



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.

Background

Effective April 22, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.

- Arikayce (amikacin liposome inhalation) – PA
- Firdapse (amifampridine) – PA
- Lorbrena (lorlatinib) – PA
- Lumoxiti (moxetumomab pasudotox-tdfk) – PA
- Revcovi (elapegademase-lvlr) – PA
- Talzenna (talazoparib) – PA
- Ultomiris (ravulizumab-cwvz) – PA
- Vitrakvi (larotrectinib) – PA
- Vizimpro (dacomitinib) – PA
- Xarelto (rivaroxaban 2.5 mg) – PA
- Xerava (eravacycline) – PA
- Xyosted (testosterone enanthate) – PA
- Yupelri (revefenacin) – PA

Updated MassHealth Brand Name Preferred Over Generic Drug List

a. Effective April 22, 2019, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Catapres-TTS (clonidine patch)^{BP} – PA
- Flector (diclofenac topical patch)^{BP} – PA
- Humalog (insulin lispro)^{BP}
- Rapamune (sirolimus solution)^{BP}
- Sporanox (itraconazole solution)^{BP}
- Tekturna (aliskiren)^{BP} – PA

- Uloric (febuxostat)^{BP} – PA

b. Effective April 22, 2019, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Aczone (dapsone gel) – PA
- Lialda # (mesalamine delayed-release)
- Pulmicort # (budesonide inhalation suspension)
- Zyclara (imiquimod 2.5%, 3.75% cream) – 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.

MassHealth Website

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