



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

October 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 October 1, 2024.

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

Additions

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

- Alyglo (immune globulin IV, human-stwk) – **PA**
- Alvaiz (eltrombopag choline) – **PA**
- Cabtreo (clindamycin/adapalene/benzoyl peroxide) – **PA**
- Docivyx (docetaxel); MB
- Fabhalta (iptacopan) – **PA**
- Hepzato (melphalan hepatic delivery system) – **PA**; MB
- Lenmeldy (atidarsagene autotemcel) – **PA**; CO, MB
- leuprolide 22.5 mg vial – **PA**
- Libervant (diazepam buccal film) – **PA ≥ 6 years and PA > 10 units/30 days**
- Mresvia (respiratory syncytial virus vaccine suspension) – **PA < 60 years**
- Omvoh (mirikizumab-mrkz) – **PA**
- Opsyngvi (macitentan/tadalafil) – **PA**
- Pengarda (pemivibart COVID EUA – March 22, 2024) – **PA**; MB
- Rezdiffra (resmetirom) – **PA**
- Voydeya (danicopan) – **PA**
- Winrevair (sotatercept-csrk) – **PA**
- Zilbrysq (zilucoplan) – **PA**

Change in Prior Authorization Status

- Effective October 1, 2024, the following antiretroviral agent will require PA.
 - Lexiva (fosamprenavir) – **PA**; A90
- Effective October 1, 2024, the following GABA analog will no longer require PA within newly established dose limits. Pediatric Behavioral Health Medication Initiative criteria will still apply. For additional information, please see the Pediatric Behavioral Health Initiative documents found at www.mass.gov/druglist.
 - Horizant (gabapentin enacarbil) – **PA < 6 years and PA > 1200 mg/day**; BP
- Effective October 1, 2024, the following GABA analog will no longer require PA within established dose limits. Pediatric Behavioral Health Medication Initiative criteria will still apply. For additional information, please see the Pediatric Behavioral Health Initiative documents found at www.mass.gov/druglist.
 - Lyrica (pregabalin) – **PA < 6 years and PA > 600 mg/day**; #
- Effective October 1, 2024, the following benzodiazepine agent will require PA for all ages and quantities. Pediatric Behavioral Health Medication Initiative criteria will still apply. For additional information, please see the Pediatric Behavioral Health Initiative documents found at www.mass.gov/druglist.

- flurazepam – **PA**
- e. Effective October 1, 2024, the following cardiovascular agent will require PA for members < six years of age and for behavioral medication polypharmacy for members <18 years of age. For additional information, please see the Pediatric Behavioral Health Initiative documents found at www.mass.gov/druglist.
- Minipress (prazosin) – **PA < 6 years; #; M90**
- f. Effective October 1, 2024, the following opioid dependence agent will no longer require PA within established dose limits.
- buprenorphine/naloxone sublingual tablet ≤ 24 mg/day
 - buprenorphine/naloxone sublingual tablet – **PA > 90 days (>24 mg/day and ≤ 32 mg/day)**
 - buprenorphine/naloxone sublingual tablet – **PA > 32 mg/day**
- g. Effective October 1, 2024, the following topical corticosteroid agents will no longer require PA.
- desonide lotion; A90
 - hydrocortisone valerate ointment; A90
 - Olux-E (clobetasol propionate foam/emollient); BP, A90
- h. Effective October 1, 2024, the following dermatologic agents will require PA.
- Ameluz (aminolevulinic acid) – **PA; MB**
 - Levulan (aminolevulinic acid) – **PA; MB**
- i. Effective October 1, 2024, the following topical antibiotic will no longer require PA.
- Clindagel (clindamycin gel); BP
- j. Effective October 1, 2024, the following vaginal antibiotic will require PA.
- Vandazole (metronidazole 0.75% vaginal gel) – **PA**
- k. Effective October 1, 2024, the following oral antibiotic will require PA.
- tetracycline tablet – **PA; A90**
- l. Effective October 1, 2024, the following COVID-19-related medication will require PA.
- Lagevrio (molnupiravir COVID EUA- December 23, 2021) – **PA**

