



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
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## April 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 April 1, 2023.

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

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### Change in Prior-Authorization Status

- a. Effective April 1, 2023, opioid agents will require prior authorization when exceeding the newly established accumulated dose threshold of 180 MME per day for the entire regimen. Individual opioid agent dose thresholds of 120 mg of morphine or morphine equivalent (MME) per day will remain. Opioid and Pain Initiative criteria will still apply. For additional information, please see the Opioid and Pain Initiative document found at [www.mass.gov/druglist](http://www.mass.gov/druglist).
- b. Effective April 1, 2023, the following opioid agent will require prior authorization when exceeding the updated dose limit. Opioid and Pain Initiative criteria will still apply. For additional information, please see the Opioid and Pain Initiative document found at [www.mass.gov/druglist](http://www.mass.gov/druglist).
  - Dilaudid (hydromorphone) – **PA** > 24 mg/day

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### Change in Coverage Status

- a. Effective April 1, 2023, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.
  - Actemra (tocilizumab vial) – **PA**; MB
  - Adakveo (crizanlizumab-tmca) – **PA**; MB
  - Adcetris (brentuximab) – **PA**; MB
  - Aldurazyme (laronidase) – **PA**; MB
  - Aliqopa (copanlisib) – **PA**; MB
  - Alymsys (bevacizumab-maly) – **PA**; MB
  - Amvuttra (vutrisiran)<sup>PD</sup> – **PA**; MB
  - Arranon (nelarabine) – **PA**; MB
  - Arzerra (ofatumumab vial) – **PA**; MB
  - Avastin (bevacizumab) – **PA**; MB
  - Bavencio (avelumab) – **PA**; MB
  - Beleodaq (belinostat) – **PA**; MB
  - Benlysta (belimumab vial) – **PA**; MB
  - Bepsona (inotuzumab ozogamicin) – **PA**; MB
  - Blincyto (blinatumomab) – **PA**; MB
  - Cerezyme (imiglucerase) – **PA**; MB
  - Cinqair (reslizumab) – **PA**; MB
  - Clorotekal (chlorprocaine); MB
  - Cosela (trilaciclib) – **PA**; MB
  - Crysvita (burosumab-twza) – **PA**; MB

- Cyramza (ramucirumab) – **PA**; MB
- Danyelza (naxitamab-gqgk) – **PA**; MB
- Darzalex (daratumumab) – **PA**; MB
- Durolane (hyaluronate, stabilized) – **PA**; MB
- Elaprase (idursulfase) – **PA**; MB
- Elelyso (taliglucerase alfa) – **PA**; MB
- Elzonris (tagraxofusp-erzs) – **PA**; MB
- Empliciti (elotuzumab) – **PA**; MB
- Etopophos (etoposide phosphate) – **PA**; MB
- Euflexxa (hyaluronate) – **PA**; MB
- Evkeeza (evinacumab-dgnb) – **PA**; MB
- Faslodex (fulvestrant) – **PA**; MB
- Gazyva (obinutuzumab) – **PA**; MB
- Gel-One (hyaluronate, crossed-linked) – **PA**; MB
- Gelsyn (hyaluronate) – **PA**; MB
- Genvisc (hyaluronate) – **PA**; MB
- Givlaari (givosiran)<sup>PD</sup> – **PA**; MB
- Halaven (eribulin) – **PA**; MB
- Hyalgan (hyaluronate) – **PA**; MB
- Hymovis (hyaluronate, modified) – **PA**; MB
- Imfinzi (durvalumab) – **PA**; MB
- Infugem (gemcitabine premixed infusion) – **PA**; MB
- Injectafer (ferric carboxymaltose injection) – **PA**; MB
- Istodax (romidepsin) – **PA**; MB
- Jevtana (cabazitaxel) – **PA**; MB
- Kadcylla (ado-trastuzumab) – **PA**; MB
- Kanuma (sebelipase alfa) – **PA**; MB
- Keytruda (pembrolizumab) – **PA**; MB
- Krystexxa (pegloticase) – **PA**; MB
- Kyprolis (carfilzomib) – **PA**; MB
- Libtayo (cemiplimab-rwlc) – **PA**; MB
- Lumizyme (alglucosidase alfa) – **PA**; MB
- Lumoxiti (moxetumomab pasudotox-tdfk) – **PA**; MB
- Margenza (margetuximab-cmkb) – **PA**; MB
- Marqibo (vincristine liposome) – **PA**; MB
- Mepsevii (vestronidase alfa-vjbjk) – **PA**; MB
- Monovisc (hyaluronate) – **PA**; MB
- Mvasi (bevacizumab-awwb) – **PA**; MB
- Naglazyme (galsulfase) – **PA**; MB
- Nplate (romiplostim) – **PA**; MB
- Nulibry (fosdenopterin) – **PA**; MB
- Onivyde (irinotecan liposome) – **PA**; MB
- Onpattro (patisiran)<sup>PD</sup> – **PA**; MB
- Opdivo (nivolumab) – **PA**; MB
- Orenzia (abatacept vial) – **PA**; MB
- Orthovisc (hyaluronan, high molecular weight) – **PA**; MB
- Oxlummo (lumasiran)<sup>PD</sup> – **PA**; MB

