an outpatient or inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy. If listed, prior authorization does not apply through the hospital outpatient and inpatient settings. Please refer to 130 CMR 433.408 for prior authorization requirements for other health care professionals.

**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** 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.