Change in Coverage Status

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

- Cerebyx (fosphenytoin); MB
- Fensolvi (leuprolide) – **PA; MB**
- Keppra (levetiracetam injection); MB
- phenobarbital 65 mg/mL, 130 mg/mL injection; MB
- Supprelin LA (histrelin) – **PA; MB**
- valproate injection; MB
- Vimpat (lacosamide injection); MB

New or Revised Therapeutic Tables

Table 1 – Immune Globulins

Table 2 – Hormones - Gonadotropin-Releasing Hormone Analogs

Table 4 – Hematologic Agents - Hematopoietic and Miscellaneous Hematologic Agents

Table 5 – Immunological Agents

Table 8 – Opioids and Analgesics

Table 9 – Growth Hormones and mecasermin (Increlex)

Table 10 – Dermatologic Agents - Acne and Rosacea

Table 12 – Antihistamines

Table 15 – Hypnotics

Table 16 – Corticosteroids - Topical

Table 17 – Antidepressants
Table 18 – Cardiovascular Agents
Table 19 – Benign Prostatic Hyperplasia (BPH) Agents
Table 20 – Anticonvulsants
Table 24 – Antipsychotics
Table 26 – Antidiabetic Agents
Table 31 – Cerebral Stimulants and Miscellaneous Agents
Table 32 – Serums, Toxoids, and Vaccines
Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
Table 36 – Drug and Alcohol Cessation Agents
Table 37 – Respiratory Syncytial Virus (RSV) Prophylaxis Agents
Table 38 – Antiretroviral/HIV Therapy
Table 41 – Antibiotics - Topical
Table 43 – Pulmonary Hypertension Agents
Table 44 – Hepatitis Antiviral Agents
Table 45 – Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents
Table 46 – Urinary Dysfunction Agents
Table 50 – Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents
Table 56 – Alzheimer’s Agents
Table 57 – Oncology Agents
Table 59 – Anesthetics - Topical
Table 63 – Dermatologic Agents - Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents
Table 67 – Antiviral Agents
Table 68 – Thrombocytopenic Agents
Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents
Table 70 – Progesterone Agents
Table 71 – Pediatric Behavioral Health
Table 72 – Agents Not Otherwise Classified
Table 76 – Neuromuscular Agents - Duchenne Muscular Dystrophy and Spinal Muscular Atrophy
Table 81 – Anti-Obesity Agents

Updated and New Prior Authorization Request Forms

- Anticonvulsant Prior Authorization Request
- Antidepressant Prior Authorization Request
- Antihistamine Agents Prior Authorization Request
- Anti-Obesity Agents Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Benzodiazepines and Other Anti-Anxiety Agents Prior Authorization Request
- Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request
- Dermatological Agents (Topical Chemotherapy and Genital Wart Therapy) Prior Authorization Request
- Erythropoiesis-Stimulating Agents Prior Authorization Request
- Gonadotropin-Releasing Hormone Prior Authorization Request
- Hepatitis Antiviral Agents Prior Authorization Request
- Hypnotic Agents Prior Authorization Request
- Immune Globulin Prior Authorization Request

- Lenmeldy Prior Authorization Request
- Lung Cancer Agents Prior Authorization Request
- Luxturna Prior Authorization Request
- Neuromuscular Agents Prior Authorization Request
- Opioid Dependence and Reversal Agents Prior Authorization Request
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Pediatric Behavioral Health Medication Initiative Prior Authorization Request
- Progesterone Agents Prior Authorization Request
- Pulmonary Hypertension Prior Authorization Request
- Rezdifra Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request
- Thrombocytopenic Agents Prior Authorization Request
- Topical Anesthetics Prior Authorization Request
- Topical Corticosteroids 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 October 1, 2024, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Atralin (tretinoin 0.05% gel) – **PA**; BP, A90
 - Cleocin T (clindamycin lotion); BP, A90
 - Clindagel (clindamycin gel); BP
 - Complera (emtricitabine/rilpivirine/tenofovir disoproxil fumarate); BP
 - Condylox (podofilox gel); BP, A90
 - Fabior (tazarotene foam) – **PA**; BP
 - Finacea (azelaic acid foam) – **PA**; BP
 - Horizant (gabapentin enacarbil) – **PA < 6 years and PA > 1200 mg/day**; BP
 - Nucynta (tapentadol) – **PA**; BP
 - Nucynta (tapentadol extended-release) – **PA**; BP
 - Olux-E (clobetasol propionate foam/emollient); BP, A90
 - Onexton (clindamycin/benzoyl peroxide gel pump) – **PA**; BP, A90
 - Qudexy XR (topiramate extended-release capsule) – **PA < 6 years**; BP, A90
 - Retin-A Micro (tretinoin microspheres) – **PA**; BP, A90
 - Zyvox (linezolid suspension) – **PA**; BP
- Effective October 1, 2024, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Bystolic (nebivololol); #, M90
 - Carafate (sucralfate suspension); #, A90
 - Onglyza (saxagliptin); #, M90
 - Selzentry (maraviroc tablet) – **PA**; A90
 - Toviaz (fesoterodine); #, A90
 - Xerese (acyclovir/hydrocortisone)

