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# Pharmacy Facts

## MassHealth Pharmacy Program

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

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### MHDL Update

Below are some updates to the MassHealth Drug List (MHDL). For a complete updated listing, see the MHDL.

### Additions

Effective April 24, 2017, the following newly marketed drugs have been added to the MassHealth Drug List.

Rubraca (rucaparib) – **PA**  
Spinraza (nusinersen) – **PA**  
Triferic (ferric pyrophosphate citrate) <sup>^</sup>

### Changes in Prior Authorization Status

Effective April 24, 2017, the following opioid agent requires prior authorization for all doses.

levorphanol tablet – **PA**

Effective April 24, 2017, the following antihistamine agent no longer requires prior authorization.

Xyzal # (levocetirizine tablet)

Effective April 24, 2017, the following intranasal antihistamine agent no longer requires prior authorization within quantity limits.

azelastine 137 mcg nasal spray – **PA > 1 inhaler/month**

Effective April 24, 2017, the following anticholinergic agent requires prior authorization.

Robinul (glycopyrrolate injection) – **PA**

Effective April 24, 2017, the following thyroid preparation agent no longer requires prior authorization.

Tirosint (levothyroxine)

### MassHealth Brand Name Preferred Over Generic Drug List

Effective April 24, 2017, the following Attention-Deficit/Hyperactivity Disorder agent has been added to the MassHealth Brand Name Preferred Over Generic Drug List.

Kapvay (clonidine extended-release tablet)  
<sup>BP</sup> – **PA**

Effective April 24, 2017, the following topical immune suppressant has been added to the MassHealth Brand Name Preferred Over Generic Drug List.

Protopic (tacrolimus topical) <sup>BP</sup> – **PA**

Effective April 24, 2017, the following topical nonsteroidal anti-inflammatory agent has been added to the MassHealth Brand Name Preferred Over Generic Drug List.

Voltaren Gel (diclofenac 1% gel) <sup>BP</sup> – **PA**  
**>100 grams/month**

Effective April 24, 2017, the following dermatological agent has been added to the MassHealth Brand Name Preferred Over Generic Drug List.

Tazorac (tazarotene) <sup>BP</sup> – **PA**

### Legend

**PA** Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment. Note: Prior authorization applies to both the brand-name and the FDA “A”-rated generic equivalent of listed product.

**#** This 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.

<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.

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

^This drug is available through the health care professional who administers the drug. MassHealth does not pay for this drug to be dispensed through a retail pharmacy.

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Please direct any questions or comments (or to be taken off this fax distribution) to Victor Moquin of Xerox at 617-423-9830.