



PHARMACY FACTS

Current information for pharmacists about
the MassHealth Pharmacy Program

www.mass.gov/masshealth-pharmacy-facts

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MHDL Updates

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

Additions

Effective February 6, 2023, the following newly marketed drugs have been added to the MHDL.

- Ermeza (levothyroxine) – **PA**
- Pheburane (sodium phenylbutyrate granules) – **PA**
- Radicava ORS (edaravone suspension) – **PA**
- Sotyktu (deucravacitinib) – **PA**
- Spevigo (spesolimab-sbzo) – **PA**
- Xaciato (clindamycin vaginal gel) – **PA**

Changes in Prior-Authorization (PA) Status

- a. Effective February 6, 2023, the following vaginal antibiotic will require PA.
 - Nuessa (metronidazole 1.3% vaginal gel) – **PA**
- b. Effective February 6, 2023, the following chemotherapy agent will require PA.
 - Leukeran (chlorambucil) – **PA**

Change in Coverage Status

Effective February 6, 2023, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.

- Abraxane (paclitaxel injectable suspension) – MB
- Adriamycin (doxorubicin) – MB
- albumin, human solutions – MB
- Alimta (pemetrexed disodium) – MB
- Alkeran (melphalan hydrochloride injection) – MB

- amiodarone injection – MB
- Aralast NP (alpha-1-proteinase inhibitor, human) – MB
- azathioprine injection – MB
- BCG live, intravesical – MB
- Belrapzo (bendamustine) – MB
- Bendeka (bendamustine) – MB
- Bicnu (carmustine) – MB
- bleomycin – MB
- bortezomib – MB
- Busulfex (busulfan injection) – MB
- Cafcit (caffeine citrate injection) – MB
- calcitriol injection – MB
- Camptosar (irinotecan) – MB
- carboplatin – MB
- Carnitor (levocarnitine injection) – MB
- chloramphenicol – MB
- cisplatin – MB
- cladribine injection – MB
- Clolar (clofarabine) – MB
- Cosmegen (dactinomycin) – MB
- cyclophosphamide injection – MB
- cytarabine – MB
- Cytogam (cytomegalovirus immune globulin IV, human) – MB
- dacarbazine – MB
- Dacogen (decitabine) – MB
- Docefrez (docetaxel) – MB
- docetaxel – MB
- Doxil (doxorubicin liposomal injection) – MB
- Elitek (rasburicase) – MB
- Erbitux (cetuximab) – MB
- etoposide injection – MB
- Evomela (melphalan injection) – MB
- floxuridine – MB
- fluorouracil injection – MB

- Folutyn (pralatrexate) – MB
- foscarnet – MB
- Glassia (alpha-1-proteinase inhibitor, human) – MB
- Herceptin (trastuzumab) – **PA** – MB
- Herceptin Hylecta (trastuzumab/hyaluronidase-oysk) – **PA**; MB
- Herzuma (trastuzumab-pkrb) – **PA**; MB
- Hycamtin (topotecan injection) – MB
- Hylenex (hyaluronidase, human recombinant) – MB
- Idamycin PFS (idarubicin) – MB
- Ifex (ifosfamide) – MB
- Ixempra (ixabepilone)– MB
- Kanjinti (trastuzumab-anns) – **PA**; MB
- Kepivance (palifermin) – MB
- magnesium injection – MB
- Marcaine (bupivacaine) – MB
- Mesnex (mesna injection) – MB
- midazolam injection – MB
- mitomycin injection – MB
- mitoxantrone – MB
- Nipent (pentostatin) – MB
- Ogivri (trastuzumab-dkst) – **PA**; MB
- Ontruzant (trastuzumab-dttb) – **PA**; MB
- oxaliplatin – MB
- pemetrexed – MB
- Prolastin-C (alpha-1-proteinase inhibitor, human) – MB
- Reclast (zoledronic acid 5 mg) – MB
- Rhophylac (rho(d) immune globulin IV, human) – MB
- Sensorcaine (bupivacaine) – MB
- Trazimera (trastuzumab-qyyp) – **PA**; MB
- Treanda (bendamustine) – MB
- Valstar (valrubicin) – MB
- Vectibix (panitumumab) – MB
- Velcade (bortezomib) – MB
- Vidaza (azacitidine vial) – MB
- vinblastine – MB
- vincristine – MB
- Vitrase (hyaluronidase, ovine) – MB

- Winrho SDF (rho(d) immune globulin IV, human) – MB
- Zanosar (streptozocin) – MB
- Zemaira (alpha-1-proteinase inhibitor, human) – MB
- zoledronic acid 4 mg– 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.

Effective February 6, 2023, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Abraxane (paclitaxel injectable suspension) – MB
- Cambia (diclofenac powder for solution) – **PA**; A90
- Clobex (clobetasol propionate shampoo) – A90
- Differin (adapalene cream, 0.3% gel pump, lotion) – **PA**; A90
- Epiduo Forte (adapalene 0.3%/benzoyl peroxide 2.5%) – **PA**; A90
- Soolantra (ivermectin cream) – **PA**; A90
- Vectical (calcitriol ointment) – **PA**; A90

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.

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.

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.