



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

July 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 July 31, 2023.

Additional information about these agents may be available within the MassHealth Drug List at www.mass.gov/druglist.

Additions

- a. Effective July 31, 2023, the following newly marketed drugs have been added to the MassHealth Drug List.
- Altuviio (antihemophilic factor, recombinant, fc-vwf-xten fusion protein-ehtl)
 - Aspruzo (ranolazine extended-release granules) – **PA**
 - Atorvaliq (atorvastatin suspension) – **PA**
 - Briumvi (ublituximab-xiyy) – **PA**
 - Elahere (mirvetuximab soravtansine-gynx) – **PA**; MB
 - Furoscix (furosemide on-body infusor) – **PA**
 - Gohibic (vilobelimab COVID EUA - April 4, 2023); MB
 - Konvomop (omeprazole/sodium bicarbonate suspension) – **PA**
 - Lamzede (velmanase alfa-tycv) – **PA**; MB
 - Lunsumio (mosunetuzumab-axgb) – **PA**; MB
 - Nexobrid (anacaulase-bcdb) – **PA**; MB
 - oxybutynin immediate-release 2.5 mg tablet – **PA**; A90
 - Pedmark (sodium thiosulfate) – **PA**; MB
 - Pradaxa (dabigatran oral pellet) – **PA**
 - Relyvrio (sodium phenylbutyrate/sodium taurursodiol) – **PA**
 - Rezlidhia (olutasidenib) – **PA**
 - Skyclarys (omaveloxolone) – **PA**
 - Sunlenca (lenacapavir) – **PA**
 - Vivimusta (bendamustine); MB

New FDA “A”-Rated Generics

Effective July 31, 2023, the following FDA “A”-rated generic drugs have been added to the MassHealth Drug List. The brand name is listed with a # symbol, to indicate that prior authorization is required for the brand.

<u>New FDA “A”-Rated Generic Drug</u>	<u>Generic Equivalent of</u>
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methsuximide	Celontin #
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Change in Prior-Authorization Status

- a. Effective July 31, 2023, the following anticonvulsant will no longer require prior authorization.
- Vimpat (lacosamide solution, tablet); #, A90
- b. Effective July 31, 2023, the following triptan will no longer require prior authorization within quantity limits.
- naratriptan – **PA > 18 units/30 days**; A90
- c. Effective July 31, 2023, the following triptan will no longer require prior authorization within quantity limits.

- Imitrex (sumatriptan 5 mg, 20 mg nasal spray) – **PA > 18 units/30 days**; BP; A90
- d. Effective July 31, 2023, the following urinary dysfunction agents will no longer require prior authorization within quantity limits.
 - darifenacin – **PA > 1 unit/day**; A90
- e. Effective July 31, 2023, the following antiparasitic agent will no longer require prior authorization when exceeding previously established quantity limits.
 - Stromectol (ivermectin tablet); #
- f. Effective July 31, 2023, the following antiviral agent will no longer require prior authorization.
 - Veklury (remdesivir); MB
- g. Effective July 31, 2023, the following bowel preparation agent will no longer require prior authorization.
 - Suprep (sodium sulfate / potassium sulfate / magnesium sulfate); BP, A90
- h. Effective July 31, 2023, the following multiple sclerosis agents will no longer require prior authorization within quantity limits.
 - Ampyra (dalfampridine) – **PA > 2 units/day**; #, A90
 - Aubagio (teriflunomide) – **PA > 1 unit/day**; #, A90
 - Tecfidera (dimethyl fumarate) – **PA > 2 units/day**; #, A90
 - Gilenya (fingolimod capsule) – **PA > 1 unit/day**; #, A90
- i. Effective July 31, 2023, the following antiretroviral agents will no longer require prior authorization.
 - Apretude (cabotegravir injection) ^{PD}
- j. Effective July 31, 2023, the following antipsychotic agent will no longer require prior authorization within age and quantity limits. Pediatric Behavioral Health Medication Initiative criteria will still apply. For additional information, please see the Pediatric Behavioral Health Initiative documents found at www.mass.gov/druglist.
 - Perseris (risperidone extended-release subcutaneous injection) ^{PD} – **PA < 6 years and > 1 injection/28 days**
- k. Effective July 31, 2023, the following proton pump inhibitor agent will no longer require prior authorization.
 - Zegerid (omeprazole/sodium bicarbonate suspension); BP, M90

Change in Coverage Status

- b. Effective July 31, 2023, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.
 - Darzalex Faspro (daratumumab/hyaluronidase-fihj) – **PA**; MB
 - Durysta (bimatoprost implant) – **PA**; MB
 - Miochol-E (acetylcholine chloride); MB
 - Miostat (carbachol 0.01%); MB
 - Sarclisa (isatuximab-irfc) – **PA**; MB
 - Trodelvy (sacituzumab govitecan-hziy) – **PA**; MB
 - Veklury (remdesivir); MB
- c. Effective July 31, 2023, the following agents will no longer be restricted to medical billing.
 - Crysvita (burosumab-twza) – **PA**
 - Spravato (esketamine) - **PA**

New or Revised Therapeutic Tables

- Table 3 – Gastrointestinal Drugs - Histamine H2 Antagonists, Proton Pump Inhibitors, and Miscellaneous Gastroesophageal Reflux Agents
- Table 5 – Immunological Agents
- Table 7 – Muscle Relaxants - Skeletal
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Updated and New Prior-Authorization Request Forms

