



# PHARMACY FACTS

Current information for pharmacists about  
the MassHealth Pharmacy Program

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

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## MHDL Update

Below are certain updates to the MassHealth Drug List (MHDL). For a complete listing of updates, please see the MHDL.

Effective January 8, 2018, the following newly marketed drugs have been added to the MassHealth Drug List.

- Armonair (fluticasone propionate inhalation powder) – **PA**
- Besponsa (inotuzumab ozogamicin) – **PA**
- Mavyret (glecaprevir/pibrentasvir) – **PA**
- Mylotarg (gemtuzumab ozogamicin) – **PA**
- Syndros (dronabinol solution) – **PA**
- Tymlos (abaloparatide) – **PA**
- Vabomere (meropenem/vaborbactam) – **PA**
- Vosevi (sofosbuvir/velpatasvir/voxilaprevir) – **PA**

## Change in Prior-Authorization Status

Effective January 8, 2018, the following inhaled respiratory agents will require prior authorization.

- Aerospa (flunisolide inhalation aerosol) – **PA**
- Arnuity (fluticasone furoate inhalation powder) – **PA**

Effective January 8, 2018, the following topical vitamin D analogue will be covered within newly established quantity limits.

- Dovonex # (calcipotriene cream) – **PA > 60 grams/month**

## Updated MassHealth Brand Name Preferred Over Generic Drug List

Effective January 8, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Coreg CR (carvedilol extended-release)<sup>BP</sup> – **PA**
- Efudex (fluorouracil 5% cream)<sup>BP</sup> – **PA**
- Emend (aprepitant trifold pack)<sup>BP</sup> – **PA > 2 packs/28 days**
- Istalol (timolol)<sup>BP</sup> – **PA**
- Transderm-Scop (scopolamine transdermal patch)<sup>BP</sup> – **PA**

Effective January 8, 2018, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Kapvay (clonidine extended-release tablet) – **PA**
- Prezista (darunavir)
- Reyataz (atazanavir)
- Truvada (emtricitabine/tenofovir disoproxil fumarate)

## Updated MassHealth Supplemental Rebate/Preferred Drug List

Effective January 8, 2018, the following hepatitis antiviral agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Mavyret (glecaprevir/pibrentasvir)<sup>PD</sup> – **PA**
- Vosevi (sofosbuvir/velpatasvir/voxilaprevir)<sup>PD</sup> – **PA**

(cont.)

## Corrections / Clarifications

The following drugs have been added to the MassHealth Drug List. They were previously omitted in error.

- amitriptyline powder – **PA**
  - clonidine powder – **PA**
  - gabapentin powder – **PA**
  - lidocaine powder – **PA**
  - ondansetron 24 mg tablet – **PA**
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### LEGEND

- #** 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.
- 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.
- 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 equivalents.
- PD** Preferred drug. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing a nonpreferred drug within a therapeutic class.
- ^** 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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