



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

- a. Effective October 1, 2019, the following newly marketed drug has been added to the MassHealth Drug List.
 - Dovato (dolutegravir/lamivudine) ^{PD}
- b. Effective October 7, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.
 - dexchlorpheniramine solution – **PA**
 - Evenity (romosozumab-aqqg) – **PA**
 - Ezallor (rosuvastatin sprinkle capsule) – **PA**
 - Gamifant (emapalumab-lzsg) – **PA**
 - Mavenclad (cladribine tablet) – **PA**
 - Piqray (alpelisib) – **PA**
 - pyridostigmine bromide 30 mg tablet – **PA**
 - Skyrizi (risankizumab-rzaa) – **PA**
 - Vyndaqel (tafamidis) – **PA**

Change in Prior Authorization Status

- a. Effective October 1, 2019, the following antiretroviral agent will no longer require prior authorization.
 - Juluca (dolutegravir/rilpivirine) ^{PD}
- b. Effective October 7, 2019, the following urinary dysfunction agents will no longer require prior authorization.
 - Gelnique (oxybutynin gel)
 - Myrbetriq (mirabegron extended-release)
 - Oxytrol (oxybutynin transdermal system)
 - Toviaz (fesoterodine) ^{BP}
 - Vesicare # (solifenacin)

- c. Effective October 7, 2019, the following urinary dysfunction agent will no longer require prior authorization for exceeding quantity limits.
 - Detrol LA # (tolterodine extended-release 2 mg)
- d. Effective October 7, 2019, the following urinary dysfunction agent will require prior authorization.
 - trospium extended-release – **PA**
- e. Effective October 7, 2019, the following antihistamine agent will no longer require prior authorization for use above quantity limits.
 - azelastine 137 mcg nasal spray
- f. Effective October 7, 2019, the following antihistamine agent will no longer require prior authorization.
 - carbinoxamine 4 mg/5mL solution, 4 mg tablet
 - Clarinex # (desloratadine syrup, tablet)
 - Dymista (azelastine/fluticasone propionate)

Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective October 1, 2019, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Epclusa (sofosbuvir/velpatasvir) – **PA**
 - Harvoni (ledipasvir/sofosbuvir) – **PA**
- b. Effective October 7, 2019, the following agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Copaxone (glatiramer 40 mg) ^{BP}

- c. Effective October 7, 2019, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Delzicol DR # (mesalamine capsule)
 - Flector (diclofenac topical patch) – **PA**
 - Letairis (ambrisentan) – **PA**
 - Tamiflu # (oseltamivir 30mg) – **PA all quantities (June 1st to September 30th); PA > 20 capsules/season (October 1st to May 31st)**
 - Tamiflu # (oseltamivir 45 mg and 75 mg) – **PA all quantities (June 1st to September 30th); PA > 10 capsules/season (October 1st to May 31st)**
 - Vesicare # (solifenacin)
 - Xeloda # (capecitabine)

Updated MassHealth Supplemental Rebate/Preferred Drug List

- a. Effective October 1, 2019, the following antiretroviral agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
- Dovato (dolutegravir/lamivudine)^{PD}
 - Juluca (dolutegravir/rilpivirine)^{PD}
 - Triumeq (abacavir/dolutegravir/lamivudine)^{PD}
- b. Effective October 1, 2019, the following hepatitis antiviral agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
- ledipasvir/sofosbuvir^{PD} – **PA**
 - sofosbuvir/velpatasvir^{PD} – **PA**
- c. Effective October 1, 2019, the following hepatitis antiviral agents will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
- Epclusa (sofosbuvir/velpatasvir) – **PA**
 - Harvoni (ledipasvir/sofosbuvir) – **PA**
 - Sovaldi (sofosbuvir) – **PA**

Updated MassHealth ACP/MCO Uniform Preferred Drug List

- a. Effective January 1, 2020, the following antiretroviral agents will be added to the MassHealth ACP/MCO Uniform Preferred Drug List.
- Dovato (dolutegravir/lamivudine)
 - Juluca (dolutegravir/rilpivirine)
 - Triumeq (abacavir/dolutegravir/lamivudine)
- b. Effective January 1, 2020, the following hepatitis antiviral agents will be added to the MassHealth ACP/MCO Uniform Preferred Drug List.
- ledipasvir/sofosbuvir
 - sofosbuvir/velpatasvir
- c. Effective January 1, 2020, the following hepatitis antiviral agents will be removed from the MassHealth ACP/MCO Uniform Preferred Drug List.
- Epclusa (sofosbuvir/velpatasvir)
 - Harvoni (ledipasvir/sofosbuvir)
 - Sovaldi (sofosbuvir)

Legend

- 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 brand-name and the FDA "A"-rated generic equivalent of listed product.
- #** 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.
- 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** In general, MassHealth requires a trial of the preferred drug (PD) or a clinical rationale for prescribing a nonpreferred drug within a therapeutic class.