



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
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## November 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 November 12, 2024.

Additional information about these agents may be available within the MassHealth Drug List at [www.mass.gov/druglist](http://www.mass.gov/druglist).

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### Additions

- a. Effective November 12, 2024, the following newly marketed drugs will be added to the MassHealth Drug List.
  - baclofen 15 mg tablet – **PA**
  - Beqvez (fidanacogene elaparvovec-dzkt) – **PA**; CO, MB
  - Focinvez (fosaprepitant injection) – **PA**
  - Idose TR (travoprost intracameral implant) – **PA**; MB
  - Imdelltra (tarlatamab-dlle) – **PA**; MB
  - Myhibbin (mycophenolate mofetil suspension) – **PA**
  - ondansetron 16 mg orally disintegrating tablet – **PA**; A90
  - Rivfloza (nedosiran) – **PA**
  - tramadol 25 mg – **PA**
- b. Effective September 18, 2024, the following oral contraceptive agent will be added to the MassHealth Drug List on November 12, 2024.
  - Femlyv ODT (ethinyl estradiol/norethindrone orally disintegrating tablet)

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### New FDA “A”-Rated Generics

Effective November 12, 2024, the following FDA “A”-rated generic drug will be 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> |
|---------------------------------------|------------------------------|
| octreotide injectable suspension      | Sandostatin LAR #            |

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### Change in Prior Authorization Status

- a. Effective November 12, 2024, the following opioid agent will require PA.
  - hydromorphone suppository – **PA**
- b. Effective November 12, 2024, the following opioid agents will no longer require PA within established dose limits.
  - hydrocodone/acetaminophen 300 mg – **PA > 120 mg/day hydrocodone and PA > 4 g/day acetaminophen**
- c. Effective November 12, 2024, the following opioid agents will no longer require PA within newly established dose limits.
  - Nucynta (tapentadol) – **PA > 300 mg/day**; BP
  - Nucynta ER (tapentadol extended-release) – **PA > 300 mg/day**; BP

- d. Effective November 12, 2024, the following opioid agent will no longer require PA within established dose and quantity limits.
- Xtampza (oxycodone extended-release capsule) – **PA > 72 mg/day and PA > 2 units/day**
- e. Effective November 12, 2024, the following opioid agent will no longer require PA within newly established dose and age limits.
- Ultracet (tramadol/acetaminophen) – **PA < 12 years and PA > 400 mg/day tramadol and PA > 4 g/day acetaminophen**
- f. Effective November 12, 2024, the following antidiabetic agents will require PA.
- Invokamet (canagliflozin/metformin) – **PA**
  - Invokamet XR (canagliflozin/metformin extended-release) – **PA**
  - Invokana (canagliflozin) – **PA**
  - Kombiglyze XR (saxagliptin/metformin) – **PA; M90**
  - Onglyza (saxagliptin) – **PA; M90**
- g. Effective November 12, 2024, the following ophthalmic antibiotic agent will no longer require PA.
- Azasite (azithromycin ophthalmic solution); BP
- h. Effective November 12, 2024, the following oral antifungal agent will no longer require PA.
- Vfend (voriconazole 50 mg tablet); A90
- i. Effective November 12, 2024, the following antihistamine agent will require PA.
- carbinoxamine 4 mg/5 mL solution – **PA; A90**
- j. Effective November 12, 2024, the following glaucoma agent will no longer require PA.
- Combigan (brimonidine/timolol, ophthalmic); BP, M90
- k. Effective November 12, 2024, the following inhaled respiratory agent will no longer require PA.
- Asmanex Twisthaler (mometasone inhalation powder)
- l. Effective November 12, 2024, the following antibiotic agent will require PA.
- Kitabis Pak (tobramycin inhalation solution) – **PA; BP, A90**
- m. Effective November 12, 2024, the following urinary dysfunction agent will no longer require PA.
- oxybutynin solution; A90
- n. Effective November 12, 2024, the following intranasal corticosteroid agent will no longer require PA within established quantity limits.
- Zetonna (ciclesonide 37 mcg nasal aerosol) – **PA > 1 inhaler/30 days**
- o. Effective November 12, 2024, the following lipid-lowering agent will require PA.
- fenofibrate 90 mg capsule – **PA; M90**
- p. Effective November 12, 2024, the following antiemetic agent will no longer require PA within newly established age limits.
- ondansetron oral solution – **PA ≥ 13 years; A90**
- q. Effective November 12, 2024, the following scabicide agent will require PA.
- Eurax (crotamiton cream) – **PA**
- r. Effective November 12, 2024, the following gastrointestinal agents will require PA.
- cimetidine solution – **PA; A90**
  - Dexilant (dexlansoprazole) – **PA; BP, M90**
  - metoclopramide vial – **PA**
  - Nexium (esomeprazole magnesium 10 mg, 20 mg, 40 mg suspension) – **PA; BP, M90**
- s. Effective November 12, 2024, the following gastrointestinal agents will no longer require PA.
- Prevacid Solutab (lansoprazole orally disintegrating tablet); BP, M90
  - Protonix (pantoprazole 40 mg suspension); BP, M90
  - Zegerid (omeprazole / sodium bicarbonate powder for oral suspension); BP, M90
- t. Effective November 12, 2024, the following insulin agent will require PA.
- Apidra (insulin glulisine) – **PA**