- Pemfexy (pemetrexed) – **PA**; MB
  - Perjeta (pertuzumab) – **PA**; MB
  - Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf) – **PA**; MB
  - Polivy (polatuzumab vedotin-piiq) – **PA**; MB
  - Poteligeo (mogamulizumab-kpkc) – **PA**; MB
  - Reblozyl (luspatercept-aamt) – **PA**; MB
  - Riabni (rituximab-arrx) – **PA**; MB
  - Rituxan (rituximab) – **PA**; MB
  - Rituxan Hycela (rituximab/hyaluronidase human) – **PA**; MB
  - romidepsin – **PA**; MB
  - Ruxience (rituximab-pvvr) – **PA**; MB
  - Saphnelo (anifrolumab-fnia) – **PA**; MB
  - Signifor LAR (pasireotide injectable suspension) – **PA**; MB
  - Spinraza (nusinersen) – **PA**; MB
  - Spravato (esketamine) – **PA**; MB
  - Stelara (ustekinumab 130 mg/26 mL vial)<sup>PD</sup> – **PA**; MB
  - Supartz (hyaluronate) – **PA**; MB
  - Sylvant (siltuximab) – **PA**; MB
  - Synojoynt (hyaluronate) – **PA**; MB
  - Synvisc (hylan G-F20) – **PA**; MB
  - Synvisc-One (hylan G-F20) – **PA**; MB
  - Tecentriq (atezolizumab) – **PA**; MB
  - Tepezza (teprotumumab-trbw) – **PA**; MB
  - Trelstar (triptorelin) – **PA**; MB
  - Triluron (hyaluronate) – **PA**; MB
  - Trivisc (hyaluronate) – **PA**; MB
  - Truxima (rituximab-abbs) – **PA**; MB
  - Ultomiris (ravulizumab-cwvz) – **PA**; MB
  - Venofer (iron sucrose); MB
  - Vimizim (elosulfase alfa) – **PA**; MB
  - Visco-3 (hyaluronate) – **PA**; MB
  - Vpriv (velaglucerase alfa) – **PA**; MB
  - Yervoy (ipilimumab) – **PA**; MB
  - Zaltrap (ziv-aflibercept) – **PA**; MB
  - Zirabev (bevacizumab-bvzr) – **PA**; MB
- b. Effective April 1, 2023, the following agent will no longer be available through medical billing only and will be available through pharmacy billing.
- Xipere (triamcinolone ophthalmic suspension)

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## New or Revised Therapeutic Tables

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Table 2 – Hormones - Gonadotropin-Releasing Hormone Analogs

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Table 77 – Hyaluronan Injections  
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Table 79 – Pharmaceutical Compounds

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## Updated and New Prior-Authorization Request Forms

All Prior Authorization Request Forms have been updated with new formatting, Member Information, and Plan Contact Information section. The following Prior Authorization Request Forms have additional updates.

- Antidepressant Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Benzodiazepines and Other Anti-Anxiety Agents Prior Authorization Request
- Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents Prior Authorization Request
- Breast Cancer Agents Prior Authorization Request
- Gonadotropin-Releasing Hormone Prior Authorization Request
- Gout Agents Prior Authorization Request
- Hyaluronan Injections Prior Authorization Request
- Lipid-Lowering Agents Prior Authorization Request
- Multiple Myeloma Agents Prior Authorization Request
- Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents Prior Authorization Request
- Neuromuscular Agents Prior Authorization Request
- Opioids/Acetaminophen Analgesic Prior Authorization Request
- Prostate Cancer Agents Prior Authorization Request
- Proton Pump Inhibitor Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request
- Thrombocytopenic Agents Prior Authorization Request

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## 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 April 1, 2023, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Jevtana (cabazitaxel) – **PA**; MB
- Lidoderm (lidocaine 5% patch) – **PA**; A90

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## Updated MassHealth 90-day Initiative

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

- Effective April 1, 2023, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
  - Hetlioz (tasimelteon) – **PA**; A90
- Effective April 1, 2023, the following agents will no longer be allowed to be dispensed in up to a 90-day supply.
  - betamethasone dipropionate powder – **PA**
  - pyridoxine crystals – **PA**

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## Updated MassHealth Pharmacy Program Emergency Response

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

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## 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 April 1, 2023, the following products will be removed from the MassHealth Non-Drug Product List.

