



PHARMACY FACTS

Current information for pharmacists about
the MassHealth Pharmacy Program

www.mass.gov/masshealth-pharmacy-facts

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MassHealth Drug List Update

Below are certain updates to the MassHealth Drug List (MHDL). See the MHDL for a complete list of updates.

Additions

Effective January 2, 2024, the following newly marketed drugs have been added to the MassHealth Drug List.

- Daybue (trofinetide) – **PA**
- Elfabrio (pegunigalsidase alfa-iwxj) – **PA**
- Hemgenix (etranacogene dezaparvovec-drlb) – **PA**; CO, MB
- Jaypirca (pirtobrutinib) – **PA**
- Joenja (leniolisib) – **PA**
- Olpruva (sodium phenylbutyrate pellets for suspension) – **PA**
- Omisirge (omidubicel-only) – **PA**; CO, MB

Changes in Prior-Authorization Status

- a. Effective January 2, 2024, the following antidiabetic agents will require prior authorization (PA) when exceeding the newly established quantity limits.
 - Byetta (exenatide 5 mcg injection) – **PA > 1.2 mL/30 days**; BP
 - Byetta (exenatide 10 mcg injection) – **PA > 2.4 mL/30 days**; BP
 - Trulicity (dulaglutide) ^{PD} – **PA > 2 mL/28 days**
 - Victoza (liraglutide) – **PA > 9 mL/30 days**; BP
- b. Effective January 2, 2024, the following topical antiviral agent will require PA.
 - Denavir (penciclovir) – **PA**; A90

- c. Effective January 2, 2024, the following gastrointestinal agent will require PA.
 - Zegerid (omeprazole/sodium bicarbonate powder for oral suspension) – **PA**; M90
- d. Effective January 2, 2024, the following inhaled respiratory agent will no longer require PA.
 - Breo (fluticasone/vilanterol); BP, A90
- e. Effective January 2, 2024, the following antiglaucoma agents will require PA.
 - Combigan (brimonidine/timolol, ophthalmic) – **PA**; M90
 - Lumigan (bimatoprost 0.01% ophthalmic solution) – **PA**

Change in Coverage Status

Effective January 2, 2024, the following anti-obesity agents will no longer be excluded per 130 CMR 406.413(B) and will require PA.

- Adipex-P (phentermine 37.5 mg capsule, tablet) – **PA**
- benzphetamine – **PA**
- diethylpropion – **PA**
- diethylpropion extended-release – **PA**
- Lomaira (phentermine 8 mg tablet) – **PA**
- phendimetrazine – **PA**
- phendimetrazine extended-release – **PA**
- phentermine 15 mg, 30 mg capsule – **PA**
- Saxenda (liraglutide) – **PA**
- Wegovy (semaglutide injection) ^{PD} – **PA**
- Xenical (orlistat) – **PA**; BP, A90

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 January 2, 2024, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Votrient (pazopanib) – **PA**; BP, A90
- Xenical (orlistat) – **PA**; BP, A90

Effective January 2, 2024, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Ciprodex (ciprofloxacin/dexamethasone); #, A90
- Combigan (brimonidine/timolol, ophthalmic) – **PA**; M90
- Denavir (penciclovir) – **PA**; A90
- Forfivo XL (bupropion hydrochloride extended-release 450 mg tablet) – **PA**; A90
- Glumetza (metformin extended-release, gastric tablet) – **PA**; M90
- Imitrex (sumatriptan 5 mg, 20 mg nasal spray) – **PA > 18 units/30 days**; #, A90
- Mephyton (phytonadione); #, A90
- Miacalcin (calcitonin salmon injection) – **PA**
- Restasis (cyclosporine 0.05% ophthalmic emulsion); #, A90
- Zegerid (omeprazole/sodium bicarbonate capsule); #, M90
- Zegerid (omeprazole/sodium bicarbonate powder for oral suspension) – **PA**; M90
- Zyvox (linezolid suspension) – **PA**; A90

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 January 2, 2024, the following medical supply will be added to the MassHealth Non-Drug Product List.

- Cequr Simplicity – **PA**

Legend

- 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.
- #** 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.
- 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.
- 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.
- 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.