



PHARMACY FACTS

Current information for pharmacists about
the MassHealth Pharmacy Program

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Managed Care Update to GLP-1 Agonist Drugs Purchased Through the 340B Drug Pricing Program

This section concerns Accountable Care Partnership Plans (ACPPs), Managed Care Organizations (MCOs), One Care Plans, and Senior Care Organizations (SCOs) (collectively referred to as “Managed Care Entities”). Effective April 1, 2024, the Executive Office of Health and Human Services (EOHHS) is directing Managed Care Entities not to pay for the drugs listed below if those drugs are purchased through the 340B Drug Pricing Program (340B stock). Managed Care Entities may pay for the listed drugs only when providers use non-340B stock.

- Saxenda[®] (liraglutide)
- Victoza[®] (liraglutide)
- Ozempic[®] (semaglutide)
- Rybelsus[®] (semaglutide)
- Wegovy[®] (semaglutide)
- Mounjaro[®] (tirzepatide)*
- Zepbound[®] (tirzepatide)*

*Tirzepatide is a glucose-dependent insulinotropic polypeptide (GIP) receptor and glucagon-like peptide-1 (GLP-1) receptor agonist.

For more information, please see [Managed Care Entity Bulletin 109](#).

MHDL Updates

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

Additions

- a. Effective March 4, 2024, the following newly marketed drugs have been added to the MassHealth Drug List.
 - Abrilada (adalimumab-afzb) – PA

- adalimumab-aacf, unbranded – PA
- adalimumab-adaz, unbranded – PA
- adalimumab-adbm, unbranded – PA
- adalimumab-fkjp, unbranded – PA
- Airsupra (albuterol/budesonide) – PA
- Akeega (niraparib/abiraterone) – PA
- Amjevita (adalimumab-atto) – PA
- Austedo XR (deutetrabenazine extended-release) – PA
- Columvi (glofitamab-gxbr) – PA; MB
- Cyltezo (adalimumab-adbm) – PA
- Elevidys (delandistrogene moxeparvovec-rokl) – PA; CO, MB
- Epkinly (epcoritamab-bysp) – PA; MB
- Filspari (sparsentan) – PA
- Hadlima (adalimumab-bwwd) – PA
- Hulio (adalimumab-fkjp) – PA
- Hyrimoz (adalimumab-adaz) – PA
- Idacio (adalimumab-aacf) – PA
- Iheezo (chloroprocaine ophthalmic gel) – PA
- Inpefa (sotagliflozin) – PA
- Iyuzeh (latanoprost solution) – PA
- Litfulo (ritlecitinib) – PA
- Liqrev (sildenafil oral suspension) – PA
- Miebo (perfluorohexyloctane) – PA
- Ngenla (somatrogon-ghla) – PA
- Opvee (nalmefene nasal spray) – PA
- Qalsody (tofersen) – PA; MB
- Rezzayo (rezafungin) – PA
- Rykindo (risperidone 25 mg, 37.5 mg, 50 mg extended-release intramuscular injection) – PA
- Rystiggo (rozanolixizumab-noli) – PA; MB

- Sezaby (phenobarbital 100 mg vial); MB
 - Veozah (fezolinetant) – **PA**
 - Vyjuvek (beremagene geperpavec-svdt) – **PA**; MB
 - Vyvgart Hytrulo (efgartigimod alfa and hyaluronidase-qvfc) – **PA**; MB
 - Ycanth (cantharidin) – **PA**; MB
 - Yuflyma (adalimumab-aaty) – **PA**
 - Yusimry (adalimumab-aqvh) – **PA**
 - Zavzpret (zavegepant) – **PA**
 - Zurzuvae (zuranolone) – **PA**
- b. Effective 12/27/2023, the following preventative therapy has been added to the MassHealth Drug List on March 4, 2024.
- Ixchicq (chikungunya virus vaccine, live)

Change in Prior-Authorization Status

- a. Effective March 4, 2024, the following colony stimulating factor agents will no longer require PA.
- Granix (TBO-filgrastim)
 - Nivestym (filgrastim-aafi)
 - Releuko (filgrastim-ayow)
 - Zarxio (filgrastim-sndz)
- b. Effective March 4, 2024, the following diabetic agent will no longer require PA.
- Zegalogue (dasiglucagon)
- c. Effective March 4, 2024, the following inhaled respiratory agent will no longer require PA.
- Proair Respiclick (albuterol inhalation powder)
- d. Effective March 4, 2024, the following compounded pharmaceutical products will require PA.
- compounded pharmaceutical product with transdermal route of administration – **PA**; CP
- e. Effective March 4, 2024, the following inhaled agent will no longer require PA within age limits.
- fluticasone propionate inhalation aerosol – **PA** ≥ 5 years; A90

- f. Effective March 4, 2024, the following non-stimulant ADHD agent will no longer require PA within age and quantity limits.
- clonidine extended-release 0.1 mg tablet – **PA** < 3 years and **PA** > 4 units/day; A90
- g. Effective March 4, 2024, the following cardiovascular agent will no longer require PA.
- Cardizem CD (diltiazem 360 mg); #, M90

Change in Coverage Status

Effective March 4, 2024, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.

- Enhertu (fam-trastuzumab deruxtecan-nxki) – **PA**; MB
- Kimmtrak (tebentafusp-tebn) – **PA**; MB
- Sandimmune (cyclosporine injection); MB
- Simulect (basiliximab); MB

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 March 4, 2024, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Risperdal Consta (risperidone 12.5 mg, 25 mg, 37.5 mg, 50 mg extended-release intramuscular injection) – **PA** < 6 years and **PA** > 2 injections/28 days; BP
- b. Effective March 4, 2024, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Finacea (azelaic acid gel) – **PA**; A90
 - Lotronex (alosetron) – **PA**

Legend

- PA** Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment. Note: PA applies to both the brand-name and the FDA "A"-rated generic equivalent of listed product.
- CP** Compounded pharmaceutical products with a total allowed ingredient cost greater than or equal to \$100 require PA. In addition, compounded pharmaceutical products with topical route or transdermal route of administration (ROA) require PA. The following ROAs are excluded from the PA requirement for products with a total allowed ingredient cost greater than or equal to \$100: infusion, intravenous, intravenous piggyback, intravenous push, subcutaneous. Compounded pharmaceutical products utilizing any PA-requiring agent or not covered ingredient as part of the compound require PA.
- 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.
- #** 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.
- BP** Brand preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the nonpreferred drug 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.
- 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.