



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

October 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 October 2, 2023.

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

Additions

- a. Effective October 2, 2023, the following newly marketed drugs have been added to the MassHealth Drug List.
 - Abilify Asimtufii (aripiprazole extended-release injection) – **PA**
 - Abrysvo (respiratory syncytial virus vaccine) – **PA < 60 years**
 - allopurinol 200 mg tablet – **PA**; M90
 - Arexvy (respiratory syncytial virus vaccine, adjuvanted) – **PA < 60 years**
 - Beyfortus (nirsevimab-alip) – **PA ≥ 8 months of age**
 - Cuvrior (trientine tablet) – **PA**
 - Leqembi (lecanemab-irmb) – **PA**
 - Syfovre (pegcetacoplan 150 mg/mL vial) – **PA**; MB
 - Uzedy (risperidone 50 mg, 75 mg, 100 mg, 125 mg extended-release subcutaneous injection) ^{PD} – **PA < 6 years and PA > 1 injection/28 days**
 - Uzedy (risperidone 150 mg, 200 mg, 250 mg extended-release subcutaneous injection) ^{PD} – **PA < 6 years and PA > 1 injection/56 days**
 - Vowst (fecal microbiota spores, live-brpk) – **PA**
- b. Effective for the date listed below, the following COVID-19 preventative therapies have been added to the MassHealth Drug List on October 2, 2023.
 - Comirnaty (COVID-19 Pfizer vaccine, COVID EUA – September 11, 2023 for members ≥ 6 months of age)
 - Spikevax (COVID-19 Moderna vaccine, COVID EUA – September 11, 2023 for members ≥ 6 months of age)

New FDA “A”-Rated Generics

Effective October 2, 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>
--	-------------------------------------

plerixafor

Mozobil #

Change in Prior-Authorization Status

- a. Effective October 2, 2023, the following compounded pharmaceutical products will not require prior authorization.
 - compounded pharmaceutical product with a total allowed ingredient cost < \$100 and non-topical route of administration; CP

- b. Effective October 2, 2023, the following compounded pharmaceutical products will require prior authorization.
- compounded pharmaceutical product with a total allowed ingredient cost \geq \$100 – **PA**; CP
 - compounded pharmaceutical product with topical route of administration – **PA**; CP

Change in Coverage Status

Effective October 2, 2023, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.

- Enjaymo (sutimlimab-jome) – **PA**; MB
- Soliris (eculizumab) – **PA**; MB
- Padcev (enfortumab vedotin-ejfv) – **PA**; MB
- Uplizna (inebilizumab-cdon) – **PA**; MB
- Vyvgart (efgartigimod alfa-fcab) – **PA**; MB

New or Revised Therapeutic Tables

Table 5 – Immunological Agents
Table 7 – Muscle Relaxants - Skeletal
Table 8 – Opioids and Analgesics
Table 10 – Dermatologic Agents - Acne and Rosacea
Table 18 – Cardiovascular Agents
Table 19 – Benign Prostatic Hyperplasia (BPH) Agents
Table 23 – Respiratory Agents - Inhaled
Table 24 – Antipsychotics
Table 26 – Antidiabetic Agents
Table 28 – Antifungal Agents - Topical
Table 32 – Serums, Toxoids, and Vaccines
Table 33 – Inflammatory Bowel Disease Agents
Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
Table 36 – Drug and Alcohol Cessation Agents
Table 37 – Respiratory Syncytial Virus (RSV) Prophylaxis Agents
Table 38 – Antiretroviral/HIV Therapy
Table 45 – Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents
Table 51 – Antiglaucoma Agents - Ophthalmic
Table 52 – Multiple Sclerosis Agents
Table 54 – Pediculicides and Scabicides
Table 56 – Alzheimer's Agents
Table 57 – Oncology Agents
Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
Table 62 – Gout Agents
Table 65 – Enzyme Replacement and Substrate Reduction Therapies
Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents
Table 71 – Pediatric Behavioral Health
Table 72 – Agents Not Otherwise Classified
Table 75 – T-Cell Immunotherapies
Table 78 – Diabetes Medical Supplies and Emergency Treatments
Table 79 – Pharmaceutical Compounds

Updated and New Prior-Authorization Request Forms

All Prior Authorization Request Forms have been updated with new Step Therapy section. The following Prior Authorization Request Forms are new or have additional updates.

- Anti-Amyloid Monoclonal Antibodies Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Diabetes Medical Supplies and Emergency Treatments Prior Authorization Request
- General Drug Prior Authorization Request
- Gout Agents Prior Authorization Request
- Multiple Sclerosis Agents Prior Authorization Request
- Ophthalmic Anti-Allergy and Anti-Inflammatory Agents Prior Authorization Request
- Opioid Dependence and Reversal Agents Prior Authorization Request
- Opioids/Acetaminophen Analgesic Prior Authorization Request
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Pediculicides and Scabicides 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.

- a. Effective October 2, 2023, the following agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Flovent (fluticasone propionate inhalation powder); BP
- b. Effective October 2, 2023, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Exelderm (sulconazole) – **PA**; A90
 - Invega (paliperidone tablet) – **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 October 2, 2023, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- acamprosate; A90
- alfuzosin extended-release; M90
- Canasa (mesalamine suppository); BP, A90
- Catapres-TTS (clonidine patch) – **PA**; A90
- disulfiram; A90
- Intelence (etravirine); BP, A90
- Prezista (darunavir) ^{PD}; BP, A90
- Timoptic Ocudose (timolol ophthalmic unit dose solution) – **PA**; BP, M90
- Zioptan (tafluprost) – **PA**; BP, M90

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 October 2, 2023, the following medical supplies will be added to the MassHealth Non-Drug Product list.

- Omnipod Go – **PA**
-

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.