- Durolane (hyaluronate) – **PA**
- Euflexxa (hyaluronate) – **PA**

- Gel-One (crossed-linked hyaluronate) – **PA**
  - Gelsyn (hyaluronate) – **PA**
  - Genvisc (hyaluronate) – **PA**
  - Hyalgan (hyaluronate) – **PA**
  - Hymovis (hyaluronate modified) – **PA**
  - Monovisc (hyaluronate) – **PA**
  - Orthovisc (high molecular weight hyaluronan) – **PA**
  - Supartz (hyaluronate) – **PA**
  - Synojoynt (hyaluronate) – **PA**
  - Synvisc (hylan G-F20) – **PA**
  - Synvisc-One (hylan G-F20) – **PA**
  - Triluron (hyaluronate) – **PA**
  - Trivisc (hyaluronate) – **PA**
  - Visco-3 (hyaluronate) – **PA**
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### **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.

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### **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 April 1, 2023, the following antipsychotic agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Invega (paliperidone tablet) <sup>PD</sup> – **PA**; BP, A90
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### **Updated MassHealth ACP/MCO Unified Pharmacy Product List**

The MassHealth ACP/MCO Unified Pharmacy Product List has been removed from the MassHealth Drug List.

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### **New MassHealth Accountable Care Partnership Plans and Managed Care Organizations Pharmacy Information**

MassHealth Accountable Care Partnership Plans and Managed Care Organizations Pharmacy Information has been added.

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### **New MassHealth Pharmacy Operational Information**

The MassHealth Pharmacy Operational Information document has been added.

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### **Updated MassHealth Quick Reference Guide**

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

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### **Updated and New Pharmacy Initiatives**

- Opioid and Pain Initiative
  - Pediatric Behavioral Health Medication Initiative
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### **Deletions**

- a. 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.

- Oxaydo (oxycodone immediate-release) – **PA**
- b. The following drug has been removed from the MassHealth Drug List. This change does not reflect any change in MassHealth policy.
  - Oxytrol for Women (oxybutynin transdermal system) – **PA**

## Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
  - Alinia (nitazoxanide) – **PA**
  - Doral (quazepam) – **PA**
  - Drysol (aluminum chloride) – **PA**
  - Erwinase (asparaginase erwinia chrysanthemi) – **PA; MB**
  - Gleostine (lomustine) – **PA**
  - Proleukin (aldesleukin) – **PA**
  - Regranex (becaplermin) – **PA**
  - Santyl (collagenase) – **PA**
  - SSKI (potassium iodide) – **PA > 1 mL/day**
  - Sucraid (sacrosidase) – **PA**
  - tramadol solution – **PA**
  - Valium # (diazepam solution, tablet) – **PA < 6 years**
  - Xuriden (uridine triacetate) – **PA**
- b. The following drug has been added to the MassHealth Drug List. This change does reflect a change in MassHealth policy.
  - First-Omeprazole (omeprazole suspension compounding kit) – **PA**
- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
  - Actemra (tocilizumab auto-injection, prefilled syringe) – **PA**
  - Actemra (tocilizumab vial COVID EUA – June 24, 2021); **MB**
  - Benlysta (belimumab auto-injection, prefilled syringe) – **PA**
  - fentanyl 12, 25, 50 mcg/hr transdermal system– **PA > 50 mcg/hr and PA > 10 patches/30 days**
  - gelatin capsule, empty
  - Imitrex (sumatriptan tablet) – **PA > 18 units/30 days; #, A90**
  - Maxalt (rizatriptan tablet) – **PA > 18 units/30 days; #, A90**
  - Maxalt MLT (rizatriptan orally disintegrating tablet) – **PA > 18 units/30 days; #, A90**
  - Orencia (abatacept auto-injection, prefilled syringe) – **PA**
  - Panretin (alitretinoin) – **PA**
  - phenylephrine ophthalmic solution
  - Stelara (ustekinumab prefilled syringe, 45 mg/0.5 mL vial) <sup>PD</sup> – **PA**
  - Zomig (zolmitriptan tablet) – **PA > 18 units/30 days; #, A90**

## Abbreviations, Acronyms, and Symbols

# 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.

<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. Notwithstanding the above, this drug may be an exception to the unified pharmacy policy; please refer to

respective MassHealth Accountable Care Partnership Plans (ACPPs) and Managed Care Organizations (MCOs) for prior authorization status and criteria, if applicable.

**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.

**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.

**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.

**PD** Preferred Drug. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class.