



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 February 24, 2020, the following newly marketed drugs have been added to the MassHealth Drug List.

- Adakveo (crizanlizumab-tmca) – **PA**
- Asceniv (immune globulin IV, human-slra) – **PA**
- Asparlas (calaspargase pegol-mknl) [^] – **PA**
- Beovu (brolucizumab-dbll) [^]
- Duaklir (aclidinium/formoterol) – **PA**
- Gloperba (colchicine solution) – **PA**
- Inrebic (fedratinib) – **PA**
- Reblozyl (luspatercept-aamt) – **PA**
- Tosymra (sumatriptan 10 mg nasal spray) – **PA**
- Xembify (immune globulin subcutaneous injection, human-klhw) – **PA**
- Ziextenzo (pegfilgrastim-bmez)

Change in Prior Authorization

- a. Effective February 24, 2020, the following antiparasitic will no longer require prior authorization (PA).
 - Eurax (crotamiton cream)
- b. Effective February 24, 2020, the following antiplatelet agents will no longer require PA.
 - Brilinta (ticagrelor)
 - Effient # (prasugrel)
- c. Effective February 24, 2020, the following hematinic agents will no longer require PA.
 - Fulphila (pegfilgrastim-jmdb)
 - Udenyca (pegfilgrastim-cbqv)

Updated MassHealth Brand Name Preferred Over Generic Drug List

The MassHealth Brand Name Preferred Over Generic Drug List has been updated to reflect recent changes to the MassHealth Drug List.

- a. Effective February 24, 2020, the following agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Symbicort (budesonide/formoterol)^{BP} – **PA**
- b. Effective February 24, 2020, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Zytiga (abiraterone 250 mg, 500 mg) – **PA**

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.

^ Available through the health care professional who administers the drug. MassHealth does not pay for this drug to be dispensed through a retail pharmacy.