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## Change in Coverage Status

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

- Cellcept (mycophenolate mofetil injection); MB

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## New or Revised Therapeutic Tables

Table 3 – Gastrointestinal Drugs - Histamine H2 Antagonists, Proton Pump Inhibitors, and Miscellaneous Gastroesophageal Reflux Agents

Table 5 – Immunological Agents

Table 7 – Muscle Relaxants - Skeletal

Table 8 – Opioids and Analgesics

Table 10 – Dermatologic Agents - Acne and Rosacea

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Table 26 – Antidiabetic Agents

Table 27 – Antiemetics, Appetite Stimulants, and Anabolics

Table 30 – Neuromuscular Blocker Agents

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Table 33 – Inflammatory Bowel Disease Agents

Table 34 – Antibiotics - Ophthalmic

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Table 40 – Respiratory Agents - Oral

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

Table 46 – Urinary Dysfunction Agents

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Table 51 – Antiglaucoma Agents - Ophthalmic

Table 54 – Pediculicides and Scabicides

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Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents

Table 62 – Gout Agents

Table 71 – Pediatric Behavioral Health

Table 72 – Agents Not Otherwise Classified

Table 75 – T-Cell Immunotherapies

Table 78 – Diabetes Medical Supplies and Emergency Treatments

Table 80 – Anti-Hemophilia Agents

Table 81 – Anti-Obesity Agents

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## Updated and New Prior Authorization Request Forms

- Antidiabetic Agents Prior Authorization Request

- Antiemetics Prior Authorization Request
- Antihistamine Agents Prior Authorization Request
- Anti-Obesity Agents Prior Authorization Request
- Benign Prostatic Hyperplasia (BPH) Agents Prior Authorization Request
- Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents Prior Authorization Request
- Cystic Fibrosis Agents Prior Authorization Request
- Diabetes Medical Supplies Prior Authorization Request
- Glaucoma Agents Prior Authorization Request
- Headache Therapy (Ergot Alkaloids and Serotonin Receptor Agents) Prior Authorization Request
- Hemophilia Gene Therapies Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Intranasal Corticosteroids Prior Authorization Request
- Lipid-Lowering Agents Prior Authorization Request
- Opioids/Acetaminophen Analgesic Prior Authorization Request
- Oral/Injectable Antifungal Agents Prior Authorization Request
- Pediculicides and Scabicides Prior Authorization Request
- Proton Pump Inhibitor Prior Authorization Request
- T-Cell Immunotherapies Prior Authorization Request

