MassHealth Formulary Updates

DEFINITIONS

Formulary	These drugs are included in the MassHealth drug list.
Prior Authorization (PA)	Prior authorization is required. The prescriber must obtain PA for the drug. PA applies to both the brand-name and the FDA "A"-rated generic equivalent of listed product.
Brand Preferred (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.
Preferred Drug (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.

Effective 10/1/2026

The following generic name medications will become non-preferred. Please use the brand name alternative(s):

Generic Name	Brand Name Alternative
Riociguat tablet	Adempas tablet
Tacrolimus extended-release capsule	Astagraf XL capsule
Sitagliptin / metformin-Janumet tablet	Janumet tablet
Sitagliptin tablet	Januvia tablet
Vortioxetine tablet	Trintellix tablet
Multivitamin injection	Infuvite injection

The following brand name medications will become non-preferred. Approval will require a trial of its generic medication:

Brand Name	Generic Medication
Suprep Bowel Prep Kit	Sodium sulfate/potassium sulfate/magnesium sulfate
Frova tablet	Frovatriptan succinate tablet

Effective 10/1/2026

The following changes are being made to the listed medications to be in compliance with the MassHealth UPPL (Unified Pharmacy Product List):

Acromegaly Agents Carcinoid Syndrome Agents and Cushing Syndrome Agents	• **Metopirone 250 mg capsule** will be **added** to the pharmacy benefit **with** a prior authorization requirement. Criteria will require a step-through trial with either cabergoline or ketoconazole tablet. • Prescriber involvement in endocrinology was added throughout the criteria. • **Mycapssa** criteria was updated to confirm whether member has failed surgical intervention or not a candidate for surgery. • The criteria for **Xermelo** was updated to include an age restriction of 18 years and older. • **Signifor LAR** and **Somavert** criteria for acromegaly were updated to include the use of cabergoline with a somatostatin analog per guideline recommendations. Criterion points regarding severity of symptoms were removed.

Angiogenesis Inhibitors	• **Jobevne injection** will be **added** to the medical benefit only **with** a prior authorization requirement.
	• The following additional changes were made to criteria within the guideline:
	  ○ For mCRC, the option of combination therapy with Lonsurf (trifluridine/tipiracil) or clinical rational for use of a bevacizumab product in combination with an NCCN supported category 1 or 2A recommended regimen was added to criteria.
	  ○ For cervical cancer, the option of using a bevacizumab product as monotherapy or clinical rational for use of a bevacizumab product in combination with an NCCN supported category 1 or 2A recommended regimen was added to criteria.
	  ○ For Cyramza (ramucirumab) HCC, the additional category 1, first-line options of Yervoy (ipilimumab) + Opdivo (nivolumab) or Tevimbra (tislelizumab-jsgr) were added as potential step-through options.
	mCRC: metastatic colorectal cancer, HCC: hepatocellular carcinoma

Antibiotics - Oral	**Blujepa** received expanded indication for the use of uncomplicated urogenital gonorrhea and this was added to criteria. A step-through trial with intramuscular ceftriaxone and one other oral agent (cefixime, azithromycin with intramuscular gentamicin) will be required.
Antidiabetic Agents – Non-Insulin and Combination Products	• **Ozempic tablets** will be **added** to the pharmacy benefit **with** a prior authorization **and** quantity limit of 30 tablets per 30 days. • Policy was updated to include Ozempic tablet as an additional trial option and new strengths of Rybelsus tablet for Bydureon Bcise, exenatide injection, Soliqua, and Xultophy requests.

Antifungals – Oral and Injectable	• Off-label indication for **Cresemba** for prophylaxis of aspergillus and mucormycosis infections in certain patients with hematologic malignancies, allogeneic HSCT transplant, heart or lung transplant recipients was added. • **Cresemba** criteria for the treatment of aspergillus and mucormycosis were updated to incorporate acceptable rationale for bypassing alternative trials. • Acceptable indications (Allogeneic HSCT recipient with neutropenia, GVHD (grade 3 or 4) and receiving immunosuppressive therapy, heart transplant recipient, lung transplant recipient) for **Noxafil** injection, suspension, and powder for suspension in the prophylaxis of invasive aspergillus and candida fungal infections and prescriber specialist requirement were added. • **Vfend** suspension in the prevention of aspergillus and candida infections criteria was updated to include acceptable indications (Allogeneic HSCT recipient with neutropenia, GVHD (grade 3 or 4) and receiving immunosuppressive therapy, heart transplant recipient, lung transplant recipient) and prescriber specialist requirement.
Antiparkinsonian Agents	For **brand name Tasmar** requests, there will be additional criteria required for the trial of the generic tolcapone, and step-through trials of other alternatives or clinical rationale for use of brand Tasmar.

