



# 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 September 10, 2018, the following newly marketed drugs have been added to the MassHealth Drug List.

- Cimduo (lamivudine/tenofovir disoproxil fumarate) – **PA**
- Crysvida (burosumab-twza) – **PA**
- Juluca (dolutegravir/rilpivirine) – **PA**
- Kedrab (rabies immune globulin IM, human)
- Lonhala (glycopyrrolate inhalation solution) – **PA**
- Rhopressa (netarsudil) – **PA**
- Symfi (efavirenz/lamivudine/tenofovir disoproxil fumarate) – **PA**
- Symfi Lo (efavirenz/lamivudine/tenofovir disoproxil fumarate) – **PA**

## Change in Prior-Authorization Status

- a. Effective September 10, 2018, the following multiple sclerosis agents will require prior authorization.
  - Extavia (interferon beta-1b) – **PA**
  - Plegridy (peginterferon beta-1a) – **PA**
- b. Effective September 10, 2018, the following anticonvulsant agents will no longer require prior authorization for age < 6 years. Pediatric Behavioral Health Medication Initiative polypharmacy criteria will still apply. For additional information,

please see the Pediatric Behavioral Health Medication Initiative documents found at [www.mass.gov/druglist](http://www.mass.gov/druglist).

- Celontin (methsuximide)
  - Dilantin # (phenytoin extended 30 mg and 100 mg capsule)
  - Dilantin-125 # (phenytoin suspension)
  - Dilantin Infatab # (phenytoin chewable tablet)
  - Felbatol # (felbamate)
  - Keppra # (levetiracetam injection, solution, tablet)
  - Mysoline # (primidone)
  - Peganone (ethotoin)
  - phenytoin extended 200 mg and 300 mg capsule
  - Zarontin # (ethosuximide)
  - Zonegran # (zonisamide)
- c. Effective September 10, 2018, the following otic antibiotic agents will no longer require prior authorization.
    - acetic acid/hydrocortisone
    - Cipro HC (ciprofloxacin/hydrocortisone)
    - Coly-Mycin S (colistin/neomycin/thonzonium/hydrocortisone)
  - d. Effective September 10, 2018, the following glaucoma agents will no longer require prior authorization.
    - Alphagan P # (brimonidine 0.1%, 0.15% eye drops)
    - Betoptic S (betaxolol 0.25%)
    - Combigan (brimonidine/timolol, ophthalmic)
    - Istalol (timolol) <sup>BP</sup>

- Travatan Z (travoprost 0.004% eye drop)

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

- Effective September 10, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Adcirca (tadalafil)<sup>BP</sup> – **PA**
  - Riomet (metformin solution)<sup>BP</sup> – **PA ≥ 13 years**
  - Zyclara (imiquimod 2.5%, 3.75 % cream)<sup>BP</sup> – **PA**
- Effective September 10, 2018, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
  - Reyataz # (atazanavir)

### Updated MassHealth Over-the-Counter Drug List

Effective September 10, 2018, the following nutrient product will be added to the MassHealth Over-the-Counter Drug List.

- glucose products < 19 years

### Abbreviations, Acronyms, and Symbols

# This 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: Prior authorization 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 non-preferred drug generic equivalent.

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