



# 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 May 7, 2018, the following newly marketed drugs have been added to the MHDL.

- Aliqopa (copanlisib) – **PA**
- benznidazole
- Endari (l-glutamine) – **PA**
- Fasentra (benralizumab) – **PA**
- Mepsevii (vestronidase alfa-vjbjk) – **PA**
- Parsabiv (etelcalcetide) <sup>^</sup>
- Qvar Redihaler (beclomethasone MDI, breath-actuated) – **PA**
- Solosec (secnidazole) – **PA**
- Sublocade (buprenorphine extended-release injection) – **PA**
- Symdeko (tezacaftor/ivacaftor) – **PA**

## Updated MassHealth Brand Name Preferred Over Generic Drug List

Effective May 7, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Prevacid Solutab (lansoprazole orally disintegrating tablet) <sup>BP</sup> – **PA ≥ 2 years**
- Remodulin (treprostinil injection) <sup>BP</sup> – **PA**
- Zavesca (miglustat) <sup>BP</sup> – **PA**

### 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.
- 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.
- <sup>^</sup> Available through the health care professional who administers the drug. MassHealth does not pay for this drug to be dispensed through a retail pharmacy.