



# 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 August 26, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.

- Cablivi (caplacizumab-yhdp) – **PA**
- Dextenza (dexamethasone ophthalmic insert) <sup>^</sup>
- Elzonris (tagraxofusp-erzs) <sup>CO</sup> – **PA**
- Euthyrox # (levothyroxine)
- Mayzent (siponimod) – **PA**
- Ruzurgi (amifampridine) – **PA**
- Slynd (drospirenone)

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

- a. Effective August 26, 2019, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Noxafil (posaconazole) <sup>BP</sup> – **PA**
  - Rozerem (ramelteon) <sup>BP</sup> – **PA > 30 units/month**

- b. Effective August 26, 2019, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Advair (fluticasone/salmeterol inhalation aerosol, powder) – **PA**
  - Ranexa (ranolazine) – **PA**
  - Tamiflu # (oseltamivir 6 mg/mL suspension) – **PA all quantities (June 1st to September 30th); PA > 180 mL/season (October 1st to May 31st)**

### Legend

- 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.
- #** Designates a brand-name drug with FDA “A”-rated generic equivalents. PA 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 non-preferred drug generic equivalent.
- ^** Available through the health care professional who administers the drug. MassHealth does not pay for this drug to be dispensed through a retail pharmacy.
- 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.
- CO** Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.