



# PHARMACY FACTS

*Current information for pharmacists about  
the MassHealth Pharmacy Program*

[www.mass.gov/lists/masshealth-pharmacy-facts-2016-current](http://www.mass.gov/lists/masshealth-pharmacy-facts-2016-current)

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## **Third Party Liability Billing and Use of Other Coverage Codes Reminder**

MassHealth regulations at 130 CMR 450.316 require pharmacies to identify and obtain payment from available third-party payers before submitting a claim to MassHealth. Claims must be submitted in accordance with each payer's billing and authorization requirements to obtain appropriate reimbursement. If a primary payer requires prior authorization for coverage of a drug, a pharmacy is responsible for ensuring the prescriber has sought prior authorization for coverage from the other payer before billing MassHealth directly with an Other Coverage Code value of "03."

MassHealth reminds pharmacies that Other Coverage Code value of "04" must be used only when the other payer has paid \$0 because 100% of the allowed amount was applied to the patient responsibility (i.e., deductible). If a pharmacy is not within the primary payer's network, pharmacies should make diligent efforts to transfer the member's prescription to an in-network pharmacy so that MassHealth may remain the payer of last resort.

Use of Other Coverage Code values "03" and "04" will be monitored and validated by MassHealth. Claims with inappropriate use of Other Coverage Code values of "03" and "04" may be subject to audit and recovery.

For detailed information, please see Section 4.0 Third-Party Liability (TPL) Billing of the [Pharmacy Online Processing System \(POPS\) Billing Guide](#).

## **MHDL Update**

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

## Additions

- a. Effective November 12, 2024, the following newly marketed drugs will be added to the MassHealth Drug List.
  - baclofen 15 mg tablet – **PA**
  - Beqvez (fidanacogene elaparvovec-dzkt) – **PA**; CO, MB
  - Focinvez (fosaprepitant injection) – **PA**
  - Idose TR (travoprost intracameral implant) – **PA**; MB
  - Imdelltra (tarlatamab-dlle) – **PA**; MB
  - Myhibbin (mycophenolate mofetil suspension) – **PA**
  - ondansetron 16 mg orally disintegrating tablet – **PA**; A90
  - Rivfloza (nedosiran) – **PA**
  - tramadol 25 mg – **PA**
  
- b. Effective September 18, 2024, the following oral contraceptive agent will be added to the MassHealth Drug List on November 12, 2024.
  - Femlyv ODT (ethinyl estradiol/norethindrone orally disintegrating tablet)

## New FDA “A”-Rated Generics

Effective November 12, 2024, the following FDA “A”-rated generic drug will be added to the MassHealth Drug List. The brand name is listed with a # symbol to indicate that PA is required for the brand.

**New FDA “A”-Rated Generic Drug**  
octreotide injectable suspension

**Generic Equivalent of**  
Sandostatin LAR #

## Change in Prior Authorization Status

- a. Effective November 12, 2024, the following opioid agent will require PA.
  - hydromorphone suppository – **PA**
- b. Effective November 12, 2024, the following opioid agents will no longer require PA within established dose limits.
  - hydrocodone/acetaminophen 300 mg – **PA > 120 mg/day hydrocodone and PA > 4 g/day acetaminophen**
- c. Effective November 12, 2024, the following opioid agents will no longer require PA within newly established dose limits.
  - Nucynta (tapentadol) – **PA > 300 mg/day**; BP
  - Nucynta ER (tapentadol extended-release) – **PA > 300 mg/day**; BP
- d. Effective November 12, 2024, the following opioid agent will no longer require PA within established dose and quantity limits.
  - Xtampza (oxycodone extended-release capsule) – **PA > 72 mg/day and PA > 2 units/day**
- e. Effective November 12, 2024, the following opioid agent will no longer require PA within newly established dose and age limits.
  - Ultracet (tramadol/acetaminophen) – **PA < 12 years and PA > 400 mg/day tramadol and PA > 4 g/day acetaminophen**