Updated MassHealth 90-day Initiative

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

- Effective October 1, 2024, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- Karbinal ER (carbinoxamine extended-release) – **PA**; A90
 - lidocaine 4% patch – **PA > 4 units/day**; A90
- b. Effective October 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.
- Apexicon-E (diflorasone cream/emollient) – **PA**
 - Ultravate (halobetasol lotion) – **PA**
 - Vandazole (metronidazole 0.75% vaginal gel) – **PA**

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.

Effective October 1, 2024, the following topical anesthetic agent will be added to the MassHealth Over-the-Counter Drug List.

- lidocaine 4% patch – **PA > 4 units/day**

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 October 1, 2024, the following anti-obesity agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Zepbound (tirzepatide) ^{PD} – **PA**

Updated MassHealth Quick Reference Guide

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

Updated Pharmacy Initiatives

- Pediatric Behavioral Health Medication Initiative

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.

Long-Acting Injectable Antipsychotic Medications Administered in Inpatient Psychiatry Units List

The Long-Acting Injectable Antipsychotic Medications Administered in Inpatient Psychiatry Units List has been updated to reflect recent changes to MassHealth Subchapter 6.

Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
- Benzaclin (clindamycin/benzoyl peroxide) – **PA**; A90
 - Capastat (capreomycin)
 - Cloderm (clocortolone cream) – **PA**; A90
 - Doryx (doxycycline hyclate delayed-release 50 mg, 120 mg tablet) – **PA**; A90
 - Epivir HBV (lamivudine 5 mg/mL solution) – **PA > 20 mL/day**; A90
 - flutamide; A90
 - Invirase (saquinavir)
 - Impeklo (clobetasol propionate lotion pump) – **PA**
 - Lupaneta Pack (leuprolide/norethindrone) – **PA**
 - Marqibo (vincristine liposome) – **PA**; MB

