



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.

Additions

Effective December 10, 2018, the following newly marketed drugs have been added to the MHDL.

- Altreno (tretinoin 0.05% lotion) PA
- Epidiolex (cannabidiol) PA
- Fulphila (pegfilgrastim-jmdb) PA
- Jivi (antihemophilic factor, recombinant pegylated-aucl)
- Lokelma (sodium zirconium cyclosilicate)
 PA > 30 units/month
- Lucemyra (lofexidine) PA
- Macrilen (macimorelin) ^
- Nivestym (filgrastim-aafi) **PA**
- Orilissa (elagolix) PA
- Palynziq (pegvaliase-pqpz) PA
- Poteligeo (mogamulizumab-kpkc) PA
- Tibsovo (ivosidenib) PA
- Trivisc (hyaluronate) PA

Change in Prior-Authorization Status

- a. Effective December 10, 2018, the following antidiabetic agents will no longer require prior authorization.
 - Bydureon (exenatide extended-release pen, vial)
 - Byetta (exenatide)
 - Farxiga (dapagliflozin)

Change in Prior-Authorization Status

(cont.)

- Invokamet (canagliflozin/metformin)
- Invokana (canagliflozin)
- Janumet (sitagliptin/metformin)
- Janumet XR (sitagliptin/metformin extended-release)
- Januvia (sitagliptin)
- Jardiance (empagliflozin)
- Jentadueto (linagliptin/metformin)
- Kombiglyze XR (saxagliptin/metformin extended-release)
- Onglyza (saxagliptin)
- Tradjenta (linagliptin)
- Xigduo XR (dapagliflozin/metformin extended-release)
- b. Effective December 10, 2018, the following hematopoietic agents will require prior authorization.

Granix (TBO-filgrastim) – **PA** Zarxio (filgrastim-sndz) – **PA**

c. Effective December 10, 2018, the following enzyme cofactor agent will require prior authorization.

Kuvan (sapropterin) - PA

(cont.)

Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective December 10, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Androgel (testosterone 1.62% gel packet, pump) ^{BP} – **PA**
 - Androgel (testosterone 1% gel packet) ^{BP}
 PA
 - Byetta (exenatide) BP
 - Canasa (mesalamine suppository) BP
 - Epclusa (sofosbuvir/velpatasvir) ^{BP} **PA**
 - Finacea (azelaic acid gel) ^{BP} **PA**
 - Harvoni (ledipasvir/sofosbuvir) BP PA
 - Latuda (lurasidone) ^{BP} **PA**
 - Rapaflo (silodosin) ^{BP} **PA**
 - Zytiga (abiraterone) ^{BP} **PA**
- Effective December 10, 2018, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Renvela # (sevelamer carbonate)
 - Tazorac (tazarotene) PA

Legend

- # 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: PA applies to both the brandname 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.
- PD Preferred drug. In general, MassHealth requires a trial of the preferred drug (PD) or a clinical rationale for prescribing a nonpreferred drug within a therapeutic class.
- [^] Drug available through the health care professional who administers the drug. MassHealth does not pay for this drug to be dispensed through a retail pharmacy.