



# PHARMACY FACTS

Current information for pharmacists about  
the MassHealth Pharmacy Program

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

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## MHDL Update

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

### Additions

Effective March 26, 2018, the following newly marketed drugs have been added to the MassHealth Drug List.

- Baxdela (delafloxacin injection) – **PA**
- Baxdela (delafloxacin tablet) – **PA**
- bortezomib
- Calquence (acalabrutinib) – **PA**
- cephalexin 333 mg capsule – **PA**
- Hemlibra (emicizumab-kxwh)
- Triptodur (triptorelin) – **PA**
- Vyzulta (latanoprostene) – **PA**
- Xhance (fluticasone propionate 93 mcg nasal spray) – **PA**

### Change in Prior-Authorization Status

- a. Effective March 26, 2018, the following anticonvulsant will no longer require prior authorization when used within age limits.
  - phenytoin unit dose suspension – **PA < 6 years**
- b. Effective March 26, 2018, the following anticonvulsant will require prior authorization for all ages.
  - Gabitril (tiagabine) – **PA**

### Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective March 26, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Namenda XR (memantine extended-release) <sup>BP</sup> – **PA**
- Syprine (trientine) <sup>BP</sup>
- Treximet (sumatriptan/naproxen) <sup>BP</sup> – **PA**

b. Effective March 26, 2018, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Coreg CR (carvedilol extended-release) – **PA**
- Fosrenol # (lanthanum)

### MassHealth Chimeric Antigen Receptor (CAR)-T Immunotherapies Monitoring Program

MassHealth will perform outreach to prescribers to inform them of the CAR-T Immunotherapies Monitoring Program and provide information to assist reporting member outcomes following CAR-T infusion at ongoing intervals.

#### Legend

- 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.
- #** 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.

PD In general, MassHealth requires a trial of the preferred drug (PD) or a clinical rationale for prescribing a nonpreferred drug within a therapeutic class.

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