- Minolira (minocycline extended-release 105 mg, 135 mg tablet) – **PA**; A90
 - Monurol (fosfomicin); #, A90
 - Norvir (ritonavir solution)
 - PegIntron (peginterferon alfa-2b) – **PA**
 - Suprax (cefixime) – **PA**; A90
 - Sustiva (efavirenz); #, A90
 - Synera (lidocaine/tetracaine) – **PA > 4 patches/30 days**
 - Taclonex (betamethasone/calcipotriene ointment) – **PA**; A90
 - Temixys (lamivudine/tenofovir disoproxil fumarate) – **PA**
 - Temovate (clobetasol propionate 0.05% cream)
 - Vantas (histrelin) – **PA**
 - Vibramycin (doxycycline calcium syrup)
 - Vibramycin (doxycycline monohydrate suspension); #, A90
 - Viekira Pak (ombitasvir/paritaprevir/ritonavir/dasabuvir) – **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.
- Asclera (polidocanol) – **PA**; MB
 - Paser (aminosalicylic acid)
 - SSKI (potassium iodide) – **PA > 1 mL/day**
- c. The following drugs have been removed from the MassHealth Drug List because they are not approved by the FDA.
- clobetasol propionate shampoo kit – **PA**; A90
 - neomycin/fluocinolone cream kit – **PA**; A90
 - Synalar (fluocinolone cream kit) – **PA**
 - Synalar (fluocinolone ointment kit) – **PA**
 - Synalar (fluocinolone solution kit) – **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.
- Robinul (glycopyrrolate 1 mg tablet); #, A90
 - Robinul Forte (glycopyrrolate 2 mg tablet); #, A90
- b. The following drug has been added to the MassHealth Drug List. This change does reflect a change in MassHealth policy.
- Briviact (brivaracetam injection); MB
- c. The following drug has been added to the MassHealth Drug List. It was omitted in error. This change does not reflect any change in MassHealth policy.
- Thiola EC (tiopronin delayed-release); BP, A90
- d. The following listings have been clarified. These changes do reflect a change in MassHealth policy.
- Abilify (aripiprazole tablet) – **PA < 10 years and PA > 2 units/day**; #, A90
 - Altreno (tretinoin 0.05% lotion) – **PA ≥ 21 years**
 - Arexvy (respiratory syncytial virus vaccine, adjuvanted) – **PA < 50 years**
 - aripiprazole solution – **PA < 10 years or ≥ 18 years and PA > 25 mL/day**; A90
 - Aristada (aripiprazole lauroxil 1,064 mg) ^{PD} – **PA < 10 years and PA > 1 injection/56 days**
 - Aristada (aripiprazole lauroxil 441 mg, 662 mg, 882 mg) ^{PD} – **PA < 10 years and PA > 1 injection/28 days**

- Aristada Initio (aripiprazole lauroxil 675 mg)^{PD} – **PA < 10 years and PA > 1 injection/28 days**
- Avita (tretinoin) – **PA ≥ 21 years; #, A90**
- chlorpromazine – **PA < 10 years; A90**
- Clozaril (clozapine tablet) – **PA < 10 years; A90**
- fluphenazine – **PA < 10 years; A90**
- Geodon (ziprasidone capsule) – **PA < 10 years and PA > 2 units/day; #, A90**
- Haldol (haloperidol) – **PA < 10 years; #, A90**
- Invega (paliperidone 1.5 mg, 3 mg, 9 mg tablet) – **PA < 10 years and PA > 1 unit/day; #, A90**
- Invega (paliperidone 6 mg tablet) – **PA < 6 years and PA > 2 units/day; #, A90**
- Invega Hafyera (paliperidone extended-release 6-month injection)^{PD} – **PA < 10 years and PA > 1 injection/168 days**
- Invega Sustenna (paliperidone extended-release 1-month injection)^{PD} – **PA < 10 years and PA > 2 injections/28 days within the first 28 days of therapy and PA > 1 injection/28 days after 28 days of therapy**
- Invega Trinza (paliperidone extended-release 3-month injection)^{PD} – **PA < 10 years and PA > 1 injection/84 days**
- isotretinoin – **PA ≥ 21 years; A90**
- Klaron (sulfacetamide 10% lotion) – **PA ≥ 21 years; #, A90**
- Latuda (lurasidone 20 mg, 40 mg, 60 mg, 120 mg) – **PA < 10 years and PA > 1 unit/day; #, A90**
- Latuda (lurasidone 80 mg) – **PA < 10 years and PA > 2 units/day; #, A90**
- Loxitane (loxapine capsule) – **PA < 10 years; #, A90**
- molindone – **PA < 10 years; A90**
- Navane (thiothixene) – **PA < 10 years; #, A90**
- Orap (pimozide) – **PA < 10 years; #, A90**
- Paxlovid (nirmatrelvir/ritonavir 150-100 mg) – **PA < 12 years and PA > 20 units/claim**
- Paxlovid (nirmatrelvir / ritonavir 300-100 mg) – **PA < 12 years and PA > 30 units/claim**
- perphenazine – **PA < 10 years; A90**
- Perseris (risperidone 90 mg, 120 mg extended-release subcutaneous injection)^{PD} – **PA < 10 years and PA > 1 injection/28 days**
- Retin-A (tretinoin) – **PA ≥ 21 years; BP, A90**
- Risperdal (risperidone 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg tablets) – **PA < 10 years and PA > 3 units/day; #, A90**
- Risperdal (risperidone 4 mg tablet) – **PA < 10 years and PA > 4 units/day; #, A90**
- Risperdal (risperidone solution) – **PA < 10 years and PA > 16 mL/day; #, A90**
- Risperdal Consta (risperidone 12.5 mg, 25 mg, 37.5 mg, 50 mg extended-release intramuscular injection) – **PA < 10 years and PA > 2 injections/28 days; BP**
- Seroquel (quetiapine) – **PA < 10 years and PA > 3 units/day; #, A90**
- Seroquel XR (quetiapine extended-release) – **PA < 10 years and PA > 2 units/day; #, A90**
- thioridazine – **PA < 10 years; A90**
- trifluoperazine – **PA < 10 years; A90**
- Uzedy (risperidone 150 mg, 200 mg, 250 mg extended-release subcutaneous injection)^{PD} – **PA < 10 years and PA > 1 injection/56 days**
- Uzedy (risperidone 50 mg, 75 mg, 100 mg, 125 mg extended-release subcutaneous injection)^{PD} – **PA < 10 years and PA > 1 injection/28 days**
- Zyprexa (olanzapine 2.5 mg, 5 mg, 7.5 mg, 10 mg tablet) – **PA < 10 years and PA > 3 units/day; #, A90**
- Zyprexa (olanzapine 15 mg and 20 mg tablet) – **PA < 10 years and PA > 2 units/day; #, A90**

