



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

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

Additions

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

- adalimumab-aaty, unbranded – **PA**
- Augtyro (repotrectinib) – **PA**
- Aphexda (motixafortide) – **PA**; MB
- Bimzelx (bimekizumab-bkzx) – **PA**
- Eylea HD (aflibercept 8 mg); MB
- Jylamvo (methotrexate 2 mg/mL oral solution) – **PA**
- Loqtorzi (toripalimab-tpzi) – **PA**; MB
- Lyfgenia (lovotibeglogene autotemcel) – **PA**; CO, MB
- Ojjaara (momelotinib) – **PA**
- Opfolda (miglustat 65 mg) – **PA**
- Pombiliti (cipaglucosidase alfa-atga) – **PA**; MB
- Truqap (capivasertib) – **PA**
- Velsipity (etrasimod) – **PA**
- Wainua (eplontersen) – **PA**
- Xphozah (tenapanor 20 mg, 30 mg tablet) – **PA**
- Zituvio (sitagliptin) – **PA**; M90
- Zoryve (roflumilast foam) – **PA**

New FDA “A”-Rated Generics

Effective July 1, 2024, 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 PA is required for the brand.

<u>New FDA “A”-Rated Generic Drug</u>	<u>Generic Equivalent of</u>
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amphotericin B liposome	Ambisome #
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Change in Prior Authorization Status

- Effective July 1, 2024, the following antiviral agent will require PA.
 - Valcyte (valganciclovir powder for oral solution) – **PA**; BP; A90
- Effective July 1, 2024, the following antiviral agent will no longer require PA.
 - Denavir (penciclovir); BP
- Effective July 1, 2024, the following gastrointestinal anti-inflammatory agents will require PA.
 - Delzicol DR (mesalamine 400 mg delayed-release capsule) – **PA**; A90
 - mesalamine 800 mg delayed-release tablet – **PA**; A90

- d. Effective July 1, 2024, the following nonsteroidal anti-inflammatory agent will require PA.
 - indomethacin suppository – **PA**
- e. Effective July 1, 2024, the following vitamin D analog agent will require PA.
 - Rocaltrol (calcitriol solution) – **PA**; M90
- f. Effective July 1, 2024, the following otic agent will require PA.
 - ciprofloxacin/dexamethasone otic suspension – **PA**; A90
- g. Effective July 1, 2024, the following antidepressants will require PA. Pediatric Behavioral Health Medication Initiative criteria will apply. For additional information, please see the Pediatric Behavioral Health Initiative documents found at www.mass.gov/druglist.
 - amoxapine – **PA**; A90
 - Aplenzin (bupropion hydrobromide extended-release) – **PA**
- h. Effective July 1, 2024, the following compounded pharmaceutical products will require PA.
 - compounded pharmaceutical product with intradermal ROA – **PA**; CP
- i. Effective July 1, 2024, the following butalbital-containing agent will no longer require PA within age and quantity limits.
 - butalbital/aspirin/caffeine capsule – **PA < 18 years and PA > 20 units/30 days**

Change in Coverage Status

Effective July 1, 2024, the following agent will be available through medical billing only and will no longer be available through pharmacy billing.

- Mozobil (plerixafor); 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
- Table 9 – Growth Hormones and mecasermin (Increlex)
- Table 11 – Nonsteroidal Anti-Inflammatory Drugs
- Table 14 – Headache Therapy
- Table 17 – Antidepressants
- Table 23 – Respiratory Agents - Inhaled
- Table 26 – Antidiabetic Agents
- Table 27 – Antiemetics, Appetite Stimulants, and Anabolics
- Table 33 – Inflammatory Bowel Disease Agents
- Table 36 – Drug and Alcohol Cessation Agents
- Table 38 – Antiretroviral/HIV Therapy
- Table 42 – Immune Suppressants - Topical
- Table 45 – Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents
- Table 46 – Urinary Dysfunction Agents
- Table 47 – Antifungal Agents - Oral and Injectable
- Table 53 – Otic Agents
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- Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
- Table 64 – Asthma/Allergy Monoclonal Antibodies
- Table 65 – Enzyme Replacement and Substrate Reduction Therapies
- Table 66 – Antibiotics and Anti-Infectives - Injectable
- Table 67 – Antiviral Agents
- Table 71 – Pediatric Behavioral Health
- Table 72 – Agents Not Otherwise Classified

Table 76 – Neuromuscular Agents - Duchenne Muscular Dystrophy and Spinal Muscular Atrophy

Table 78 – Diabetes Medical Supplies and Emergency Treatments

Table 79 – Pharmaceutical Compounds

Table 81 – Anti-Obesity Agents

Updated and New Prior Authorization Request Forms

Effective July 1, 2024, all PA Request Forms have been updated with revised Member Information section and Prescriber Information section. The following PA Request Forms are new or have additional updates.