- Androgen Therapy Prior Authorization Request
- Anticoagulant and Antiplatelet Prior Authorization Request
- Anticonvulsant Prior Authorization Request
- Antidepressant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Benzodiazepines and Other Antianxiety Agents Prior Authorization Request
- Breast Cancer Agents Prior Authorization Request
- Cystic Fibrosis Agents Prior Authorization Request
- Dermatological Agents (Topical Chemotherapy and Genital Wart Therapy) Prior Authorization Request
- Gastrointestinal Agents - Antidiarrheals and Bowel Preparation Agents Prior Authorization Request
- Glaucoma Agents Prior Authorization Request
- Headache Therapy (Ergot Alkaloids and Serotonin Receptor Agents) Prior Authorization Request
- Lipid-Lowering Agents Prior Authorization Request

- Lung Cancer Agents Prior Authorization Request
- Multiple Myeloma Agents Prior Authorization Request
- Multiple Sclerosis Agents Prior Authorization Request
- Oral Respiratory Agents Prior Authorization Request
- Proton Pump Inhibitor Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request
- T-Cell Immunotherapies 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 July 31, 2023, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Pylera (bismuth subcitrate/metronidazole/tetracycline); BP, A90
 - Zegerid (omeprazole/sodium bicarbonate capsule); BP, M90
 - Zegerid (omeprazole/sodium bicarbonate suspension); BP, M90
- Effective July 31, 2023, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Gilenya (fingolimod capsule) – **PA > 1 unit/day**; #, A90

Updated MassHealth 90-day Initiative

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

Effective July 31, 2023, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- Celontin (methsuximide); #, A90
- Firvanq (vancomycin oral solution); BP, A90
- Fleqsuvy (baclofen suspension) – **PA**; A90

Updated MassHealth Pharmacy Program Emergency Response

The MassHealth Pharmacy Program Emergency Response document has been removed from the MassHealth Drug List.

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 July 31, 2023, the following products will require prior authorization with updated quantity limits.

- Binaxnow (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
- Carestart (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
- CVS COVID-19 At-Home Test (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
- Flowflex (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
- Genabio (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
- Ihealth (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
- Inteliswab (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
- On-Go (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
- Quickvue (COVID-19 antigen self-test) – **PA > 2 tests/28 days**

Updated MassHealth Over-the-Counter Drug List

Effective July 31, 2023, the following gastrointestinal agent will be removed from the MassHealth Over-the-Counter Drug List.

- ranitidine tablet

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.

- a. Effective July 31, 2023, the following antiretroviral agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Apretude (cabotegravir injection) ^{PD}
- b. Effective July 31, 2023, the following antipsychotic agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Perseris (risperidone extended-release subcutaneous injection) ^{PD}; – **PA < 6 years and > 1 unit/28 days**
- c. Effective July 31, 2023 the following antipsychotic agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
 - Invega (paliperidone tablet) – **PA**; BP, A90

Updated MassHealth Accountable Care Partnership Plans and Managed Care Organizations Pharmacy Information

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

Updated MassHealth Quick Reference Guide

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

Updated and New Pharmacy Initiatives

- The Chimeric Antigen Receptor (CAR)-T Immunotherapies Monitoring Program and the Luxturna Monitoring Program have been removed from the MassHealth Drug List.
- Pediatric Behavioral Health Medication Initiative

Updated MassHealth Acute Hospital Carve-Out Drugs List

The MassHealth Acute Hospital Carve-Out Drugs list 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.
 - Amerge (naratriptan) – **PA**; A90
 - bismuth subsalicylate/metronidazole/tetracycline – **PA**; A90
 - Fibracor (fenofibric acid tablet); #, M90
 - Glucotrol (glipizide); #, M90
 - Lescol (fluvastatin) – **PA**; M90
 - metoclopramide orally disintegrating tablet – **PA**; A90
 - Niaspan (niacin extended-release tablet); #, M90
 - nizatidine solution – **PA**; A90
 - Nulytely (polyethylene glycol-electrolyte solution); #, A90
 - ranitidine syrup
 - ranitidine tablet
 - Tolak (fluorouracil 4% cream) – **PA**
 - Zantac (ranitidine injection); #

- 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.
- aspirin/omeprazole – **PA**; A90

Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
- Jatenzo (testosterone undecanoate capsule) – **PA**
 - Paxlovid (nirmatrelvir/ritonavir for members ≥ 18 years of age)
 - Phospholine Iodide (echothiophate iodide)
 - Sevenfact (coagulation factor VIIa, recombinant)
- b. The following drug has been added to the MassHealth Drug List. This change does reflect a change in MassHealth policy.
- oxybutynin solution – **PA**; A90
- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- Actemra (tocilizumab vial COVID); MB
 - Lasix (furosemide tablet, solution, injection); #, M90
 - Lipitor (atorvastatin 10 mg, 20 mg, 40 mg tablet) – **PA > 1.5 units/day**; #, M90
 - Lipitor (atorvastatin 80 mg tablet) – **PA > 1 unit/day**; #, M90
 - Olumiant (baricitinib for members ≥ 18 years of age COVID); MB
 - oxybutynin immediate-release 5 mg tablet, syrup; A90
 - Pradaxa (dabigatran capsule)
 - Ranexa (ranolazine extended-release tablet); #, A90
 - Symlinpen (pramlintide)
 - Tlando (testosterone undecanoate capsule) – **PA**
 - Vimpat (lacosamide); #, A90
 - Zegerid (omeprazole/sodium bicarbonate capsule, powder for oral suspension); BP; M90

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.

MB 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.

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.

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.

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.

P^D 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.