Antipsychotics	• **Bysanti tablets** will be **added** to the pharmacy benefit **with** a prior authorization **and** quantity limit of 60 tablets per 30 days. Criteria will require additional step-through trials of the following:
	  ○ Two agents of the following: aripiprazole, clozapine, lurasidone, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone
	  ○ One additional atypical antipsychotic
	  ○ Clinical rationale for use of Bysanti instead of Fanapt
	• **Fanapt** criteria was updated to include consideration for stability on Bysanti with a plan to transition to Fanapt.

Asthma and Allergy Monoclonal Antibodies	• **Dupixent** criteria was updated to include the following indications:
	  ○ treatment of adult and pediatric patients aged 2 years and older with chronic spontaneous urticaria (CSU) who remain symptomatic despite H1 antihistamine treatment
	  ○ treatment of adult and pediatric patients aged six years and older with allergic fungal rhinosinusitis (AFRS) who have a history of sino-nasal surgery
	• **Fasenra** criteria was updated to include a new indication for the treatment of adult and pediatric patients aged 12 years and older

	with hypereosinophilic syndrome (HES) without an identifiable non-hematologic secondary cause
	• The following updates was made to **Nucala** for HES:
	  ○ Step-through trial with Fasenra will be required
	  ○ Documentation will be required of whether member has an adequate parameter of baseline blood eosinophilic level and to ensure the member is not FIP1L1-PDGFRα kinase-positive

Benzodiazepines and Other Antianxiety Agents	The concomitant opioids and benzodiazepine criteria, particularly for a psychiatric diagnosis, was further clarified to indicate that the 3 antidepressant trials should include at least one SSRI and one SNRI and others (buspirone, Trintellix, vilazodone, gabapentinoids, mirtazapine, or tri-cyclic antidepressants).

Bile Acid Therapies	• **Ctexli tablet** will remain covered under the pharmacy benefit and will now require prior authorization.
	• **Bylvay** and **Livmarli** criteria for progressive familial intrahepatic cholestasis (PFIC) were updated to remove the need for documentation showing no evidence of portal hypertension or decompensated cirrhosis.
	• The following clinical updates were made to **Iqirvo** and **Livdelzi**:
	  ○ Criteria for primary biliary cholangitis (PBC) were updated to accept other PBC-specific autoantibodies (sp100 or gp210) if antimitochondrial antibody (AMA) is negative to confirm diagnosis. The requirements for lab results and medical records were also removed.
	  ○ The initial approval duration was extended from 3 months to 6 months.
	• Criteria for cerebrotendinous xanthomatosis (CTX) was updated to now include age restriction for members <18 years of age to require current weight.

Bowel Preparations	The following medications will remain covered under the pharmacy benefit and will now require prior authorization:
	• **Moviprep** (*polyethylene glycol 3350 with electrolytes*)
	  ○ Brand Name criteria will require a step-through trial with generic polyethylene glycol/electrolyte solution or a clinical rationale for the use of Moviprep
	• **Plenvu** solution
	  ○ Criteria will require additional alternative trial or clinical rationale for the use of Plenvu

Butalbital Containing Agents	**Butalbital-acetaminophen-caffeine oral solution 50-325-40 mg/15 mL** will be **added** to the pharmacy benefit **with** a prior authorization **and** a quantity limit of 10 mL/day. Criteria will also require a step-through trial to one butalbital

