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

January 2024 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 January 2, 2024.

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

Additions

Effective January 2, 2024, the following newly marketed drugs have been added to the MassHealth Drug List.

- Daybue (trofinetide) – **PA**
- Elfabrio (pegunigalsidase alfa-iwxj) – **PA**
- Hemgenix (etranacogene dezaparvovec-drlb) – **PA**; CO, MB
- Jaypirca (pirtobrutinib) – **PA**
- Joenja (leniolisib) – **PA**
- Olpruva (sodium phenylbutyrate pellets for suspension) – **PA**
- Omisirge (omidubicel-onlv) – **PA**; CO, MB

Change in Prior Authorization Status

a. Effective January 2, 2024, the following antidiabetic agents will require prior authorization when exceeding the newly established quantity limits.
   - Byetta (exenatide 5 mcg injection) – **PA > 1.2 mL/30 days**; BP
   - Byetta (exenatide 10 mcg injection) – **PA > 2.4 mL/30 days**; BP
   - Trulicity (dulaglutide) [PD] – **PA > 2 mL/28 days**
   - Victoza (liraglutide) – **PA > 9 mL/30 days**; BP

b. Effective January 2, 2024, the following topical antiviral agent will require prior authorization.
   - Denavir (penciclovir) – **PA**; A90

c. Effective January 2, 2024, the following gastrointestinal agent will require prior authorization.
   - Zegerid (omeprazole/sodium bicarbonate powder for oral suspension) – **PA**; M90

d. Effective January 2, 2024, the following inhaled respiratory agent will no longer require prior authorization.
   - Breo (fluticasone/vilanterol); BP, A90

e. Effective January 2, 2024, the following antiglaucoma agents will require prior authorization.
   - Combigan (brimonidine/timolol, ophthalmic) – **PA**; M90
   - Lumigan (bimatoprost 0.01% ophthalmic solution) – **PA**

Change in Coverage Status

Effective January 2, 2024, the following anti-obesity agents will no longer be excluded per regulation 130 CMR 406.413(B) and will require prior authorization.

- Adipex-P (phentermine 37.5 mg capsule, tablet) – **PA**
- benzphetamine – **PA**
- diethylpropion – **PA**
- diethylpropion extended-release – **PA**
- Lomaira (phentermine 8 mg tablet) – **PA**

- phendimetrazine – **PA**
- phendimetrazine extended-release – **PA**
- phentermine 15 mg, 30 mg capsule – **PA**
- Saxenda (liraglutide) – **PA**
- Wegovy (semaglutide injection) [PD] – **PA**
- Xenical (orlistat) – **PA**; BP, A90

New or Revised Therapeutic Tables

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- Benign Prostatic Hyperplasia (BPH) Agents Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request
- Diabetes Medical Supplies and Emergency Treatments Prior Authorization Request
- Glaucoma Agents Prior Authorization Request
- Headache Therapy (Calcitonin Gene-Related Peptide (CGRP) Inhibitors) Prior Authorization Request
- Hemophilia Gene Therapies Prior Authorization Request

- Inhaled Respiratory Agents Prior Authorization Request
- Opioid Dependence and Reversal Agents Prior Authorization Request
- Osteoporosis Agents and Calcium Regulators Prior Authorization Request
- Progesterone Agents Prior Authorization Request
- Proton Pump Inhibitor Prior Authorization Request
- Targeted Immunomodulators 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 January 2, 2024, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
   - Votrient (pazopanib) – **PA**; BP, A90
   - Xenical (orlistat) – **PA**; BP, A90

b. Effective January 2, 2024, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
   - Ciprodex (ciprofloxacin/dexamethasone); #, A90
   - Combigan (brimonidine/timolol, ophthalmic) – **PA**; M90
   - Denavir (penciclovir) – **PA**; A90
   - Forfivo XL (bupropion hydrochloride extended-release 450 mg tablet) – **PA**; A90
   - Glumetza (metformin extended-release, gastric tablet) – **PA**; M90
   - Imitrex (sumatriptan 5 mg, 20 mg nasal spray) – **PA > 18 units/30 days**; #, A90
   - Mephyton (phytonadione); #, A90
   - Miacalcin (calcitonin salmon injection) – **PA**
   - Restasis (cyclosporine 0.05% ophthalmic emulsion); #, A90
   - Zegerid (omeprazole/sodium bicarbonate capsule); #, M90
   - Zegerid (omeprazole/sodium bicarbonate powder for oral suspension) – **PA**; M90
   - Zyvox (linezolid suspension) – **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 January 2, 2024, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- Onexton (clindamycin/benzoyl peroxide) – **PA**; A90
- Votrient (pazopanib) – **PA**; BP, A90
- Xenical (orlistat) – **PA**; BP, A90

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 January 2, 2024, the following medical supply will be added to the MassHealth Non-Drug Product list.

- Cequr Simplicity– **PA**

Updated Medicare Part D Exclusion List

Effective January 1, 2024, weight loss drugs are no longer excluded by MassHealth. Weight loss drugs continue to be excluded by Medicare Part D.

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 January 2, 2024, the following cerebral stimulant agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
   - Focalin XR (dexmethylphenidate extended-release) – **PA < 3 years or ≥ 21 years and PA > 2 units/day**; BP

b. Effective January 2, 2024, the following antiretroviral agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
   - Prezista (darunavir); BP, A90

c. Effective January 2, 2024, the following urinary dysfunction agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
   - Toviaz (fesoterodine); BP, A90

d. Effective January 2, 2024, the following immunomodulators will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
   - Xeljanz (tofacitinib) – **PA**
   - Xeljanz XR (tofacitinib extended-release) – **PA**

e. Effective January 2, 2024, the following anti-obesity agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Wegovy (semaglutide injection) [PD] – **PA**

f. Effective January 2, 2024, the following drug and alcohol cessation agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Vivitrol (naltrexone injection) [PD]

Updated MassHealth Quick Reference Guide

The MassHealth Quick Reference Guide 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.

Corrections / Clarifications

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

- Stelara (ustekinumab 45 mg/0.5 mL prefilled syringe, 90 mg/mL prefilled syringe, 45 mg/0.5 mL vial) [PD] – **PA**
- Stelara (ustekinumab 130 mg/26 mL vial) – **PA**; MB

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.

[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: PA 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.

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

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.