



PHARMACY FACTS

*Current information for pharmacists about
the MassHealth Pharmacy Program*

www.mass.gov/lists/masshealth-pharmacy-facts-2016-current

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Close-Out Meeting for Cost-of-Dispensing Survey

On October 4, 2024, from 12:00 p.m. to 1:00 p.m., MassHealth and Mercer Government Human Services Consulting will be hosting a webinar to discuss the results of the 2023 Cost-of-Dispensing Survey. The process for determining these fees and next steps will be discussed.

The link for this webinar is

<https://mmc.zoom.us/j/98542738452?pwd=keEvXyIjMMjpv64G5mwVjDZ5jLT9dB.1>. The passcode is 253430.

MassHealth Drug List Update

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

Additions

Effective October 1, 2024, the following newly marketed drugs have been added to the MHDL.

- Alyglo (immune globulin IV, human-stwk) – **PA**
- Alvaiz (eltrombopag choline) – **PA**
- Cabtreo (clindamycin/adapalene/benzoyl peroxide) – **PA**
- Docivyx (docetaxel); **MB**
- Fabhalta (iptacopan) – **PA**
- Hepzato (melphalan hepatic delivery system) – **PA**; **MB**
- Lenmeldy (atidarsagene autotemcel) – **PA**; **CO**, **MB**
- leuprolide 22.5 mg vial – **PA**
- Libervant (diazepam buccal film) – **PA ≥ 6 years and PA > 10 units/30 days**
- Mresvia (respiratory syncytial virus vaccine suspension) – **PA < 60 years**
- Omvoh (mirikizumab-mrkz) – **PA**
- Opsynvi (macitentan/tadalafil) – **PA**
- Pengarda (pemivibart COVID EUA – March 22, 2024) – **PA**; **MB**
- Rezdiffra (resmetirom) – **PA**
- Voydeya (danicopan) – **PA**
- Winrevair (sotatercept-csrk) – **PA**
- Zilbrysq (zilucoplan) – **PA**

Change in Prior-Authorization Status

- a. Effective October 1, 2024, the following antiretroviral agent will require prior authorization (PA).
 - Lexiva (fosamprenavir) – **PA**; A90
 - b. Effective October 1, 2024, the following GABA analog will no longer require PA within newly established dose limits. Pediatric Behavioral Health Medication Initiative (PBHMI) criteria will still apply. For additional information, please see the PBHMI documents found at www.mass.gov/druglist.
 - Horizant (gabapentin enacarbil) – **PA < 6 years and PA > 1200 mg/day**; BP
 - c. Effective October 1, 2024, the following GABA analog will no longer require PA within established dose limits. PBHMI criteria will still apply. For additional information, please see the PBHMI documents found at www.mass.gov/druglist.
 - Lyrica (pregabalin) – **PA < 6 years and PA > 600 mg/day**; #
 - d. Effective October 1, 2024, the following benzodiazepine agent will require PA for all ages and quantities. PBHMI criteria will still apply. For additional information, please see the PBHMI documents found at www.mass.gov/druglist.
 - flurazepam – **PA**
 - e. Effective October 1, 2024, the following cardiovascular agent will require PA for members < six years of age and for behavioral medication polypharmacy for members <18 years of age. For additional information, please see the PBHMI documents found at www.mass.gov/druglist.
 - Minipress (prazosin) – **PA < 6 years**; #; M90
 - f. Effective October 1, 2024, the following opioid dependence agent will no longer require PA within established dose limits.
 - buprenorphine/naloxone sublingual tablet ≤ 24 mg/day
 - buprenorphine/naloxone sublingual tablet – **PA > 90 days (>24 mg/day and ≤ 32 mg/day)**
 - buprenorphine/naloxone sublingual tablet – **PA > 32 mg/day**
 - g. Effective October 1, 2024, the following topical corticosteroid agents will no longer require PA.
 - desonide lotion; A90
 - hydrocortisone valerate ointment; A90
 - Olux-E (clobetasol propionate foam/emollient); BP, A90
 - h. Effective October 1, 2024, the following dermatologic agents will require PA.
 - Ameluz (aminolevulinic acid) – **PA**; MB
 - Levulan (aminolevulinic acid) – **PA**; MB
 - i. Effective October 1, 2024, the following topical antibiotic will no longer require PA
 - Clindagel (clindamycin gel); BP
 - j. Effective October 1, 2024, the following vaginal antibiotic will require PA.
 - Vandazole (metronidazole 0.75% vaginal gel) – **PA**
 - k. Effective October 1, 2024, the following oral antibiotic will require PA
 - tetracycline tablet – **PA**; A90
 - l. Effective October 1, 2024, the following COVID-19-related medication will require PA.
 - Lagevrio (molnupiravir COVID EUA- December 23, 2021) – **PA**
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Change in Coverage Status

