



PHARMACY FACTS

Current information for pharmacists about
the MassHealth Pharmacy Program

www.mass.gov/masshealth/pharmacy

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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.

Effective November 6, 2017, the following newly marketed drugs have been added to the MassHealth Drug List.

- Aristada (aripiprazole lauroxil 1,064 mg) – **PA < 6 years and PA > 1 injection/2 months**
- Carospir (spironolactone suspension) – **PA**
- Cotempla XR-ODT (methylphenidate extended-release orally disintegrating tablet) – **PA**
- Haegarda (c1 esterase inhibitor, human) – **PA**
- Idhifa (enasidenib) – **PA**
- Mydayis (amphetamine salts extended-release) – **PA**
- Nerlynx (neratinib) – **PA**
- Radicava (edaravone) – **PA**
- Tremfya (guselkumab) – **PA**

Change in Prior-Authorization Status

- a. Effective November 6, 2017, the following cardiovascular agents will no longer require prior authorization.
 - Exforge # (amlodipine/valsartan)
 - Lotrel # (amlodipine/benazepril)
- b. Effective November 6, 2017, the following cardiovascular agents will require prior authorization.
 - Edecrin (ethacrynic acid) – **PA**
 - Isordil (isosorbide dinitrate 40 mg tablet) – **PA**
- c. Effective November 6, 2017, the following long-acting stimulants will require prior authorization for all ages and quantities.

- Aptensio XR (methylphenidate extended-release) – **PA**
 - Daytrana (methylphenidate transdermal) – **PA**
 - Metadate CD (methylphenidate extended-release) – **PA**
 - Quillichew ER (methylphenidate extended-release chewable tablet) – **PA**
 - Ritalin LA (methylphenidate extended-release) – **PA**
- d. Effective November 6, 2017, the following atypical antipsychotic agent will no longer require prior authorization within updated age limits.
 - Abilify # (aripiprazole tablet) – **PA < 6 years and PA > 30 units/month**
 - e. Effective November 6, 2017, the following chemotherapy agent will be available only in an inpatient hospital setting.
 - Thiotepa ^H

Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective November 6, 2017, the following long-acting amphetamine cerebral stimulant agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Adderall XR (amphetamine salts extended-release) ^{BP PD} – **PA < 3 years and PA > 60 units/month**
- b. Effective November 6, 2017, the following antiretroviral agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Lexiva (fosamprenavir) ^{BP}
 - Prezista (darunavir) ^{BP}

- Reyataz (atazanavir)^{BP}
 - Sustiva (efavirenz)^{BP}
 - Truvada (emtricitabine/tenofovir disoproxil fumarate)^{BP}
- c. Effective November 6, 2017, the following ammonia inhibitor agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Buphenyl (sodium phenylbutyrate tablet)^{BP}
- d. Effective November 6, 2017, the following multiple sclerosis agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Copaxone (glatiramer 40 mg)^{BP}
- e. Effective November 6, 2017, the following lipid lowering agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Zetia (ezetimibe) – **PA**
- f. Effective November 6, 2017, the following dermatological agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Aczone (dapsona gel)^{BP} – **PA**

Updated MassHealth Supplemental Rebate/Preferred Drug List

- a. Effective November 6, 2017, the following long-acting amphetamine cerebral stimulant agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
- Adderall XR (amphetamine salts extended-release)^{PD} – **PA < 3 years and PA > 60 units/month**
 - Vyvanse (lisdexamfetamine)^{PD} – **PA < 3 years and PA > 60 units/month**
- b. Effective November 6, 2017, the following long-acting methylphenidate cerebral stimulant agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Focalin XR (dexamethylphenidate extended-release)^{BP PD} – **PA < 3 years and PA > 60 units/month**
- c. Effective November 6, 2017, the following Anti-TNF agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
- Enbrel (etanercept)^{PD} – **PA**
 - Humira (adalimumab)^{PD} – **PA**
- d. Effective November 6, 2017, the following antiretroviral agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
- Descovy (emtricitabine/tenofovir alafenamide)^{PD}
 - Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)^{PD}
 - Norvir (ritonavir)^{BP PD}
 - Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide)^{PD}

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.
- #** Designates a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization 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.
- BP** Brand preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the nonpreferred drug generic equivalent.
- H** Available only in an inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy or physician's office.
- 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.