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### 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 November 12, 2024, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Combigan (brimonidine/timolol, ophthalmic); BP, M90
  - Sporanox (itraconazole 100 mg capsule, solution); BP, A90
  - Zegerid (omeprazole/sodium bicarbonate capsule); BP, M90
  - Zegerid (omeprazole/sodium bicarbonate powder for oral suspension); BP, M90
  - Zortress (everolimus 0.25 mg, 0.5 mg, 0.75 mg, 1 mg); BP, A90
- Effective November 12, 2024, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
  - Daraprim (pyrimethamine) – **PA**; A90
  - Eurax (crotamiton lotion) – **PA**
  - Lialda (mesalamine 1.2 gram delayed-release tablet); #, A90
  - Solodyn (minocycline extended-release 55 mg, 65 mg, 80 mg, 105 mg, 115 mg tablet); #, A90
  - Timoptic Ocudose (timolol 0.25% ophthalmic unit dose solution) – **PA**; M90

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### Updated MassHealth 90-day Initiative

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

- Effective November 12, 2024, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
  - Oxtellar XR (oxcarbazepine extended-release) – **PA**; BP, A90
  - Sprycel (dasatinib); BP, A90

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

- Effective November 12, 2024, the following agents will no longer be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
  - baclofen 15 mg tablet – **PA**
  - Natroba (spinosad) – **PA**

- Ovide (malathion) – PA
- permethrin; \*
- permethrin cream
- piperonyl butoxide/pyrethrins; \*

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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.

Effective September 30, 2024, the following topical anesthetic agent will be added to the MassHealth Over-the-Counter Drug List on November 12, 2024.

- diclofenac 1% gel; \*, A90

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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 November 12, 2024, the following inhaled respiratory agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
  - Symbicort (budesonide/formoterol) <sup>PD</sup>; BP, A90
- Effective November 12, 2024, the following cerebral stimulant will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
  - Adderall XR (amphetamine salts extended-release) <sup>PD</sup> – **PA < 3 years or ≥ 21 years and PA > 2 units/day**; BP

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### Updated Medicare Part D Exclusion Drug List

The Medicare Part D Exclusion Drug List has been updated to reflect recent changes to the MassHealth Drug List.

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### Updated MassHealth Quick Reference Guide

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

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### Updated and New Pharmacy Initiatives

- Opioid and Pain 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.

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### Independent Pharmacy and Entity-Owned Community Health Center Pharmacy Attestation

Effective October 7, 2024, MassHealth will collect and maintain a copy of the Independent Pharmacy and Entity-Owned Community Health Center Pharmacy Attestation for each of its participating pharmacies, signed by someone with actual authority to bind the participating pharmacy.

Effective November 1, 2024, the Independent Pharmacy and Entity-Owned Community Health Center Pharmacy Attestation was removed from the MassHealth Drug List as the attestation process has concluded.

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### Enhanced-Services Pharmacy Attestation

Effective October 7, 2024, MassHealth will collect and maintain a copy of the Enhanced-Services Pharmacy Attestation for each of its participating pharmacies, signed by someone with actual authority to bind the pharmacy.

Effective November 1, 2024, the Enhanced-Services Pharmacy Attestation was removed from the MassHealth Drug List as the attestation process has concluded.

