



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

December 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 December 4, 2023.

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

Additions

- a. Effective December 4, 2023, the following newly marketed drugs have been added to the MassHealth Drug List.
 - Adstiladrin (nadofaragene firadenovec-vncg) – **PA**; MB
 - Balfaxar (prothrombin complex concentrate, human)
 - Brixadi (buprenorphine extended-release injection) – **PA**
 - nitrofurantoin 50 mg/5 mL suspension – **PA**; A90
 - Rezvoglar (insulin glargine-aglr) – **PA**
 - Roctavian (valoctocogene roxaparvovec-rvox) – **PA**; CO, MB
 - Skysona (elivaldogene autotemcel) – **PA**; CO, MB
 - Sogroya (somapacitan-beco) – **PA**
 - zolpidem 7.5 mg capsule – **PA**
 - Zynyz (retifanlimab-dlwr) – **PA**; MB
- b. Effective for the date listed below, the following COVID-19 preventative has been added to the MassHealth Drug List on December 4, 2023.
 - Novavax COVID-19 vaccine, adjuvanted (COVID EUA – October 3, 2023 for members ≥ 12 years of age)

Change in Prior Authorization Status

- a. Effective December 4, 2023, the following inhaled respiratory agent will require prior authorization.
 - fluticasone propionate inhalation – **PA**; A90
- b. Effective October 19, 2023, the following inhaled respiratory agent will no longer require prior authorization.
 - Arnuity (fluticasone furoate inhalation powder)
- c. Effective December 4, 2023, the following inhaled respiratory agents will no longer require prior authorization.
 - Anoro (umeclidinium/vilanterol)
 - Serevent (salmeterol)
- d. Effective December 4, 2023, the following anticoagulant agent will no longer require prior authorization within quantity limits.
 - Xarelto (rivaroxaban 2.5 mg tablet) – **PA > 2 units/day**
- e. Effective December 4, 2023, the following anticoagulant agent will no longer require prior authorization within age limits.
 - Xarelto (rivaroxaban suspension) – **PA ≥ 18 years**

Change in Coverage Status

Effective December 4, 2023, the following agent will be available through medical billing only and will no longer be available through pharmacy billing.

- Nexviazyme (avalglucosidase alfa-ngpt) – **PA**; MB

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 8 – Opioids and Analgesics
- Table 9 – Growth Hormones and mecasermin (Increlex)
- Table 14 – Headache Therapy
- Table 15 – Hypnotics
- Table 17 – Antidepressants
- Table 18 – Cardiovascular Agents
- Table 21 – Cystic Fibrosis Agents
- Table 23 – Respiratory Agents – Inhaled
- Table 26 – Antidiabetic Agents
- Table 27 – Antiemetics, Appetite Stimulants, and Anabolics
- Table 29 – Anti-Allergy and Anti-Inflammatory Agents - Ophthalmic
- Table 31 – Cerebral Stimulants and Miscellaneous Agents
- 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 43 – Pulmonary Hypertension Agents
- Table 57 – Oncology Agents
- Table 58 – Anticoagulants and Antiplatelet 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 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents
- Table 71 – Pediatric Behavioral Health
- Table 72 – Agents Not Otherwise Classified
- Table 80 – Anti-Hemophilia Agents

Updated and New Prior Authorization Request Forms

- Anticoagulant and Antiplatelet Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request
- Growth Hormone and Increlex Prior Authorization Request
- Headache Therapy (Ergot Alkaloids and Serotonin Receptor Agents) Prior Authorization Request
- Hemophilia Gene Therapies Prior Authorization Request
- Hypnotic Agents Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Injectable Antibiotic Prior Authorization Request
- Neuromuscular 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

- Proton Pump Inhibitor Prior Authorization Request
 - Skysona (elivaldogene autotemcel) 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 December 4, 2023, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Asacol HD (mesalamine high dose delayed-release); #, A90
 - Canasa (mesalamine suppository); #, A90
 - Coreg CR (carvedilol extended-release) – **PA**; M90
 - Veletri (epoprostenol) – **PA**
 - Viibryd (vilazodone) – **PA**; A90
 - Zytiga (abiraterone 500 mg) – **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 December 4, 2023, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- Flovent (fluticasone propionate inhalation powder); BP, A90
 - metformin immediate-release 625 tablet – **PA**; M90
 - Kombiglyze XR (saxagliptin/metformin extended-release); BP, M90
 - Onglyza (saxagliptin); BP, M90
 - Spiriva Handihaler (tiotropium inhalation powder); BP, A90
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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 September 20, 2023, the following product will be added to the MassHealth Non-Drug Product List.

- Medically necessary enteral nutritional liquid
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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.

Updated and New Pharmacy Initiatives

- Opioid and Pain Initiative
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Updated Pharmacy Covered Professional Services List

The MassHealth Pharmacy Covered Professional Services List has been updated to reflect recent changes to the MassHealth Drug List.

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.

- Bunavail (buprenorphine/naloxone buccal film) – **PA**
- Intermezzo (zolpidem 1.75 mg, 3.5 mg sublingual tablet) – **PA**
- Probuphine (buprenorphine implant) – **PA**

- Xopenex (levalbuterol inhalation solution) – **PA**; A90
 - b. Effective December 4, 2023, the following COVID-19 preventatives have been removed from the MassHealth Drug List because they are no longer authorized for use by the Food and Drug Administration.
 - Janssen COVID-19 Vaccine (COVID EUA – February 27, 2021)
 - Novavax COVID-19 vaccine, adjuvanted (COVID EUA – July 13, 2022 for members ≥ 12 years of age)
 - c. 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.
 - Onzetra (sumatriptan nasal powder) - **PA**
 - Silenor (doxepin tablet-Silenor) - **PA**; A90
 - Treximet (sumatriptan/naproxen) - **PA**; A90
 - Xenleta (lefamulin injection) – **PA**
 - Xenleta (lefamulin tablet) – **PA**
 - Zohydro ER (hydrocodone extended-release capsule) – **PA**
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Corrections/Clarifications

The following listings have been clarified. These changes do not reflect any change in MassHealth policy.

- Flovent (fluticasone propionate inhalation); BP, A90
 - Furadantin (nitrofurantoin 25 mg/5 mL suspension) – **PA**; A90
 - Zytiga (abiraterone 250 mg, 500 mg) – **PA**; A90
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Abbreviations, Acronyms, and Symbols

This designates a brand-name drug with FDA “A”-rated generic equivalents. PA 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.

^{CO} Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.

^{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, PA does not apply through the hospital outpatient and inpatient settings. Please refer to 130 CMR 433.408 for PA 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 PA 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.