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Pharmacy Facts

MassHealth Pharmacy Program

www.mass.gov/masshealth/pharmacy

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MHDL Updates

1. Additions

Effective May 30, 2017, the following newly marketed drugs have been added to the MassHealth Drug List.

- Arymo ER (morphine extended-release tablet) – **PA**
- ergotamine – **PA**
- Eucria (crisaborole) – **PA**
- Siliq (brodalumab) – **PA**
- Trulance (plecanatide) – **PA**

2. Change in Prior-Authorization Status

- a. Effective May 30, 2017, the following gastrointestinal anti-inflammatory agents will require prior authorization.

- Dipentum (olsalazine) – **PA**
- Pentasa (mesalamine controlled-release) – **PA**

- b. Effective May 30, 2017, the following ergot alkaloid agents will require prior authorization.

- D.H.E. 45 (dihydroergotamine injection) – **PA**
- ergotamine/caffeine tablet – **PA**
- ergotamine/caffeine suppository – **PA**

- c. Effective May 30, 2017, the following kinase inhibitor will require prior authorization.

- Votrient (pazopanib) – **PA**

Footnotes:

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.

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.

***** 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.