



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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June 2023 MassHealth Drug List Summary Update

MassHealth evaluates the prior-authorization 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 June 5, 2023.

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

Additions

Effective June 5, 2023, the following newly marketed drugs have been added to the MassHealth Drug List.

- Auvelity (dextromethorphan/bupropion) – **PA**
- Basaglar Tempo (insulin glargine) – **PA**
- Byooviz (ranibizumab-nuna); MB
- Cimerli (ranibizumab-eqrn); MB
- Dyanavel XR (amphetamine extended-release chewable tablet) – **PA**
- Fylnetra (pegfilgrastim-pbbk)
- Humalog Tempo (insulin lispro 100 units/mL prefilled syringe) – **PA**
- Imjudo (tremelimumab-actl) – **PA**, MB
- Krazati (adagrasib) – **PA**
- Lytgobi (futibatinib) – **PA**
- Lyumjev Tempo (insulin lispro-aabc) – **PA**
- Noxafil (posaconazole powder for oral suspension) – **PA**
- Orserdu (elacestrant) – **PA**
- Rebyota (fecal microbiota, live-jslm) – **PA**
- Relexxii (methylphenidate extended-release) – **PA**
- Rolvedon (eflapregastim-xnst)
- Ryplazim (plasminogen, human-tvmh) – **PA**
- Stimufend (pegfilgrastim-fpgk)
- Tadliq (tadalafil suspension) – **PA**
- Tecvayli (teclistamab-cqyv) – **PA**; MB
- Tzielid (teplizumab-mzwv) – **PA**
- Vegzelma (bevacizumab-adcd) – **PA**; MB
- Xelstryl (dextroamphetamine transdermal) – **PA**
- Xenpozyme (olipudase alfa-rpcp) – **PA**; MB
- Zonisade (zonisamide suspension) – **PA**
- Ztalmy (ganaxolone) – **PA**
- Zynteglo (betibeglogene autotemcel) ^{PD} – **PA**; CO, MB

New FDA “A”-Rated Generics

Effective June 5, 2023, 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 prior authorization is required for the brand.

New FDA “A”-Rated Generic Drug

Generic Equivalent of

Change in Prior-Authorization Status

- a. Effective June 5, 2023, the following antidepressant will require prior authorization.
 - Fetzima (levomilnacipran) – **PA**
- b. Effective June 5, 2023, the following antitubercular agent will no longer require prior authorization.
 - pretomanid; A90
- c. Effective June 5, 2023, the following ophthalmic antibiotic agents will no longer require prior authorization.
 - Tobradex ST (tobramycin 0.3%/dexamethasone 0.05% ophthalmic suspension)
 - Zylet (tobramycin/loteprednol ophthalmic suspension)
 - Zymaxid (gatifloxacin ophthalmic solution); #

Change in Coverage Status

Effective June 5, 2023, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.

- daunorubicin; MB
- gemcitabine vial; MB
- Jemperli (dostarlimab-gxly) – **PA**; MB
- Opdualag (nivolumab/relatlimab-rmbw) – **PA**; MB
- Tivdak (tisotumab vedotin-tftv) – **PA**; MB
- Vyxeos (daunorubicin/cytarabine) – **PA**; MB
- Xipere (triamcinolone ophthalmic suspension); MB

New or Revised Therapeutic Tables

Table 1 – Immune Globulins

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

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 12 – Antihistamines

Table 13 – Lipid-Lowering Agents

Table 17 – Antidepressants

Table 20 – Anticonvulsants

Table 22 – Acromegaly, Carcinoid Syndrome, and Cushing's Syndrome Agents

Table 23 – Respiratory Agents - Inhaled

Table 24 – Antipsychotics

Table 26 – Antidiabetic Agents

Table 27 – Antiemetics, Appetite Stimulants, and Anabolics

Table 28 – Antifungal Agents - Topical

Table 31 – Cerebral Stimulants and Miscellaneous Agents

Table 33 – Inflammatory Bowel Disease Agents

Table 34 – Antibiotics - Ophthalmic

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

Table 38 – Antiretroviral/HIV Therapy

Table 39 – Influenza Prophylaxis and Treatment Agents

Table 40 – Respiratory Agents - Oral

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 47 – Antifungal Agents - Oral and Injectable

Table 50 – Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents

Table 51 – Antiglaucoma Agents - Ophthalmic

Table 52 – Multiple Sclerosis Agents

Table 55 – Androgens

Table 57 – Oncology Agents

Table 59 – Anesthetics - Topical

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

Table 63 – Dermatologic Agents - Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents

Table 64 – Asthma/Allergy Monoclonal Antibodies

Table 65 – Enzyme Replacement and Substrate Reduction Therapies

Table 67 – Antiviral 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 75 – T-Cell Immunotherapies

