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Pharmacy Facts

MassHealth Pharmacy Program

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MHDL Updates

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

Please pay close attention to addition of Concerta to MassHealth Brand Name Preferred Over Generic Drug List as noted below.

1. Additions

Effective July 5, 2017, the following newly marketed drugs have been added to the MassHealth Drug List.

- Bavencio (avelumab) – **PA**
- Dupixent (dupilumab) – **PA**
- Kisqali (ribociclib) – **PA**
- Kisqali-Femara Co-Pack (ribociclib/letrozole) – **PA**
- Ocrevus (ocrelizumab) – **PA**
- Rhofade (oxymetazoline cream) – **PA**
- Stamaril (yellow fever vaccine, live)
- Synjardy XR (empagliflozin/metformin extended-release) – **PA**
- Xermelo (telotristat ethyl) – **PA**

2. New FDA “A”-Rated Generics

Effective July 5, 2017, the following FDA “A”-rated generic drugs have been added to the MassHealth Drug List. The brand name is listed with a # symbol, to indicate that prior authorization is required for the brand.

New FDA “A”-Rated

Generic Drug

clofarabine
trimipramine – **PA < 6 years**

Generic Equivalent of

Clolar #
Surmontil #

3. Change in Prior-Authorization Status

- Effective July 5, 2017, the following topical agent will require prior authorization.
 - Prudoxin (doxepin cream) – **PA**
 - Zonalon (doxepin cream) – **PA**
- Effective July 5, 2017, the following epinephrine auto-injection products will require prior authorization.
 - Epipen (epinephrine 0.3 mg auto-injection) – **PA**
 - Epipen Jr (epinephrine 0.15 mg auto-injection) – **PA**
- Effective July 5, 2017, the following epinephrine auto-injection product will no longer require prior authorization
 - epinephrine auto-injection

4. Updated MassHealth Brand Name Preferred Over Generic (BNPOG) Drug List

- Effective July 5, 2017, the following antiviral agent will be removed from the MassHealth BNPOG Drug List
 - Epzicom # (abacavir/lamivudine)
- Effective July 5, 2017, the following cerebral stimulant will be added to the MassHealth BNPOG Drug List.
 - Concerta (methylphenidate extended-release) ^{BP} – **PA < 3 years and PA > 60 units/month**
- Effective July 5, 2017, the following opioid analgesic will be added to the MassHealth BNPOG Drug List.
 - Butrans (buprenorphine transdermal) ^{BP} – **PA**
- Effective July 5, 2017, the following ophthalmic mast cell stabilizer will be added to the MassHealth BNPOG Drug List
 - Pataday (olopatadine 0.2% eye drops) ^{BP} – **PA**
- Effective July 5, 2017, the following phosphate binder will be added to the MassHealth BNPOG Drug List.
 - Renvela (sevelamer carbonate) ^{BP}

5. Updated MassHealth Supplemental Rebate/ Preferred Drug List

Effective July 5, 2017, the following epinephrine auto-injection products will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.

- Epipen (epinephrine 0.3 mg auto-injection)
- Epipen Jr (epinephrine 0.15 mg auto-injection)

- 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.