**Number 193, February 3, 2023**

Pharmacy Facts presents current information for pharmacists about the MassHealth Pharmacy Program.
www.mass.gov/masshealth-pharmacy-facts

**MassHealth Drug List and Medical Billing**

Drugs are routinely evaluated by MassHealth for appropriateness to be administered at a physician’s office, in a hospital setting, and/or dispensed at a retail pharmacy. If dispensing of a drug at a retail pharmacy is determined to be inappropriate, MassHealth may choose to restrict billing of that drug to medical billing only, denoted by the MB footnote on the MassHealth Drug List. Effective February 6, 2023, **the following agents will no longer be available through pharmacy billing, and instead will be available only through medical billing**. For additional information, please refer to the MassHealth Drug List at [www.mass.gov/druglist](http://www.mass.gov/druglist).

* 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 l– 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
  + Folotyn (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

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**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.

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.