



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 March 11, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.

- Ajovy (fremanezumab-vfrm) – **PA**
- Bryhali (halobetasol lotion) – **PA**
- Copiktra (duvelisib) – **PA**
- Emgality (galcanezumab-gnlm) – **PA**
- Ilumya (tildrakizumab-asmn) – **PA**
- Libtayo (cemiplimab-rwlc) – **PA**
- Osmolex ER (amantadine extended-release tablet) – **PA**
- Perseris (risperidone extended-release subcutaneous injection) – **PA**
- Takhzyro (lanadelumab-flyo) – **PA**
- Tiglutik (riluzole suspension) – **PA**
- Tolsura (itraconazole 65 mg capsule) – **PA**
- Udenyca (pegfilgrastim-cbqv) – **PA**
- Xelpros (latanoprost emulsion) – **PA**
- Zemdri (plazomicin) – **PA**
- Ztlido (lidocaine 1.8% patch) – **PA**

Change in PA Status

Effective March 11, 2019, the following benzodiazepine and anti-anxiety agents will no longer require PA within newly established quantity limits and/or age limits. Pediatric Behavioral Health Medication Initiative criteria will

still apply. For additional information, please see the

Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist.

- buspirone 30 mg – **PA < 6 years**
- clonazepam orally disintegrating 0.5 mg, 1 mg tablet – **PA < 6 years and PA > 90 units/month**
- Restoril # (temazepam 7.5 mg) – **PA < 6 years and PA > 30 units/month**
- Xanax XR # (alprazolam extended-release) – **PA < 6 years and PA > 60 units/month**

Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective March 11, 2019, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Azasite (azithromycin ophthalmic solution)^{BP} – **PA**
 - Exjade (deferasirox 125 mg, 250 mg, 500 mg)^{BP}
 - Renagel (sevelamer hydrochloride)^{BP}
 - Vesicare (solifenacin)^{BP} – **PA**
 - Zovirax (acyclovir cream)^{BP} – **PA**
- b. Effective March 11, 2019, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Latuda (lurasidone) – **PA**

Abbreviations, Acronyms, and Symbols

[^] This drug is available through the health care professional who administers the drug. MassHealth does not pay for this drug to be dispensed through a retail pharmacy.

PA Prior authorization is required. The prescriber must obtain PA 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 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.