



Number 105
August 14, 2017

Pharmacy Facts

MassHealth Pharmacy Program

www.mass.gov/masshealth/pharmacy

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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.

All changes are effective August 14, 2017.

1. Additions

The following newly marketed drugs have been added to the MassHealth Drug List.

- Airduo (fluticasone/salmeterol inhalation powder) – **PA**
- Austedo (deutetrabenazine) – **PA**
- Imfinzi (durvalumab) – **PA**
- Ingrezza (valbenazine) – **PA**
- Morphabond ER (morphine extended-release tablet) – **PA**
- Xatmep (methotrexate oral solution) – **PA**
- Zejula (niraparib) – **PA**

2. Change in Prior Authorization Status

The following newly marketed drugs have been added to the MassHealth Drug List.

- a) Effective August 14, 2017, the following analgesics will require prior authorization with updated age limits.
codeine – **PA < 12 years and PA > 360 mg/day**
Tylenol/Codeine # (acetaminophen/codeine) – **PA < 12 years and PA > 4 grams of acetaminophen/day and PA > 360 mg of codeine/day**
- b) Effective August 14, 2017, the following analgesic will require prior authorization for members < 12 years old.
Ultram # (tramadol) – **PA < 12 years**
- c) Effective August 14, 2017, the following topical corticosteroid will require prior authorization.
clobetasol propionate gel – **PA**
- d) Effective August 14, 2017, the following butalbital agents will require prior authorization with updated age limits and quantity limits.
butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg – **PA < 18 years and PA > 20 units/month**
butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg/codeine 30 mg – **PA < 18 years and PA > 20 units/month**
- e) Effective August 14, 2017, the following topical corticosteroid will no longer require prior authorization.

Temovate # (clobetasol propionate cream, ointment)

- f) Effective August 14, 2017, the following insulin product will no longer require prior authorization.

Humulin R (insulin regular prefilled syringe)

3. Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective August 14, 2017, the following serotonin 5-HT₁ receptor agonist will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
Relpax (eletriptan)^{BP} – **PA**
- b. Effective August 14, 2017, the following inflammatory bowel disease agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
Lialda (mesalamine delayed-release)^{BP}
- c. Effective August 14, 2017, the following atypical antipsychotic agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

Seroquel XR # (quetiapine extended-release 150 mg, 200 mg) – **PA < 6 years or ≥ 18 years old and PA > 30 units/month**

Seroquel XR # (quetiapine extended-release 50 mg, 300 mg and 400 mg) – **PA < 6 years or ≥ 18 years and PA > 60 units/month**

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.
- 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.
- *** 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.