



PHARMACY FACTS

Current information for pharmacists about
the MassHealth Pharmacy Program

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.

1. Additions

Effective July 12, 2018, the following drug has been added to the MassHealth Drug List.

- Emflaza (deflazacort) – **PA**

Effective July 30, 2018, the following newly marketed drugs have been added to the MassHealth Drug List.

- Admelog (insulin lispro) – **PA**
- Aimovig (erenumab-aooe) – **PA**
- Bonjesta (doxylamine/pyridoxine extended-release) – **PA**
- Erleada (apalutamide) – **PA**
- Firvanq (vancomycin oral solution)
- Sinuva (mometasone sinus implant) – **PA**
- Trogarzo (ibalizumab-uiyk) – **PA**

2. Change in Prior Authorization Status

Effective July 30, 2018, the following oral antibiotic will no longer require prior authorization.

- Vancocin # (vancomycin capsule)

3. Updated MassHealth Brand Name Preferred Over Generic Drug List

a. Effective July 30, 2018, the following agents will be added to the MassHealth Brand Name Over Generic Drug List.

- Makena (hydroxyprogesterone caproate injection)^{BP} – **PA**
- Suboxone (buprenorphine/naloxone film)^{BP PD} – **PA > 180 days (> 16 mg/day and ≤ 24 mg/day)**

Updated MassHealth Brand Name Preferred Over Generic Drug List (*continued*)

- Suboxone (buprenorphine/naloxone film)^{BP PD} – **PA > 32 mg/day**
 - Suboxone (buprenorphine/naloxone film)^{BP PD} – **PA > 90 days (> 24 mg/day and ≤ 32 mg/day)**
 - Suboxone (buprenorphine/naloxone film ≤ 16 mg/day)^{BP PD}
 - Uceris (budesonide extended-release tablet)^{BP} – **PA**
- b. Effective July 30, 2018, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Viread # (tenofovir disoproxil fumarate tablet) – **PA > 30 units/month**

4. Corrections / Clarifications

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

- baclofen powder – **PA**
- ibuprofen powder – **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.

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.