	containing tablet or capsule formulation that is currently available without PA or medical necessity as noted by a swallowing disorder.
Xiaflex	• Criteria for Dupuytren's contracture was updated to include FDA approved age of ≥ 18 years of age. • The criterion requiring documentation that the member is not a candidate for surgery was removed for Peyronie's disease.
Cardiovascular Agents – Miscellaneous	**Myqorzo** and **Camzyos** criteria were updated to include step-through trial with a beta blocker, disopyramide, or non-dihydropyridine calcium channel blocker (diltiazem or verapamil).
Complement Inhibitors and Misc. Immunosuppressive Agents	**Yartemlea injection** will be **added** to the medical benefit only **with** a prior authorization requirement.
Cystic Fibrosis Transmembrane Conductance Regulator Modulators	• **Alyftrek** and **Trikafta** criteria were updated to include diagnosis of cystic fibrosis with a variant in the CFTR gene that is either responsive based on clinical and/or in vitro data or results in production of CFTR protein. • Criteria for **Kalydeco, Orkambi** and **Trikafta** granules were updated to ensure dose consolidation to the minimum number of units required to achieve the requested twice-daily dose OR medical necessity (e.g., member utilizes tube feeding (G-tube/J-tube), member has a swallowing disorder or condition affecting ability to swallow) of granules above the quantity limit.
Enzyme and Metabolic Disorder Therapies	• **Avlayah injection** will be **added** to the medical benefit only **with** a prior authorization requirement. Criteria will require a step-through trial with Elaprase unless there is confirmation of either a neurologic manifestation or no advanced neurologic impairment. • **Loargys injection** will be **added** to both the pharmacy benefit **and** medical benefit **with** a prior authorization requirement. • **Kygevvi powder** will be **added** to the pharmacy benefit **with** a prior authorization requirement.
GnRH Analogues	• **Vabrinty injection** will be **added** to the pharmacy benefit **with** a prior authorization requirement. • CPP (central precocious puberty) criteria was updated to specify that for Lupron Ped 11.25 mg 3 month, 30 mg 3 month and 45 mg 6 month formulations, a trial will include a monthly formulation of Lupron Ped which is appropriate based on the members weight and the additional trial of Fensolvi (for Lupron Ped 45 mg dose only).
Hyperoxaluria Agents	Prescriber involvement was updated to include urologist in addition to nephrologist.
Immune Globulin	• The following medications will be **added** to both the pharmacy benefit **and** medical benefit **with** a prior authorization requirement:

	○ Qivigy 10% solution ○ Yimmugo 10% solution • Additional indications were added to criteria: autoimmune blistering disorders, BK polyomavirus-associated nephropathy, idiopathic inflammatory myopathies/myositis, localized sclerodema, prevention of recurrent infections in oncology-related immunodeficiency. • Initial and reauthorization approval durations were updated to group by chronic and acute conditions. • Criteria for GBS was updated to show that retreatment is not recommended.
Isocitrate Dehydrogenase (IDH) Inhibitors	• Criteria for **Rezlidhia** for IDH1 mutated AML (isocitrate • dehydrogenase-1 acute myeloid leukemia) was updated to include criterion point to confirm ineligibility for intensive induction chemotherapy or relapsed or refractory IDH1-mutated AML. • Criteria for **Tibsovo** for IDH1 mutated cholangiocarcinoma was updated to remove specific chemotherapy trial and replaced with a step-through trial of prior chemotherapy regimen instead.
Lipid Lowering Agents	• New strength, **Juxtapid 2mg capsule**, will be **added** to the pharmacy benefit **with** a prior authorization **and** quantity limit of 30 capsules per 30 days. • The following medication <u>will continue</u> to be covered under the pharmacy benefit **with** prior authorization. The following quantity limit <u>will now</u> apply: ○ Juxtapid 5mg & 10mg capsules – **QL** 30 capsules per 30 days ○ Juxtapid 20mg & 30mg capsules – **QL** 60 capsules per 30 days • **Praluent** and **Repatha** criteria were updated to reflect new indication of reduction of cardiovascular events in patients without established cardiovascular disease. Based on expanded indication and updates to clinical consensus guidelines, criteria was added for use in patients with elevated coronary artery calcium scores and patients with baseline LDL C <190 mg/dL at high cardiovascular risk. • **Evkeeza, Juxtapid and Leqvio** criteria were updated to reflect label expansions for treatment of HoFH in patients one year of age and older, treatment of HoFH in patients two years of age and older, and treatment of HoFH and HeFH in patients 12 years of age and older, respectively. • **Juxtapid** criteria was updated to require use with a high-intensity statin, ezetimibe, and PCSK9 inhibitor or clinical rationale for omitting one or more of these therapies.
Multiple Myeloma Agents	• Expanded indication for **Tecvayli** was added for adult patients with relapsed or refractory multiple myeloma (MM) who have received at

