



# 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 June 18, 2018, the following newly marketed drugs have been added to the MassHealth Drug List.

- Adzenys ER (amphetamine extended-release oral suspension) – **PA**
- Akynzeo (fosnetupitant/palonosetron injection) – **PA > 2 vials/28 days**
- Balcoltra (levonorgestrel/ethinyl estradiol/ferrous bisglycinate)
- Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide)<sup>PD</sup>
- Cinvanti (aprepitant injectable emulsion)
- Dekas Bariatric (multivitamins/minerals/folic acid/coenzyme Q10) – **PA**
- Lyrica CR (pregabalin extended-release) – **PA**
- methylphenidate extended-release 72 mg tablet – **PA**
- Noctiva (desmopressin) – **PA**
- Norvir (ritonavir packet)
- Ozempic (semaglutide) – **PA**
- palonosetron 0.25 mg/2 mL injection – **PA > 2 vials/28 days**
- Prevyomis (letermovir) – **PA**
- Segluromet (ertugliflozin/metformin) – **PA**
- Steglatro (ertugliflozin) – **PA**
- Steglujan (ertugliflozin/sitagliptin) – **PA**
- Symproic (naldemedine) – **PA**

## Change in Prior-Authorization Status

Effective June 18, 2018, the following ophthalmic antibiotics will no longer require prior authorization.

- levofloxacin ophthalmic solution
- Vigamox # (moxifloxacin ophthalmic solution)

## Updated MassHealth Brand Name Preferred Over Generic Drug List

Effective June 18, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Biltricide (praziquantel)<sup>BP</sup>
- Mephyton (phytonadione)<sup>BP</sup>
- Welchol (colesevelam)<sup>BP</sup> – **PA**
- Zylflo CR (zileuton extended-release)<sup>BP</sup> – **PA**

## Updated MassHealth Supplemental Rebate/Preferred Drug List

Effective June 18, 2018, the following antiretroviral/HIV agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide)<sup>PD</sup>

### 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 generic equivalent.

**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.