



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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March 2024 MassHealth Drug List Summary Update

MassHealth evaluates the prior authorization (PA) 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 March 4, 2024.

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

Additions

- a. Effective March 4, 2024, the following newly marketed drugs have been added to the MassHealth Drug List.
 - Abrilada (adalimumab-afzb) – **PA**
 - adalimumab-aacf, unbranded – **PA**
 - adalimumab-adaz, unbranded – **PA**
 - adalimumab-adbm, unbranded – **PA**
 - adalimumab-fkjp, unbranded – **PA**
 - Airsupra (albuterol/budesonide) – **PA**
 - Akeega (niraparib/abiraterone) – **PA**
 - Amjevita (adalimumab-atto) – **PA**
 - Austedo XR (deutetrabenazine extended-release) – **PA**
 - Columvi (glofitamab-gxbm) – **PA**; MB
 - Cyltezo (adalimumab-adbm) – **PA**
 - Elevidys (delandistrogene moxeparvovec-rokl) – **PA**; CO, MB
 - Epkinly (epcoritamab-bysp) – **PA**; MB
 - Filspari (sparsentan) – **PA**
 - Hadlima (adalimumab-bwwd) – **PA**
 - Hulio (adalimumab-fkjp) – **PA**
 - Hyrimoz (adalimumab-adaz) – **PA**
 - Idacio (adalimumab-aacf) – **PA**
 - Iheezo (chloroprocaine ophthalmic gel) – **PA**
 - Inpefa (sotagliflozin) – **PA**
 - Iyuzeh (latanoprost solution) – **PA**
 - Litfulo (ritlecitinib) – **PA**
 - Liqrev (sildenafil oral suspension) – **PA**
 - Miebo (perfluorohexyloctane) – **PA**
 - Ngenla (somatrogon-ghla) – **PA**
 - Opvee (nalmefene nasal spray) – **PA**
 - Qalsody (tofersen) – **PA**; MB
 - Rezzayo (rezafungin) – **PA**
 - Rykindo (risperidone 25 mg, 37.5 mg, 50 mg extended-release intramuscular injection) – **PA**
 - Rystiggo (rozanolixizumab-noli) – **PA**; MB
 - Sezaby (phenobarbital 100 mg vial); MB

- Veozah (fezolinetant) – **PA**
 - Vyjuvek (beremagene geperpavec-svdt) – **PA**; MB
 - Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) – **PA**; MB
 - Ycanth (cantharidin) – **PA**; MB
 - Yuflyma (adalimumab-aaty) – **PA**
 - Yusimry (adalimumab-aqvh) – **PA**
 - Zavzpret (zavegepant) – **PA**
 - Zurzuvae (zuranolone) – **PA**
- b. Effective 12/27/2023, the following preventative therapy has been added to the MassHealth Drug List on March 4, 2024.
- Ixchiq (chikungunya virus vaccine, live)

Change in Prior Authorization Status

- a. Effective March 4, 2024, the following colony stimulating factor agents will no longer require PA.
- Granix (TBO-filgrastim)
 - Nivestym (filgrastim-aafi)
 - Releuko (filgrastim-ayow)
 - Zarxio (filgrastim-sndz)
- b. Effective March 4, 2024, the following diabetic agent will no longer require PA.
- Zegalogue (dasiglucagon)
- c. Effective March 4, 2024, the following inhaled respiratory agent will no longer require PA.
- Proair Respiclick (albuterol inhalation powder)
- d. Effective March 4, 2024, the following compounded pharmaceutical products will require PA.
- compounded pharmaceutical product with transdermal ROA – **PA**; CP
- e. Effective March 4, 2024, the following inhaled agent will no longer require PA within age limits.
- fluticasone propionate inhalation aerosol – **PA ≥ 5 years**; A90
- f. Effective March 4, 2024, the following non-stimulant ADHD agent will no longer require PA within age and quantity limits.
- clonidine extended-release 0.1 mg tablet – **PA < 3 years and PA > 4 units/day**; A90
- g. Effective March 4, 2024, the following cardiovascular agent will no longer require PA.
- Cardizem CD (diltiazem 360 mg); #, M90

Change in Coverage Status

Effective March 4, 2024, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.

- Enhertu (fam-trastuzumab deruxtecan-nxki) – **PA**; MB
- Kimmtrak (tebentafusp-tebn) – **PA**; MB
- Sandimmune (cyclosporine injection); MB
- Simulect (basiliximab); MB

New or Revised Therapeutic Tables

Table 4 – Hematologic Agents - Hematopoietic and Miscellaneous Hematologic Agents

Table 5 – Immunological Agents

Table 6 – Nutrients, Vitamins, and Vitamin Analogs

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Table 79 – Pharmaceutical Compounds
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Updated and New Prior Authorization Request Forms

Effective February 9th, 2024, all PA Request Forms were updated with revised Plan Contact Information section. All PA Request Forms have been updated with revised Prescriber Information section, effective March 4th, 2024. The following PA Request Forms are new or have additional updates.