Table 78 – Diabetes Medical Supplies and Emergency Treatments

Updated and New Prior-Authorization Request Forms

- Androgen Therapy Prior Authorization Request
- Anticonvulsant Prior Authorization Request
- Antidepressant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antihistamine Agents Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request
- Diabetes Medical Supplies and Emergency Treatments Prior Authorization Request
- Growth Hormone and Increlex Prior Authorization Request
- Multiple Sclerosis Agents Prior Authorization Request
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Oral/Injectable Antifungal Agents Prior Authorization Request
- Osteoporosis Agents and Calcium Regulators Prior Authorization Request
- Progesterone Agents Prior Authorization Request
- Pulmonary Hypertension Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request
- T-Cell Immunotherapies 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 June 5, 2023, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Advair (fluticasone/salmeterol inhalation aerosol); BP, A90
 - Denavir (penciclovir); BP, A90
 - Hetlioz (tasimelteon) – **PA**; BP, A90
 - Mycobutin (rifabutin); BP, A90
 - Vyvanse (lisdexamfetamine capsule) – **PA < 3 years or ≥ 21 years and PA > 2 units/day**; BP
 - Vyvanse (lisdexamfetamine chewable tablet) – **PA**; BP
 - Zioptan (tafluprost) – **PA**; BP, A90
- b. Effective June 5, 2023, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Amicar (aminocaproic acid); #, A90
 - Androgel (testosterone 1.62% gel pump) – **PA**
 - Evamist (estradiol)
 - Hepsera (adefovir) – **PA > 1 unit/day**; #, A90
 - Jublia (efinaconazole) – **PA**
 - Monurol (fosfomycin); #, A90
 - Sandostatin LAR (octreotide injectable suspension)
 - Strattera (atomoxetine) – **PA < 6 years**; #, A90
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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 June 5, 2023, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- Advair (fluticasone/salmeterol inhalation aerosol); BP, A90
 - Aubagio (teriflunomide) – **PA**; A90
 - Denavir (penciclovir); BP, A90
 - Latuda (lurasidone) – **PA**; A90
 - Noxafil (posaconazole injection, suspension) – **PA**; BP, A90
 - Pylera (bismuth subcitrate/metronidazole/tetracycline); #, A90
 - Uceris (budesonide rectal foam) – **PA**; A90
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Updated MassHealth Pharmacy Program Emergency Response

The MassHealth Pharmacy Program Emergency Response document has been updated to reflect recent changes.

Updated MassHealth Non-Drug Product List

The MassHealth Non-Drug Product List has been updated to reflect recent changes to the MassHealth Drug List.

Effective June 5, 2023, the following products will be removed from the MassHealth Non-Drug Product List.

- Reset (prescription digital therapeutic, substance use disorder)
 - Reset-O (prescription digital therapeutic, opioid use disorder)
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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.

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.

- a. Effective June 5, 2023, the following urinary dysfunction agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Toviaz (fesoterodine) ^{PD}; BP, A90
 - b. Effective June 5, 2023, the following beta thalassemia agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Zynteglo (betibeglogene autotemcel) ^{PD} – **PA**; CO, MB
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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.

Updated and New Pharmacy Initiatives

- Opioid and Pain Initiative
 - Pediatric Behavioral Health Medication 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.

Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - Avandia (rosiglitazone)
 - Bleph-10 (sulfacetamide ophthalmic ointment, solution); #
 - Blephamide (sulfacetamide/prednisolone sodium acetate ophthalmic ointment) – **PA**; A90
 - Blephamide (sulfacetamide/prednisolone sodium acetate ophthalmic suspension)
 - Entocort EC (budesonide 3 mg delayed-release capsule); #, A90
 - Fortamet (metformin extended-release, osmotic tablet) – **PA**; M90
 - maprotiline – **PA**; A90
 - Moxeza (moxifloxacin ophthalmic solution) – **PA**
 - Phenergan (promethazine); A90
 - Starlix (nateglinide); #, M90
 - Viramune (nevirapine); #, A90
 - Viramune XR (nevirapine extended-release) – **PA**; A90
 - Zorbtive (somatropin) – **PA**
- b. Effective April 13, 2023, the following agent has been removed from the MassHealth Drug List because it is no longer approved for use by the Food and Drug Administration.
 - Makena (hydroxyprogesterone caproate injection) – **PA**
- c. Effective June 5, 2023, the following COVID-19 preventative therapies have been removed from the MassHealth Drug List because they are no longer authorized for use by the Food and Drug Administration.
 - Comirnaty (COVID-19 Pfizer vaccine COVID EUA – June 17, 2022 for members 6 months to 4 years of age); PHE
 - Comirnaty (Pfizer COVID-19 vaccine COVID EUA – June 17, 2022 for members 6 months to 4 years of age); PHE
 - Comirnaty (COVID-19 Pfizer vaccine COVID EUA – October 29, 2021 for members 5 to 11 years of age); PHE
 - Comirnaty (Pfizer COVID-19 vaccine COVID EUA – October 29, 2021 for members 5 to 11 years of age); PHE
 - Comirnaty (COVID-19 Pfizer vaccine ≥ 12 years of age); PHE
 - Comirnaty (Pfizer COVID-19 vaccine ≥ 12 years of age); PHE

