



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 September 21, 2020, the following newly marketed drugs have been added to the MassHealth Drug List.

- Fensolvi (leuprolide) – **PA**
- Jelmyto (mitomycin pyelocalyceal solution) [^] – **PA**
- Licart (diclofenac topical patch) – **PA**
- Pemazyre (pemigatinib) – **PA**
- Retevmo (selpercatinib) – **PA**
- Riomet ER (metformin extended-release solution) – **PA**
- Rybelsus (semaglutide tablet) – **PA**
- Tambrexa (capmatinib) – **PA**
- Tepezza (teprotumumab-trbw) – **PA**
- Tivicay PD (dolutegravir tablet for suspension)
- Vyepti (eptinezumab-jjmr) [^] – **PA**
- Zeposia (ozanimod) – **PA**

Change in Prior-Authorization (PA)

Status

- a. Effective September 21, 2020, the following cardiovascular agents will no longer require PA.
 - Azor # (amlodipine/olmesartan)
 - Benicar # (olmesartan)
 - Benicar HCT # (olmesartan/hydrochlorothiazide)
 - Bystolic (nebivolol)
 - Corgard # (nadolol)

- Edarbi (azilsartan)
 - Edarbyclor (azilsartan/chlorthalidone)
 - Exforge HCT # (valsartan/amlodipine/hydrochlorothiazide)
 - Inspra # (epirenone)
 - Micardis # (telmisartan)
 - Micardis HCT # (telmisartan/hydrochlorothiazide)
 - Tekturna HCT (aliskiren/hydrochlorothiazide)
- b. Effective September 21, 2020, the following medications will require PA below newly established age limits. Pediatric Behavioral Health Medication Initiative criteria will apply. For additional information, please see the Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist.
 - Aricept # (donepezil 10 mg tablet) – **PA < 6 years and PA > 2 units/day**
 - Aricept # (donepezil 5 mg tablet) – **PA < 6 years and PA > 1 unit/day**
 - donepezil orally disintegrating tablet – **PA < 6 years and PA > 1 unit/day**
 - naltrexone tablet – **PA < 6 years**
 - Namenda (memantine titration pack) – **PA < 6 years and PA > 49 units/month**
 - Namenda # (memantine tablet) – **PA < 6 years and PA > 2 units/day**
 - c. Effective September 21, 2020, the following medications will require PA for Pediatric Behavioral Health Medication Initiative criteria. For additional information, please see the Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist.

- Aircept (donepezil 23 mg tablet) – **PA**
 - Namenda (memantine titration pack) – **PA < 6 years and PA > 49 units/month**
 - Namenda XR (memantine extended-release) ^{BP} – **PA**
 - Namzaric (memantine/donepezil extended-release) – **PA**
- d. Effective September 21, 2020, the following medications will no longer require PA within quantity limits. PA below newly established age limits will be required. Pediatric Behavioral Health Medication Initiative criteria will apply. For additional information, please see the Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist.
- Nuvigil # (armodafinil) – **PA < 6 years and PA > 1 unit/day**
 - Provigil # (modafinil 100 mg) – **PA < 6 years and PA > 1.5 units/day**
 - Provigil # (modafinil 200 mg) – **PA < 6 years and PA > 2 units/day**
- e. Effective September 21, 2020, the following topical corticosteroid agent will require PA.
- Locoid Lipocream (hydrocortisone butyrate/emollient) – **PA**
- f. Effective September 21, 2020, the following antidiabetic agents will no longer require PA.
- Actoplus Met # (pioglitazone/metformin)
 - Actoplus Met XR (pioglitazone/metformin extended-release)
 - Avandia (rosiglitazone)
 - Cycloset (bromocriptine 0.8 mg tablet)
 - Invokamet XR (canagliflozin/metformin extended-release)
 - Jentadueto XR (linagliptin/metformin extended-release)
 - Symlin (pramlintide)
 - Synjardy (empagliflozin/metformin)
 - Synjardy XR (empagliflozin/metformin extended-release)

- Victoza (liraglutide)
- g. Effective September 21, 2020, the following opioid dependence agent will no longer require PA.
- Sublocade (buprenorphine extended-release injection)

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 September 8, 2020, the following agent was added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Tecfidera (dimethyl fumarate) ^{BP} – **PA**
- b. Effective September 21, 2020, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Atripla (efavirenz/emtricitabine/tenofovir) ^{BP}
 - Ciprodex (ciprofloxacin/dexamethasone) ^{BP}
 - Demser (metyrosine) ^{BP}
 - Emtriva (emtricitabine) ^{BP}
 - Flector (diclofenac topical patch) ^{BP} – **PA**
 - Humalog (insulin lispro 75/25) ^{BP}
 - Moviprep (polyethylene glycol-electrolyte solution) ^{BP}
 - Protonix (pantoprazole 40 mg suspension) ^{BP} – **PA**
 - Truvada (emtricitabine/tenofovir disoproxil fumarate) ^{BP}
- c. Effective September 21, 2020, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Aggrenox # (aspirin/extended-release dipyridamole)

Legend

<p>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.</p>	<p>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.</p>
<p># 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.</p>	