



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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April 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 April 1, 2024.

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

Additions

Effective April 1, 2024, the following newly marketed drugs have been added to the MassHealth Drug List.

- Casgevy (exagamglogene autotemcel for sickle cell disease) ^{PD} – **PA**; CO, MB

New or Revised Therapeutic Tables

Table 26 – Antidiabetic Agents

Table 45 – Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents

Table 80 – Anti-Hemophilia Agents

Table 81 – Anti-Obesity Agents

Updated and New Prior Authorization Request Forms

Effective April 1, 2024, all PA Request Forms have been updated with revised Plan Contact Information section. The following PA Request Forms are new or have additional updates.

- Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents Prior Authorization Request

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 April 1, 2024, the following anti-hemophilia agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Hemlibra (emicizumab-kxwh) ^{PD}
- Effective April 1, 2024, the following diabetic agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Lantus (insulin glargine) ^{PD}; BP
- Effective April 1, 2024, the following anti-obesity agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Saxenda (liraglutide) ^{PD} – **PA**
- Effective April 1, 2024, the following sickle cell disease agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Casgevy (exagamglogene autotemcel for sickle cell disease) ^{PD} – **PA**; CO, MB

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.

Abbreviations, Acronyms, and Symbols

^{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.

^{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.

^{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.