- Antidepressant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antiemetics Prior Authorization Request
- Anti-Obesity Agents Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents Prior Authorization Request
- Breast Cancer Agents Prior Authorization Request
- Constipation Agents Prior Authorization Request
- Diabetes Medical Supplies Prior Authorization Request
- Growth Hormone and Increlex Prior Authorization Request
- Headache Therapy (Butalbital Combination Agents) Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Injectable Antibiotic Prior Authorization Request
- Lung Cancer Agents Prior Authorization Request
- Neuromuscular Agents Prior Authorization Request
- Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request
- Otic Agents Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request
- Topical Vitamin D Analogues 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 July 1, 2024, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Denavir (penciclovir); BP
 - Valcyte (valganciclovir powder for oral solution) – **PA**; BP, A90
- b. Effective July 1, 2024, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Delzicol DR (mesalamine 400 mg delayed-release capsule) – **PA**; A90
 - Lexiva (fosamprenavir); A90
 - Noxafil (posaconazole suspension) – **PA**; A90
 - Prezista (darunavir); #, A90
 - Proair HFA (albuterol inhaler); A90
 - Proventil (albuterol inhaler); A90
 - Sorilux (calcipotriene foam) – **PA**; A90

Updated MassHealth 90-day Initiative

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

- a. Effective July 1, 2024, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
 - estradiol gel; A90
 - Myrbetriq (mirabegron extended-release); BP, A90
 - b. Effective July 1, 2024, the following agents will no longer be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
 - Denavir (penciclovir); BP
 - Zovirax (acyclovir cream); BP
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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 July 1, 2024, the following medical food will be added to the MassHealth Over-the-Counter Drug List.
 - levomethylfolate tablet \leq 1 unit/day
 - b. Effective March 13, 2024, the following oral contraceptive was added to the MassHealth Over-the-Counter Drug List on July 1, 2024.
 - Opill (norgestrel tablet); A90
 - c. Effective March 27, 2024, the following opioid reversal agent was added to the MassHealth Over-the-Counter Drug List on July 1, 2024.
 - Rivive (naloxone 3 mg nasal spray)
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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 July 1, 2024, the following antidepressant agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
- Zurzuvae (zuranolone) ^{PD} – **PA**
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Updated MassHealth Pharmacy Naloxone Availability and Coverage

The MassHealth Pharmacy Naloxone Availability and Coverage document has been updated.

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.

Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - Aquadeks (multivitamins/minerals/coenzyme Q10) – **PA**
 - Aquadeks (multivitamins/minerals/folic acid/coenzyme Q10) – **PA**
 - Asacol HD (mesalamine high dose delayed-release); #, A90
 - butalbital 25 mg/acetaminophen 325 mg tablet – **PA**
 - butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg solution – **PA**
 - Lumoxiti (moxetumomab pasudotox-tdfk) – **PA**; MB
 - Macugen (pegaptanib)

- Pexeva (paroxetine mesylate tablet) – **PA**
 - Proair HFA (albuterol inhaler); A90
 - Protopic (tacrolimus topical); A90
 - Proventil (albuterol inhaler); A90
 - Sitavig (acyclovir buccal tablet) – **PA**
 - Synercid (dalfopristin/quinupristin) – **PA**
 - Truselq (infigratinib) – **PA**
- 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.
- butalbital/aspirin/caffeine tablet – **PA <18 years and PA >20 units/30 days**
 - Indocin (indomethacin suspension) – **PA**
 - Mobic (meloxicam tablet); #, A90
 - Sprix (ketorolac nasal spray) – **PA**
 - Tabloid (thioguanine)
 - Vivlodex (meloxicam capsule) – **PA**; A90
 - Zipsor (diclofenac capsule) – **PA**; A90
 - Zorvolex (diclofenac 18 mg, 35 mg capsule) – **PA**; A90
- c. The following drug has been removed from the MassHealth Drug List. This change does not reflect any change in MassHealth policy.
- Foltrate (cyanocobalamin/folic acid) – **PA**
 - melatonin/pyridoxine; 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.
- Aquasol A (vitamin A injection)
 - estradiol gel; A90
 - Infuvite (multivitamin injection)
 - naloxone 4 mg nasal spray
- b. The following listings have been clarified. These changes do reflect a change in MassHealth policy.
- compounded pharmaceutical product with a total allowed ingredient cost <\$100 and non-intradermal/topical/transdermal ROA; CP
 - Narcan (naloxone 4 mg nasal spray)
- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- Apriso (mesalamine 0.375 gram extended-release capsule); BP, A90
 - bupropion hydrochloride immediate-release – **PA < 6 years**; A90
 - butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg/codeine 30 mg – **PA <18 years and PA >20 units/30 days**
 - butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg tablet – **PA <18 years and PA > 20 units/30 days**
 - calcipotriene ointment – **PA > 60 grams/30 days**; A90
 - Dovonex (calcipotriene cream) – **PA > 60 grams/30 days**; #, A90
 - Eylea (aflibercept 2 mg); MB
 - Ibsrela (tenapanor 50 mg tablet) – **PA**
 - ketorolac tablets and injection – **PA > 20 units/30 days**
 - Lialda (mesalamine 1.2 gram delayed-release tablet); BP, A90
 - Nascobal (cyanocobalamin nasal spray) – **PA**

- Noxafil (posaconazole injection) – **PA**; BP
- Pentasa (mesalamine 250 mg, 500 mg controlled-release capsule); BP, A90
- Rocaltrol (calcitriol capsule); #, M90
- Valcyte (valganciclovir tablet); #, A90
- venlafaxine immediate-release – **PA < 6 years**; A90
- Xatmep (methotrexate 2.5 mg/mL oral solution) – **PA**
- Zavesca (miglustat 100 mg) – **PA**; BP

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 intradermal, topical, 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, intramuscular, 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.