



# PHARMACY FACTS

Current information for pharmacists about  
the MassHealth Pharmacy Program

[www.mass.gov/masshealth-pharmacy-facts](http://www.mass.gov/masshealth-pharmacy-facts)

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## MHDL Update

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

### Change in Prior-Authorization Status

- a. Effective April 1, 2023, opioid agents will require prior authorization (PA) when exceeding the newly established accumulated dose threshold of 180 MME per day for the entire regimen. Individual opioid agent dose thresholds of 120 mg of morphine or morphine equivalent (MME) per day will remain. Opioid and Pain Initiative criteria will still apply. For additional information, please see the Opioid and Pain Initiative document found at [www.mass.gov/druglist](http://www.mass.gov/druglist).
- b. Effective April 1, 2023, the following opioid agent will require PA when exceeding the updated dose limit. Opioid and Pain Initiative criteria will still apply. For additional information, please see the Opioid and Pain Initiative document found at [www.mass.gov/druglist](http://www.mass.gov/druglist).
  - Dilaudid (hydromorphone) – **PA** > 24 mg/day

### Change in Coverage Status

- a. Effective April 1, 2023, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.
  - Actemra (tocilizumab vial) – **PA**; MB
  - Adakveo (crizanlizumab-tmca) – **PA**; MB
  - Adcetris (brentuximab) – **PA**; MB
  - Aldurazyme (laronidase) – **PA**; MB
  - Aliqopa (copanlisib) – **PA**; MB

- Alymsys (bevacizumab-maly) – **PA**; MB
- Amvuttra (vutrisiran) <sup>PD</sup> – **PA**; MB
- Arranon (nelarabine) – **PA**; MB
- Arzerra (ofatumumab vial) – **PA**; MB
- Avastin (bevacizumab) – **PA**; MB
- Bavencio (avelumab) – **PA**; MB
- Beleodaq (belinostat) – **PA**; MB
- Benlysta (belimumab vial) – **PA**; MB
- Besponsa (inotuzumab ozogamicin) – **PA**; MB
- Blincyto (blinatumomab) – **PA**; MB
- Cerezyme (imiglucerase) – **PA**; MB
- Cinqair (reslizumab) – **PA**; MB
- Clorotekal (chloroprocaine); MB
- Cosela (trilaciclib) – **PA**; MB
- Crysvita (burosumab-twza) – **PA**; MB
- Cyramza (ramucirumab) – **PA**; MB
- Danyelza (naxitamab-gqqg) – **PA**; MB
- Darzalex (daratumumab) – **PA**; MB
- Durolane (hyaluronate, stabilized) – **PA**; MB
- Elaprase (idursulfase) – **PA**; MB
- Elelyso (taliglucerase alfa) – **PA**; MB
- Elzonris (tagraxofusp-erzs) – **PA**; MB
- Empliciti (elotuzumab) – **PA**; MB
- Etopophos (etoposide phosphate) – **PA**; MB
- Euflexxa (hyaluronate) – **PA**; MB
- Evkeeza (evinacumab-dgnb) – **PA**; MB
- Faslodex (fulvestrant) – **PA**; MB
- Gazyva (obinutuzumab) – **PA**; MB
- Gel-One (hyaluronate, crossed-linked) – **PA**; MB
- Gelsyn (hyaluronate) – **PA**; MB
- Genvisc (hyaluronate) – **PA**; MB
- Givlaari (givosiran) <sup>PD</sup> – **PA**; MB
- Halaven (eribulin) – **PA**; MB