	least one prior line of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent. • **Darzalex** and **Darzalex Faspro** will require a step-through trial with proteosome inhibitors (bortezomib, Boruzu, Velcade, Kyprolis, Ninlaro) and immunomodulatory agents (pomalidomide, Revlimid, Thalomid).
Osteoporosis Agents and Miscellaneous Calcium Regulators	• **Aukelso injection** and **Bosaya injection** will be **added** to both pharmacy and medical benefits **with** a prior authorization requirement. • Criteria for Prolia and its biosimilars were updated to now prefer Bildyos and Enoby. • Criteria for Xgeva and its biosimilars were updated to now prefer Bilprevda and Xtrenbo.

PARP Inhibitors	• The following clinical updates were made to **Lynparza**:
	  ○ For diagnosis of metastatic castration-resistant prostate cancer (mCRPC), it was updated to include step-through trial with one of the following: Erleada, Nubeqa, Xtandi, Yonsa, Zytiga.
	  ○ For diagnosis of homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer (mCRPC), it was updated to include Erleada and Nubeqa as additional step-through options.
	• **Rubraca** criteria for BRCA-mutated mCRPC was updated to remove trial of taxane-based chemotherapy and include Erleada and Nubeqa as additional step-through options.

Probiotics	Trulance and Rifaximin as step-through trials were removed from the policy.
Progesterone Agents	Initial and reauthorization approval durations were updated for prevention of miscarriage with history of miscarriage through gestational week 16. • Initial: Appropriate treatment duration is based on current gestational week through week 16 • Reauthorization: no more than once every 365 days for new pregnancies
Imcivree (setmelanotide)	Criteria was updated to accept consult notes from an endocrinologist, and expanded indication of acquired hypothalamic obesity was added.

Systemic Chemotherapy Miscellaneous	• The following medications will be **added** to the medical benefit only **with** a prior authorization requirement:
	  ○ **Avgemsi**
	  ▪ Criteria will mirror Infugem in which a step-through trial with a gemcitabine product will be required.
	  ○ **Beizray**

	▪ Criteria will require a step-through trial with a docetaxel formulation available without prior authorization. ○ **Kyxata** ▪ Criteria will require a step-through trial with a carboplatin formulation available without prior authorization. • **Vyxeos** criteria was updated to include age restrictions of either ≥ 60 years of age or ages between 1 and 59 years will require additional trial with separate agents of daunorubicin and cytarabine.
Targeted Immunomodulators	• **Avtozma** (auto-injection, prefilled syringe) will be **added** to the pharmacy benefit and <u>will require</u> prior authorization. • **Actemra** criteria was updated to require a step-through trial with Avtozma (tocilizumab-anoh auto-injection, prefilled syringe) and Tyenne (tocilizumab-aazg auto-injection, prefilled syringe) or clinical rationale for use of Actemra. • **Entyvio vial** <u>will no longer</u> be covered under the pharmacy benefit and will be covered under the <u>medical benefit only</u> **with** prior authorization. The autoinjector formulation will require medical necessity for its use instead of the vial formulation. • **Ebglyss** reauthorization criteria was updated to require failure with longer dosing intervals before approval for continuation of shorter dosing intervals. • Conventional trial and baseline severity requirements were added for the hidradenitis suppurativa (HS) criteria. • For HS criteria, **Bimzelx** and **Cosentyx** will require a step-through trial with adalimumab. Bimzelx will also require an additional trial with Cosentyx at a dose of 300 mg every 2 weeks or at a maximum tolerated dose. • **Bimzelx** reauthorizations for HS will require documentation of improvement from baseline. • **Sotyktu** criteria for plaque psoriasis and psoriatic arthritis were updated to require adalimumab or Enbrel, Otezla, and ustekinumab.
T-cell Immunotherapies	• **Lunsumio Velo** will be **added** to the medical benefit only **with** a prior authorization requirement. The criteria will be managed similarly as Lunsumio. • Expanded indication for **Tecvayli** was added for adults with relapsed or refractory multiple myeloma (MM) who have received at least one prior line of therapy including a proteasome inhibitor (PI) and an immunomodulatory agent.