



Number 74  
November 29, 2012

# Pharmacy Facts

## MassHealth Pharmacy Program

[www.mass.gov/masshealth/pharmacy](http://www.mass.gov/masshealth/pharmacy)

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### MHDL Updates

Below are certain updates to the MassHealth Drug List (MHDL). See the MHDL for a complete list of updates.

#### 1. Additions

The following newly marketed drugs have been added to the MassHealth Drug List as of November 13, 2012.

- Dymista (azelastine/fluticasone propionate) – **PA**
- Kyprolis (carfilzomib) – **PA**
- Omeclamox-Pak (omeprazole/clarithromycin / amoxicillin) – **PA**
- Perjeta (pertuzumab) – **PA**
- Sklice (ivermectin lotion) – **PA**
- Ultravate X (halobetasol/lactic acid) – **PA**
- Viokace (lipase/protease/amylase)
- Zyclara (imiquimod 2.5% cream) – **PA**

#### 2. Change in Prior Authorization Status

- a. The prior-authorization requirement for the following drug has changed. The new prior-authorization requirement as shown below is effective November 13, 2012.
  - Cervarix (human papillomavirus bivalent vaccine)<sup>1,2</sup>  
– **PA < 9 years and PA ≥ 26 years**
- b. The following drugs require prior authorization effective November 26, 2012.
  - bupirone 30 mg – **PA**
  - Crinone (progesterone gel) – **PA**

#### 3. Updated MassHealth Over-the-Counter Drug List

The MassHealth Over-the-Counter Drug List has been updated to reflect recent changes to the MassHealth Drug List.

- a. The following drug has been removed from the Over-the-Counter Drug List because it has been discontinued by the manufacturer.
  - Commit (nicotine) ≤ 180 days treatment/year
- b. The following listing has been clarified.
  - Nicotine replacement therapy ≤ 180 days treatment/year

#### 4. Updated Medicare Part D Exclusion Drug List

The following updates are effective January 13, 2013 and will be reflected on the MHDL in a future update.

- a. Benzodiazepines will no longer be excluded by Medicare Part D.
- b. Barbiturates will no longer be excluded by Medicare Part D for certain medical conditions.

#### 5. Corrections

- a. The following drug has been added to the MassHealth Drug List. It was omitted in error. This does not reflect any change in MassHealth policy.
  - Altace # (ramipril)

- b. The following listings have been clarified.

- Androgel (testosterone 1.62% pump, packets) – **PA**
- Fabrazyme (agalsidase beta) – **PA**
- Lumizyme (alglucosidase alfa) – **PA**
- Myozyme (alglucosidase alfa) – **PA**
- Sarafem # (fluoxetine 10 mg tablet)
- Sarafem (fluoxetine 20 mg tablet) – **PA**
- Stromectol (ivermectin tablet)

# This is 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.

<sup>1</sup> Product may be available through the Massachusetts Department of Public Health (DPH). Please check with DPH for availability. MassHealth does not pay for immunizing biologicals (i.e., vaccines) and tubercular (TB) drugs that are available free of charge through local boards of public health or through the Massachusetts Department of Public Health without prior authorization (130 CMR 406.413(C)). In cases where free vaccines are available to providers for specific populations (e.g. children, high risk, etc.), MassHealth will reimburse the provider only for individuals not eligible for the free vaccines. Notwithstanding the above, MassHealth will pay pharmacies for seasonal flu vaccine serum without prior authorization, if the vaccine is administered in the pharmacy.

<sup>2</sup> Prior authorization status is gender specific.