## Change in Coverage Status, cont'd

- Hyalgan (hyaluronate) – **PA**; MB
- Hymovis (hyaluronate, modified) – **PA**; MB
- Imfinzi (durvalumab) – **PA**; MB
- Infugem (gemcitabine premixed infusion) – **PA**; MB
- Injectafer (ferric carboxymaltose injection) – **PA**; MB
- Istodax (romidepsin) – **PA**; MB
- Jevtana (cabazitaxel) – **PA**; MB
- Kadcyla (ado-trastuzumab) – **PA**; MB
- Kanuma (sebelipase alfa) – **PA**; MB
- Keytruda (pembrolizumab) – **PA**; MB
- Krystexxa (pegloticase) – **PA**; MB
- Kyprolis (carfilzomib) – **PA**; MB
- Libtayo (cemiplimab-rwlc) – **PA**; MB
- Lumizyme (alglucosidase alfa) – **PA**; MB
- Lumoxiti (moxetumomab pasudotox-tdfk) – **PA**; MB
- Margenza (margetuximab-cmkb) – **PA**; MB
- Marqibo (vincristine liposome) – **PA**; MB
- Mepsevii (vestronidase alfa-vjbjk) – **PA**; MB
- Monovisc (hyaluronate) – **PA**; MB
- Mvasi (bevacizumab-awwb) – **PA**; MB
- Naglazyme (galsulfase) – **PA**; MB
- Nplate (romiplostim) – **PA**; MB
- Nulibry (fosdenopterin) – **PA**; MB
- Onivyde (irinotecan liposome) – **PA**; MB
- Onpattro (patisiran)<sup>PD</sup> – **PA**; MB
- Opdivo (nivolumab) – **PA**; MB
- Orenzia (abatacept vial) – **PA**; MB
- Orthovisc (hyaluronan, high molecular weight) – **PA**; MB
- Oxlummo (lumasiran)<sup>PD</sup> – **PA**; MB
- Pemfexy (pemetrexed) – **PA**; MB
- Perjeta (pertuzumab) – **PA**; MB
- Phesgo (pertuzumab/trastuzumab/hyaluronidas e-zzxf) – **PA**; MB
- Polivy (polatuzumab vedotin-piiq) – **PA**; MB
- Poteligeo (mogamulizumab-kpkc) – **PA**; MB
- Reblozyl (luspatercept-aamt) – **PA**; MB
- Riabni (rituximab-arrx) – **PA**; MB
- Rituxan (rituximab) – **PA**; MB
- Rituxan Hycela (rituximab/hyaluronidase human) – **PA**; MB
- romidepsin – **PA**; MB
- Ruxience (rituximab-pvvr) – **PA**; MB
- Saphnelo (anifrolumab-fnia) – **PA**; MB
- Signifor LAR (pasireotide injectable suspension) – **PA**; MB
- Spinraza (nusinersen) – **PA**; MB
- Spravato (esketamine) – **PA**; MB
- Stelara (ustekinumab 130 mg/26 mL vial)<sup>PD</sup> – **PA**; MB
- Supartz (hyaluronate) – **PA**; MB
- Sylvant (siltuximab) – **PA**; MB
- Synjoynt (hyaluronate) – **PA**; MB
- Synvisc (hylan G-F20) – **PA**; MB
- Synvisc-One (hylan G-F20) – **PA**; MB
- Tecentriq (atezolizumab) – **PA**; MB
- Tepezza (teprotumumab-trbw) – **PA**; MB
- Trelstar (triptorelin) – **PA**; MB
- Triluron (hyaluronate) – **PA**; MB
- Trivisc (hyaluronate) – **PA**; MB
- Truxima (rituximab-abbs) – **PA**; MB
- Ultomiris (ravulizumab-cwvz) – **PA**; MB
- Venofer (iron sucrose); MB
- Vimizim (elosulfase alfa) – **PA**; MB
- Visco-3 (hyaluronate) – **PA**; MB
- Vpriv (velaglucerase alfa) – **PA**; MB
- Yervoy (ipilimumab) – **PA**; MB
- Zaltrap (ziv-aflibercept) – **PA**; MB
- Zirabev (bevacizumab-bvzr) – **PA**; MB

b. Effective April 1, 2023, the following agent will no longer be available through medical billing only. It will be available through pharmacy billing only.

- Xipere (triamcinolone ophthalmic suspension)

### **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 April 1, 2023, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Jevtana (cabazitaxel) – **PA**; MB
  - Lidoderm (lidocaine 5% patch) – **PA**; A90
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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, prior authorization (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.
- PD** In general, MassHealth requires a trial of the preferred drug (PD) or a clinical rationale for prescribing a nonpreferred drug within a therapeutic class.