



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

August 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 August 12, 2024.

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

Additions

- a. Effective August 12, 2024, the following newly marketed drugs have been added to the MassHealth Drug List.
 - adalimumab-ryvk, unbranded – **PA**
 - Adzynma (ADAMTS13, recombinant-krhn) – **PA**
 - Amtagvi (lifileucel) – **PA**; CO, MB
 - Eohilia (budesonide oral suspension) – **PA**
 - Filsuvez (birch triterpenes) – **PA**
 - Iwilfin (eflornithine) – **PA**
 - Ogsiveo (nirogacestat) – **PA**
 - Pokonza (potassium chloride powder for oral solution) – **PA**
 - Simlandi (adalimumab-ryvk) – **PA**
 - trientine 500 mg capsule – **PA**; A90
 - Zymfentra (infliximab-dyyb) – **PA**
- b. Effective May 9, 2024, the following preventative therapy has been added to the MassHealth Drug List on August 12, 2024.
 - Jynneos (smallpox/monkeypox vaccine, live); 1
- c. Effective June 26, 2024, the following preventative therapy has been added to the MassHealth Drug List on August 12, 2024.
 - Capvaxive (pneumococcal 21-valent conjugate vaccine)

Change in Prior Authorization Status

- a. Effective August 12, 2024, the following the following antipsychotic agents will no longer require PA within age and quantity limits. 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.
 - Invega (paliperidone 1.5 mg, 3 mg, 9 mg tablet) – **PA < 6 years and PA > 1 unit/day; #**; A90
 - Invega (paliperidone 6 mg tablet) – **PA < 6 years and PA > 2 units/day; #**; A90
 - Latuda (lurasidone 20 mg, 40 mg, 60 mg, 120 mg) – **PA < 6 years and PA > 1 unit/day; #**; A90
 - Latuda (lurasidone 80 mg) – **PA < 6 years and PA > 2 units/day; #**; A90
- b. Effective August 12, 2024, the following the following antipsychotic agents will no longer require PA within updated quantity limits. 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.
 - Risperdal (risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg tablet) – **PA < 6 years and PA > 3 units/day; #**; A90
 - Zyprexa (olanzapine 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet) – **PA < 6 years and PA > 3 units/day; #**; A90

- c. Effective August 12, 2024, the following ophthalmic anti-allergy and anti-inflammatory agent will no longer require PA.
 - Lastacaft (alcaftadine)
- d. Effective August 12, 2024, the following constipation agent will no longer require PA.
 - Linzess (linaclotide 72 mcg)
- e. Effective August 12, 2024, the following estrogen agent will require PA.
 - Duavee (conjugated estrogens/bazedoxifene) – **PA**

Change in Coverage Status

Effective August 12, 2024, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.

- Cosentyx (secukinumab vial) – **PA**; MB
- ibandronate injection – **PA**; MB
- pamidronate; MB

New or Revised Therapeutic Tables

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Table 6 – Nutrients, Vitamins, and Vitamin Analogs

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Table 29 – Anti-Allergy and Anti-Inflammatory Agents - Ophthalmic

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Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled

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- Antidiabetic Agents Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Constipation Agents Prior Authorization Request
- Ophthalmic Anti-Allergy and Anti-Inflammatory Agents Prior Authorization Request
- Osteoporosis Agents and Calcium Regulators Prior Authorization Request
- T-Cell Immunotherapies 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 August 12, 2024, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Minivelle (estradiol); BP, M90
 - Oxtellar XR (oxcarbazepine extended-release) – **PA**; BP
 - Pred Forte (prednisolone acetate 1% ophthalmic suspension); BP, A90
 - Promacta (eltrombopag) – **PA**; BP
 - Tassigna (nilotinib); BP
 - Vivelle-Dot (estradiol); BP, M90
- b. Effective August 12, 2024, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Amitiza (lubiprostone) – **PA**; M90
 - Marinol (dronabinol 5 mg, 10 mg) – **PA > 2 units/day**

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 August 12, 2024, the following probiotic agents will require PA within updated age limits.
- Align (bifidobacterium infantis) – **PA ≥ 21 years**
 - Culturelle (lactobacillus rhamnosus GG) – **PA ≥ 21 years**
 - Florastor (saccaromyces boulardii) – **PA ≥ 21 years**
- b. Effective August 12, 2024, the following ophthalmic anti-allergy and anti-inflammatory agent will be added to the MassHealth Over-the-Counter Drug List.
- Lastacaft (alcaftadine)
- c. Effective August 12, 2024, the following iron agent will be added to the MassHealth Over-the-Counter Drug List.
- iron polysaccharide complex; *, M90

Updated MassHealth Quick Reference Guide

The MassHealth Quick Reference Guide has been updated to reflect recent changes to the MassHealth Drug List.

New MassHealth Medication Therapy Management Program

This document describes the MassHealth Medication Therapy Management (MTM) program, which is a clinical outreach initiative for members with targeted disease states.

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

The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.

- Bynfezia (octreotide prefilled syringe)
- Kaochlor (potassium chloride); A90
- Kaon-CL (potassium chloride); A90
- metaproterenol tablet, syrup; A90
- Micro-K (potassium chloride); #, A90
- prednisolone acetate 1% ophthalmic suspension; A90
- Relyvrio (sodium phenylbutyrate/sodium taurursodiol) – **PA**

Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
 - K-phos Original (potassium phosphate monobasic)
- b. The following drug has been added to the MassHealth Drug List. This change does reflect a change in MassHealth policy.
 - Thyrogen (thyrotropin alfa)
- c. The following listings have been clarified. These changes do reflect a change in MassHealth policy.
 - Linzess (linaclotide)
- d. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
 - Cosentyx (secukinumab auto-injection, prefilled syringe) – **PA**
 - Cuvrior (trientine 300 mg tablet) – **PA**
 - Klor-Con (potassium chloride powder packet, extended-release tablet); #, A90
 - K-Tab (potassium chloride extended-release tablet); #, A90
 - Marinol (dronabinol 2.5 mg) – **PA > 2 units/day**; BP
 - Syprine (trientine 250 mg capsule); BP, A90
 - Vuity (pilocarpine 1.25% ophthalmic solution) – **PA**
 - Zyprexa (olanzapine 15 mg, 20 mg tablet) – **PA < 6 years and PA >2 units/day**; #, A90

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.

* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without PA.

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.

¹ Product may be available through the Massachusetts Department of Public Health (DPH). Please check with DPH for availability. MassHealth does not pay for immunizing biologicals (i.e., vaccines) and tubercular (TB) drugs that are available free of charge through local boards of public health or through the

Massachusetts Department of Public Health without PA (130 CMR 406.413(C)). In cases where free vaccines are available to providers for specific populations (e.g. children, high risk, etc.), MassHealth will reimburse the provider only for individuals not eligible for the free vaccines. Notwithstanding the above, MassHealth will pay pharmacies for seasonal flu vaccine serum without prior authorization, if the vaccine is administered in the pharmacy.