- a. Effective October 2, 2023, the following gastrointestinal agent will be added to the MassHealth Over-the-Counter Drug List.
 - calcium polycarbophil; *, M90
 - b. Effective August 16, 2023, the following opioid reversal agent was added to the MassHealth Over-the-Counter Drug List on September 11, 2023.
 - Narcan (naloxone 4 mg nasal spray); *
-

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 October 2, 2023, the following antipsychotic agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Uzedly (risperidone 50 mg, 75 mg, 100 mg, 125 mg extended-release subcutaneous injection) ^{PD} – **PA < 6 years and PA > 1 injection/28 days**
 - Uzedly (risperidone 150 mg, 200 mg, 250 mg extended-release subcutaneous injection) ^{PD} – **PA < 6 years and PA > 1 injection/56 days**
-

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.

New MassHealth Pharmacy Naloxone Availability and Coverage

Effective September 11, 2023, the MassHealth Pharmacy Naloxone Availability and Coverage document has been added.

Updated MassHealth Quick Reference Guide

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

Certain MassHealth Outpatient Physician Administered Drugs to be Paid by Fee Schedule

This List identifies the current list of “Fee Schedule Drugs” and hospital reimbursement for outpatient administration of certain physician administered drugs. The List of “Fee Scheduled Drugs” may be updated from time-to-time.

Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - Antabuse (disulfiram)
 - Sklice (ivermectin lotion) – **PA**; A90
- 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.
 - Amicar (aminocaproic acid); #, A90
 - Amzeeq (minocycline 4% foam) – **PA**
 - Elimite (permethrin cream); #
 - Exelderm (sulconazole) – **PA**; BP; A90

- Ximino (minocycline extended-release capsule) – **PA**
- Zilxi (minocycline 1.5% foam) – **PA**
- c. The following drugs have been removed from the MassHealth Drug List. MassHealth requires prior authorization for compounded pharmaceutical products with a total allowed ingredient cost \geq \$100 or for compounded products for topical route of administration. MassHealth does not pay for any drug when used for excluded purposes as described in 130 CMR 406.413(B).
 - alprazolam powder – **PA**
 - amitriptyline powder – **PA**
 - ascorbic acid powder – **PA**
 - baclofen powder – **PA**
 - betamethasone dipropionate powder – **PA**
 - biotin powder – **PA**
 - buspirone powder – **PA**
 - cholestyramine resin powder – **PA**
 - ciclopirox powder – **PA**
 - cimetidine powder – **PA**
 - clindamycin powder – **PA**
 - clobetasol propionate powder – **PA**
 - clonazepam powder – **PA**
 - clonidine powder – **PA**
 - codeine powder – **PA**
 - diazepam powder – **PA**
 - dimethyl sulfoxide liquid – **PA**
 - fentanyl powder – **PA**
 - fluconazole powder – **PA**
 - gabapentin powder – **PA**
 - glycopyrrolate powder – **PA**
 - griseofulvin powder – **PA**
 - hydrocodone powder – **PA**
 - hydromorphone powder – **PA**
 - ibuprofen powder – **PA**
 - itraconazole powder – **PA**
 - ketotifen powder – **PA**
 - lamotrigine powder – **PA**
 - levocarnitine powder – **PA**
 - levofloxacin powder – **PA**
 - levorphanol powder – **PA**
 - lidocaine powder – **PA**
 - lorazepam powder – **PA**
 - melatonin powder – **PA**
 - methadone powder – **PA**
 - methylphenidate powder – **PA**
 - miconazole nitrate powder – **PA**
 - midazolam powder – **PA**
 - morphine powder – **PA**
 - mupirocin powder – **PA**

- naltrexone powder – **PA**
 - nystatin bulk powder – **PA**
 - orphenadrine powder – **PA**
 - oxycodone powder – **PA**
 - progesterone powder
 - pyridoxine crystals – **PA**
 - sirolimus powder – **PA**
 - sufentanil powder – **PA**
 - terbinafine powder – **PA**
 - testosterone powder – **PA**
 - topiramate powder – **PA**
- d. Effective October 2, 2023, the following COVID-19 preventative therapies have been removed from the MassHealth Drug List because they are no longer authorized for use by the Food and Drug Administration.
- Comirnaty (COVID-19 Pfizer vaccine, bivalent COVID EUA – August 31, 2022 for members ≥ 6 months of age)
 - Spikevax (COVID-19 Moderna vaccine, bivalent COVID EUA – August 31, 2022 for members ≥ 6 months of age)

Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
- calcium polycarbophil; *, M90
 - Lifems Naloxone (naloxone syringe kit) – **PA**
 - Lymepak (doxycycline hyclate 100 mg tablet pack) – **PA**
 - metformin immediate-release 625 mg tablet – **PA**
 - valsartan solution – **PA**; M90
- b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- aminocaproic acid; A90
 - Empaveli (pegcetacoplan 1,080 mg/20 mL vial) – **PA**
 - gelatin capsule, empty; *
 - Perseris (risperidone 90 mg, 120 mg extended-release subcutaneous injection) ^{PD}; – **PA < 6 years and > PA 1 injection/28 days**
 - Syprine (trientine capsule); BP, A90
 - Zyloprim (allopurinol 100mg, 300 mg tablet); #, 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.

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

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.

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.

CP Compounded pharmaceutical products with a total allowed ingredient cost greater than or equal to \$100 require PA. In addition, compounded pharmaceutical products with topical route of administration require PA. The following routes of administration are excluded from the PA requirement for products with a total allowed ingredient cost greater than or equal to \$100: infusion, intravenous, intravenous piggyback, intravenous push, subcutaneous. Compounded pharmaceutical products utilizing any PA-requiring agent or not covered ingredient as part of the compound require PA.