- f. Effective November 12, 2024, the following antidiabetic agents will require PA.
- Invokamet (canagliflozin/metformin) – **PA**
  - Invokamet XR (canagliflozin/metformin extended-release) – **PA**
  - Invokana (canagliflozin) – **PA**
  - Kombiglyze XR (saxagliptin/metformin) – **PA**; M90
  - Onglyza (saxagliptin) – **PA**; M90
- g. Effective November 12, 2024, the following ophthalmic antibiotic agent will no longer require PA.
- Azasite (azithromycin ophthalmic solution); BP
- h. Effective November 12, 2024, the following oral antifungal agent will no longer require PA.
- Vfend (voriconazole 50 mg tablet); A90
- i. Effective November 12, 2024, the following antihistamine agent will require PA.
- carbinoxamine 4 mg/5 mL solution – **PA**; A90
- j. Effective November 12, 2024, the following glaucoma agent will no longer require PA.
- Combigan (brimonidine/timolol, ophthalmic); BP, M90
- k. Effective November 12, 2024, the following inhaled respiratory agent will no longer require PA.
- Asmanex Twisthaler (mometasone inhalation powder)
- l. Effective November 12, 2024, the following antibiotic agent will require PA.
- Kitabis Pak (tobramycin inhalation solution) – **PA**; BP, A90
- m. Effective November 12, 2024, the following urinary dysfunction agent will no longer require PA.
- oxybutynin solution; A90
- n. Effective November 12, 2024, the following intranasal corticosteroid agent will no longer require PA within established quantity limits.
- Zetonna (ciclesonide 37 mcg nasal aerosol) – **PA > 1 inhaler/30 days**
- o. Effective November 12, 2024, the following lipid lowering agent will require PA.
- fenofibrate 90 mg capsule – **PA**; M90
- p. Effective November 12, 2024, the following antiemetic agent will no longer require PA within newly established age limits.
- ondansetron oral solution – **PA ≥ 13 years**; A90
- q. Effective November 12, 2024, the following scabicide agent will require PA.
- Eurax (crotamiton cream) – **PA**
- r. Effective November 12, 2024, the following gastrointestinal agents will require PA.
- cimetidine solution – **PA**; A90
  - Dexilant (dexlansoprazole) – **PA**; BP, M90
  - metoclopramide vial – **PA**
  - Nexium (esomeprazole magnesium 10 mg, 20 mg, 40 mg suspension) – **PA**; BP, M90
- s. Effective November 12, 2024, the following gastrointestinal agents will no longer require PA.
- Prevacid Solutab (lansoprazole orally disintegrating tablet); BP, M90
  - Protonix (pantoprazole 40 mg suspension); BP, M90
  - Zegerid (omeprazole / sodium bicarbonate powder for oral suspension); BP, M90
- t. Effective November 12, 2024, the following insulin agent will require PA.
- Apidra (insulin glulisine) – **PA**

## Change in Coverage Status

Effective November 12, 2024, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.

- Cellcept (mycophenolate mofetil 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 MassHealth Drug List.

- Effective November 12, 2024, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Combigan (brimonidine/timolol, ophthalmic); BP, M90
  - Sporanox (itraconazole 100 mg capsule, solution); BP, A90
  - Zegerid (omeprazole/sodium bicarbonate capsule); BP, M90
  - Zegerid (omeprazole/sodium bicarbonate powder for oral suspension); BP, M90
  - Zortress (everolimus 0.25 mg, 0.5 mg, 0.75 mg, 1 mg); BP, A90
- Effective November 12, 2024, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
  - Daraprim (pyrimethamine) – **PA**; A90
  - Eurax (crotamiton lotion) – **PA**
  - Lialda (mesalamine 1.2 gram delayed-release tablet); #, A90
  - Solodyn (minocycline extended-release 55 mg, 65 mg, 80 mg, 105 mg, 115 mg tablet); #, A90
  - Timoptic Ocudose (timolol 0.25% ophthalmic unit dose solution) – **PA**; M90

## Updated MassHealth Over-the-Counter Drug List

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

Effective September 30, 2024, the following topical anesthetic agent was added to the MassHealth Over-the-Counter Drug List on November 12, 2024.

- diclofenac 1% gel; \*

## Updated MassHealth 90-day Initiative

The MassHealth 90-day Initiative has been updated to reflect recent changes to the MassHealth Drug List.

- Effective November 12, 2024, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
  - Oxtellar XR (oxcarbazepine extended-release) – **PA**; BP, A90
  - Sprycel (dasatinib); BP, A90

The MassHealth 90-day Initiative has been updated to reflect recent changes to the MassHealth Drug List.

- b. Effective November 12, 2024, the following agents will no longer be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
- baclofen 15 mg tablet – **PA**
  - Natroba (spinosad) – **PA**
  - Ovide (malathion) – **PA**
  - permethrin; \*

## Abbreviations, Acronyms, and Symbols

# 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.

<sup>MB</sup> 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.

\* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without PA.

**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.

<sup>A90</sup> 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.

<sup>BP</sup> 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.

<sup>CO</sup> Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.

<sup>M90</sup> 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.