- Zyprexa Relprevv (olanzapine 210 mg, 300 mg extended-release injection) – **PA < 10 years and PA > 2 injections/28 days**
 - Zyprexa Relprevv (olanzapine 405 mg extended-release injection) – **PA < 10 years and PA > 1 injection/28 days**
 - Zyprexa Zydis (olanzapine 15 mg orally disintegrating tablet) – **PA < 10 years and PA > 2 units/day; #, A90**
 - Zyprexa Zydis (olanzapine 5 mg, 10 mg, 20 mg orally disintegrating tablet) – **PA < 10 years and PA > 1 unit/day; #, A90**
- e. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- Abrysvo (respiratory syncytial virus vaccine) – **PA < 60 years; 1**
 - brimonidine 0.33% topical gel – **PA; A90**
 - clindamycin gel, solution; A90
 - clobetasol propionate 0.05% cream; A90
 - Comirnaty (COVID-19 Pfizer vaccine, COVID EUA – September 11, 2023 for members ≥ 6 months of age); 1
 - desonide; A90
 - desoximetasone 0.05% cream – **PA; A90**
 - desoximetasone 0.25% ointment, 0.05% gel – **PA; A90**
 - doxycycline hyclate delayed-release 50 mg, 75 mg, 100 mg, 150 mg tablet – **PA; A90**
 - Flolan (epoprostenol)
 - hydrocortisone valerate; A90
 - Keppra (levetiracetam solution, tablet); #, A90
 - lamivudine 100 mg tablet – **PA > 1 unit/day; A90**
 - Luxturna (voretigene neparvovec-rzyl) – **PA; CO, MB**
 - Novavax COVID-19 vaccine, adjuvanted (COVID EUA – October 3, 2023 for members ≥ 12 years of age); 1
 - Onexton (clindamycin/benzoyl peroxide gel) – **PA; A90**
 - phenobarbital tablet, solution
 - phenytoin chewable tablet, extended capsule; A90
 - podofilox solution; A90
 - Promacta (eltrombopag olamine) – **PA; BP**
 - Sezaby (phenobarbital 100 mg injection); MB
 - Spikevax (COVID-19 Moderna vaccine, COVID EUA – September 11, 2023 for members ≥ 6 months of age); 1
 - Taclonex (betamethasone/calcipotriene topical suspension) – **PA; BP, A90**
 - Topicort (desoximetasone 0.05% ointment) – **PA; A90**
 - Topicort (desoximetasone spray) – **PA; A90**
 - valproate oral solution
 - Vimpat (lacosamide tablet, solution); #, 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.

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.

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.