- Spikevax (COVID-19 Moderna vaccine COVID EUA – June 17, 2022 for members 6 months to 17 years of age); PHE
 - Spikevax (Moderna COVID-19 vaccine COVID EUA – June 17, 2022 for members 6 months to 17 years of age); PHE
 - Spikevax (COVID-19 Moderna vaccine ≥ 18 years of age); PHE
 - Spikevax (Moderna COVID-19 vaccine ≥ 18 years of age); PHE
- d. Effective June 5, 2023, the following COVID-19 treatment therapies have been removed from the MassHealth Drug List because they are no longer authorized for use by the Food and Drug Administration.
- bamlanivimab, administered with etesevimab (COVID EUA – February 9, 2021); PHE
 - etesevimab, administered with bamlanivimab (COVID EUA – February 9, 2021); PHE
 - bebtelovimab (COVID EUA – February 11, 2022); PHE
 - Evusheld (tixagevimab/cilgavimab COVID EUA – December 8, 2021); PHE
 - Regen-Cov (casirivimab, administered with imdevimab COVID EUA - November 21, 2020); PHE
 - Regen-Cov (imdevimab, administered with casirivimab COVID EUA - November 21, 2020); PHE
 - sotrovimab (COVID EUA - May 26, 2021); PHE
- e. The following drug has 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.
- Jatenzo (testosterone undecanoate capsule) – **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.
- Auvi-Q (epinephrine auto-injection) – **PA**
 - fexofenadine/pseudoephedrine; *, A90
 - Grastek (timothy grass pollen allergen extract) – **PA**
 - lanreotide
 - Odactra (house dust mite allergen extract) – **PA**
 - Oravig (miconazole buccal tablet) – **PA**
 - Ragwitek (short ragweed pollen allergen extract) – **PA**
- b. The following drug has been added to the MassHealth Drug List. This change does reflect a change in MassHealth policy.
- fexofenadine tablet; *, M90
- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- Adcirca (tadalafil tablet) – **PA**; A90
 - Advair (fluticasone/salmeterol inhalation); BP, A90
 - Aristada (aripiprazole lauroxil 1,064 mg) ^{PD} – **PA < 6 years and PA > 1 injection/56 days**
 - Aristada (aripiprazole lauroxil 441 mg, 662 mg, 882 mg) ^{PD} – **PA < 6 years and PA > 1 injection/28 days**
 - Aristada Initio (aripiprazole lauroxil 675 mg) ^{PD} – **PA < 6 years and PA > 1 injection/28 days**
 - Cialis (tadalafil tablet) – **PA**
 - Diastat (diazepam rectal gel) – **PA > 5 kits (10 syringes)/30 days**
 - Invega Sustenna (paliperidone extended-release 1-month injection) ^{PD} – **PA < 6 years, 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 < 6 years and PA > 1 injection/84 days**
 - Invega Hafyera (paliperidone extended-release 6-month injection) ^{PD} – **PA < 6 years and PA > 1 injection/168 days**

- moxifloxacin ophthalmic solution, twice daily – **PA**
- Nayzilam (midazolam nasal spray) – **PA > 10 units/30 days**
- Risperdal Consta (risperidone extended-release intramuscular injection) – **PA < 6 years and PA > 2 injections/28 days**
- Semglee (insulin glargine-yfgn) – **PA**
- Tlando (testosterone undecanoate 112.5 mg capsule)– **PA**
- Valtoco (diazepam nasal spray) – **PA > 10 units/30 days**
- zonisamide capsule
- Zyprexa Relprevv (olanzapine 210 mg, 300 mg extended-release injection) – **PA < 6 years and PA > 2 injections/28 days**
- Zyprexa Relprevv (olanzapine 405 mg extended-release injection) – **PA < 6 years and PA > 1 injection/28 days**

Abbreviations, Acronyms, and Symbols

This designates a brand-name drug with FDA “A”-rated generic equivalents. Prior authorization 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, prior authorization does not apply through the hospital outpatient and inpatient settings. Please refer to 130 CMR 433.408 for prior authorization 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 prior authorization status and criteria, if applicable.

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

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the provider to receive reimbursement. Note: Prior authorization 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.

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.