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## Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
- Accuneb (albuterol inhalation solution)
  - Actiq (fentanyl transmucosal system) – **PA**
  - Aliqopa (copanlisib) – **PA**; MB
  - Beconase AQ (beclomethasone nasal spray) – **PA > 1 inhaler/30 days**
  - Buprenex (buprenorphine injection) – **PA**
  - Ditropan XL (oxybutynin extended-release tablet); #, A90
  - Dolophine (methadone oral) – **PA**
  - fenofibrate 30 mg capsule; M90
  - gentamicin ophthalmic ointment
  - Isopto Carpine (pilocarpine 1%, 2%, 4% ophthalmic solution); #, M90
  - lindane shampoo – **PA**
  - Lonhala (glycopyrrolate inhalation solution) – **PA**
  - Osmoprep (sodium phosphate)
  - oxandrolone – **PA**
  - Polytrim (trimethoprim/polymyxin B ophthalmic solution); #, A90
  - Pred-G (gentamicin/prednisolone ophthalmic ointment) – **PA**
  - Pred-G (gentamicin/prednisolone ophthalmic suspension)
  - Reditrex (methotrexate subcutaneous injection) – **PA**
  - Skelaxin (metaxalone) – **PA**; A90
  - Subsys (fentanyl sublingual spray) – **PA**
  - Timoptic (timolol); #, M90
  - Timoptic-XE (timolol ophthalmic gel forming solution) – **PA**; M90
  - Trusopt (dorzolamide); #, M90
  - Ultracet (tramadol/acetaminophen) – **PA < 12 years and PA > 400 mg/day tramadol**
  - Ultram (tramadol 50 mg) – **PA < 12 years and PA > 400 mg/day**
  - Zocor (simvastatin 80 mg) – **PA > 1 unit/day**; #, M90
  - Zymaxid # (gatifloxacin ophthalmic solution); A90
- 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.
- Avodart (dutasteride); #, M90
  - Daraprim (pyrimethamine) – **PA**; A90
  - Entadfi (finasteride/tadalafil) – **PA**
  - levofloxacin ophthalmic solution – **PA**; A90

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## Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
- clemastine syrup – **PA**; A90
  - Comirnaty (Pfizer-BioNTech COVID-19 vaccine, mRNA); 1
  - Daxxify (daxibotulinumtoxinA-lanm) – **PA**
  - Novavax COVID-19 vaccine, adjuvanted; 1
  - Roxybond (oxycodone immediate-release) – **PA**
  - Spikevax (Moderna COVID-19 vaccine, mRNA); 1

- b. The following listings have been clarified. These changes do reflect a change in MassHealth policy.
- hydrocodone 7.5 mg/ibuprofen – **PA > 120 mg/day hydrocodone and PA > 3.2 g/day ibuprofen**
  - tramadol 25 mg, 100 mg – **PA**
- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- baclofen 5 mg, 10 mg, 20 mg tablet – A90
  - carbinoxamine 4 mg tablet; A90
  - Cellcept (mycophenolate mofetil capsule, suspension, tablet); #, A90
  - cimetidine tablet; \*, M90
  - DDAVP (desmopressin injection, nasal spray, tablet); #, A90
  - Dilaudid (hydromorphone injection, solution, tablet) – **PA > 24 mg/day; #**
  - Imitrex (sumatriptan 5 mg, 20 mg nasal spray) – **PA > 18 units/days and PA < 6 years; #, A90**
  - methocarbamol tablet – **PA < 16 years; A90**
  - metoclopramide syringe
  - Nocdurna (desmopressin sublingual tablet) – **PA**
  - ondansetron 4 mg, 8 mg orally disintegrating tablet; A90
  - oxymorphone extended-release
  - oxymorphone immediate-release
  - Reglan (metoclopramide tablet, solution); #, A90
  - Robaxin (methocarbamol injection) – **PA < 16 years; #**
  - tazarotene cream, gel – **PA; A90**
  - Timoptic Ocudose (timolol 0.5% ophthalmic unit dose solution) – **PA; BP, M90**
  - Vfend (voriconazole injection, tablet); #
  - Vfend (voriconazole suspension) – **PA; A90**
  - Zegerid (omeprazole/sodium bicarbonate capsule, powder for oral suspension); BP; M90

## 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.

<sup>MB</sup> 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.

<sup>A90</sup> 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.

<sup>BP</sup> 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.

<sup>CO</sup> Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.

<sup>M90</sup> 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.

<sup>PD</sup> 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.

<sup>1</sup> 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.