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Pharmacy Facts

MassHealth Pharmacy Program

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MassHealth Drug List Update Effective
January 2, 2007

There are 2 notable changes to the MassHealth Drug List for January.

In the statin class, **simvastatin** will become the preferred "high potency" agent. **Lipitor (atorvastatin)**, **Crestor (rosuvastatin)**, **Lescol (fluvastatin)** and **Lescol XL (fluvastatin extended-release)** will require PA for any new prescription. MassHealth will continue to pay for any refills for these products for the life of the prescription.

In the respiratory inhalant class, **Advair diskus (fluticasone/salmeterol)**, **Foradil (formoterol)**, and **Serevent (salmeterol)** will require prior authorization (PA) for new prescriptions. MassHealth will continue to pay for refills for the life of the prescription. MassHealth will be searching historical claims for certain diagnosis codes from medical records and prior drug therapy to allow some of these claims to pay without requiring a paper PA request. The main intent of this initiative is that MassHealth would expect to see a diagnosis code for COPD, or a trial of an inhaled corticosteroid before therapy with any of these agents is initiated.

The following newly marketed drugs have been added to the MassHealth Drug List

- Advair HFA (fluticasone/salmeterol) – **PA**
- Angeliq (drospirenone/estradiol) – **PA**
- Cesamet (nabilone) – **PA**
- Duetact (glimepiride/pioglitazone) – **PA**
- Elaprase (idursulfase) – **PA**
- Emend (aprepitant) 40 mg – **PA > 1 capsule/Rx and PA > 3 capsules/month**
- Fentora (fentanyl buccal tablet) – **PA**
- Glumetza (metformin extended-release) – **PA**
- Implanon (etonogestrel implant)
- Januvia (sitagliptin) – **PA**
- meloxicam
- MoviPrep (polyethylene glycol/electrolyte solution) – **PA**
- Noxafil (posaconazole) – **PA**
- Opana (oxymorphone) tablet – **PA**
- Opana ER (oxymorphone extended release) tablet – **PA**
- OsmoPrep (sodium phosphate) – **PA**

- Perloxx (oxycodone/acetaminophen) – **PA**
- Vectibix (panitumumab)
- Verdeso (desonide) – **PA**
- Xolegel (ketoconazole) – **PA**

Change in Prior-Authorization Status

Effective January 2, 2007, the following drugs will require prior authorization.

- papaverine – **PA**
- phentolamine – **PA**
- Visicol (sodium phosphate) – **PA**

MassHealth has changed the prior-authorization requirements for respiratory inhalant products.

Effective January 2, 2007, the following drugs will require prior authorization.

- Advair diskus (fluticasone/salmeterol) – **PA**
- Foradil (formoterol) – **PA**
- Serevent (salmeterol) – **PA**

MassHealth has changed the prior-authorization requirements for statins.

Effective January 2, 2007, the following drugs will require prior authorization for all quantities.

- Crestor (rosuvastatin) – **PA**
- Lescol (fluvastatin) – **PA**
- Lescol XL (fluvastatin extended-release) – **PA**
- Lipitor (atorvastatin) – **PA**

The following quantity limitations and prior-authorization requirements will continue to be in effect.

- Advicor (lovastatin/niacin) – **PA**
- Altoprev (lovastatin extended-release) – **PA**
- Caduet (amlodipine/atorvastatin) – **PA**
- Mevacor # (lovastatin) – **PA > 30 units/month**
- Pravachol # (pravastatin) – **PA > 30 units/month**
- Pravigard PAC (pravastatin/aspirin) – **PA**
- Vytorin (ezetimibe/simvastatin) – **PA**
- Zocor # (simvastatin) – **PA > 30 units/month**