Effective October 1, 2024, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.

- Cerebyx (fosphenytoin); MB
- Fensolvi (leuprolide) – **PA**; MB
- Keppra (levetiracetam injection); MB
- phenobarbital 65 mg/mL, 130 mg/mL injection; MB
- Supprelin LA (histrelin) – **PA**; MB
- valproate injection; MB
- Vimpat (lacosamide injection); 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 MHDL.

- Effective October 1, 2024, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Atralin (tretinoin 0.05% gel) – **PA**; BP, A90
 - Cleocin T (clindamycin lotion); BP, A90
 - Clindagel (clindamycin gel); BP
 - Complera (emtricitabine/rilpivirine/tenofovir disoproxil fumarate); BP
 - Condylox (podofilox gel); BP, A90
 - Fabior (tazarotene foam) – **PA**; BP
 - Finacea (azelaic acid foam) – **PA**; BP
 - Horizant (gabapentin enacarbil) – **PA < 6 years and PA > 1200 mg/day**; BP
 - Nucynta (tapentadol) – **PA**; BP
 - Nucynta (tapentadol extended-release) – **PA**; BP
 - Olux-E (clobetasol propionate foam/emollient); BP, A90
 - Onexton (clindamycin/benzoyl peroxide gel pump) – **PA**; BP, A90
 - Qudexy XR (topiramate extended-release capsule) – **PA < 6 years**; BP, A90
 - Retin-A Micro (tretinoin microspheres) – **PA**; BP, A90
 - Zyvox (linezolid suspension) – **PA**; BP
- Effective October 1, 2024, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Bystolic (nebivolol); #, M90
 - Carafate (sucralfate suspension); #, A90
 - Onglyza (saxagliptin); #, M90
 - Selzentry (maraviroc tablet) – **PA**; A90
 - Toviaz (fesoterodine); #, A90
 - Xerese (acyclovir/hydrocortisone)

Updated MassHealth Over-the-Counter Drug List

The MassHealth Over-the-Counter Drug List has been updated to reflect recent changes to the MHDL.

Effective October 1, 2024, the following topical anesthetic agent will be added to the MassHealth Over-the-Counter Drug List.

- lidocaine 4% patch – **PA > 4 units/day**

Legend

This designates a brand-name drug with FDA “A”-rated generic equivalents. PA 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.

^{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.

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the provider to receive reimbursement. 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.

^{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.

^{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.

¹ Product may be available through the Massachusetts Department of Public Health (DPH). Please check with DPH for availability. MassHealth does not pay for immunizing biologicals (i.e., vaccines) and tubercular (TB) drugs that are available free of charge through local boards of public health or through the Massachusetts Department of Public Health without PA (130 CMR 406.413(C)). In cases where free vaccines are available to providers for specific populations (e.g. children, high risk, etc.), MassHealth will reimburse the provider only for individuals not eligible for the free vaccines. Notwithstanding the above, MassHealth will pay pharmacies for seasonal flu vaccine serum without prior authorization, if the vaccine is administered in the pharmacy.