- Antidepressant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Anti-Obesity Agents Prior Authorization Request
- Antipsychotic 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
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request
- Dermatological Agents (Topical Chemotherapy and Genital Wart Therapy) Prior Authorization Request
- Diabetes Medical Supplies Prior Authorization Request
- Glaucoma Agents Prior Authorization Request

- Growth Hormone and Increlex Prior Authorization Request
- Headache Therapy (Calcitonin Gene-Related Peptide (CGRP) Inhibitors) Prior Authorization Request
- Hepatitis Antiviral Agents Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Lipid-Lowering Agents Prior Authorization Request
- Neuromuscular 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/Injectable Antifungal Agents Prior Authorization Request
- Osteoporosis Agents and Calcium Regulators Prior Authorization Request
- Prostate Cancer Agents Prior Authorization Request
- Pulmonary Hypertension Prior Authorization Request
- T-Cell Immunotherapies Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request
- Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors 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 March 4, 2024, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Risperdal Consta (risperidone 12.5 mg, 25 mg, 37.5 mg, 50 mg extended-release intramuscular injection) – **PA < 6 years and PA > 2 injections/28 days**; BP
- Effective March 4, 2024, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Finacea (azelaic acid gel) – **PA**; A90
 - Lotronex (alosetron) – **PA**

Updated MassHealth 90-day Initiative

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

Effective March 4, 2024, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- Adek Gummies (multivitamins/zinc gummy) – **PA**; M90
- Carospir (spironolactone suspension) – **PA**; M90
- Condylox (podofilox); #, A90
- Livalo (pitavastatin calcium) – **PA**; M90
- Prolensa (bromfenac 0.07%); BP, A90

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.

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 March 4, 2024, the following calcitonin gene-related peptide inhibitor will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Qulipta (atogepant) ^{PD} – **PA**
 - b. Effective March 4, 2024, the following growth hormone agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Skytrofa (lonapegsomatropin-tcgd) ^{PD} – **PA**
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MassHealth Supplemental Rebate/Preferred Non-Drug Product List

The MassHealth Supplemental Rebate/Preferred Non-Drug Product List documents non-drug products, including any applicable PA requirements, for which MassHealth has either entered into a supplemental rebate agreement with non-drug product manufacturers or designated a particular non-drug product as preferred based on net costs to MassHealth, allowing MassHealth the ability to provide coverage of medical products at the lowest possible costs.

Updated MassHealth Pharmacy Operational Page

The MassHealth Pharmacy Operational Page has been updated to reflect recent changes to the MassHealth Drug List.

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

- Concomitant Opioid and Benzodiazepine Initiative
 - Opioid and Pain Initiative
 - Pediatric Behavioral Health Medication Initiative
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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.
 - Adalat (nifedipine tablet); #, M90
 - Adhansia XR (methylphenidate extended-release) – **PA**
 - Adzenys ER (amphetamine extended-release 1.25 mg/mL oral suspension) – **PA**
 - Albenza (albendazole); #, A90
 - Aldactazide (spironolactone/hydrochlorothiazide); #, M90
 - Aldara (imiquimod 5% cream); #, A90
 - Brisdelle (paroxetine mesylate capsule) – **PA**; A90
 - Intron A (interferon alfa-2b)
 - metoprolol/hydrochlorothiazide; A90
 - Navelbine (vinorelbine); #
 - Ranexa (ranolazine extended-release tablet); #, A90
 - Seconal (secobarbital)
 - Tranxene (clorazepate) – **PA**
 - Vecamyl (mecamylamine) – **PA**
 - Verelan (verapamil capsule); #, M90
- 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.

- Catapres-TTS (clonidine patch) – **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.
 - Adek Gummies (multivitamins/zinc gummy) – **PA**; M90
 - Enemeez Plus (docusate/benzocaine enema); A90
 - nitroglycerin injection
- b. The following drug has been added to the MassHealth Drug List. This change does reflect a change in MassHealth policy.
 - Ketalar (ketamine injection) – **PA**; MB
- c. The following listings have been clarified. This change does reflect a change in MassHealth policy.
 - compounded pharmaceutical product with a total allowed ingredient cost < \$100 and non-topical/non-transdermal ROA; CP
- d. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
 - Cardizem CD (diltiazem extended-release capsule); #, M90
 - Clorotekal (chloroprocaine injection); MB
 - Enemeez (docusate sodium enema); A90
 - fluticasone propionate inhalation powder – **PA**; A90
 - Istodax (romidepsin lyophilized) – **PA**; MB
 - Nesacaine (chloroprocaine vial); MB
 - phenobarbital tablet, solution, injection
 - Risperdal Consta (risperidone 12.5 mg, 25 mg, 37.5 mg, 50 mg extended-release intramuscular injection) – **PA < 6 years and PA > 2 injections/28 days**; BP
 - romidepsin non-lyophilized – **PA**; MB
 - Sandimmune (cyclosporine capsule); #, A90

MassHealth Formulary and Benefit Information

The MassHealth Formulary and Benefit (F&B) Information contains data to aid in determination of medication selection for a member considering benefit coverage restrictions and to assist in electronic prescribing of medications, and is available on the Downloads page of the MassHealth Drug List webpage at:

[https://mhdл.рhаrмасу.ѕervісes.сonduent.com/MHDL/pubdruglistpdf.do](https://mhdل.рhаrмасу.ѕervісes.сonduent.com/MHDL/pubdruglistpdf.do)

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.

^{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 or transdermal route of administration (ROA) require PA. The following ROAs 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.