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Pharmacy Facts

MassHealth Pharmacy Program

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MassHealth Drug List (MHDL) Update

The following newly marketed drugs have been added to the MassHealth Drug List as of January 7, 2013.

“PA” indicates that prior authorization is required.

- Binosto (alendronate effervescent tablet) – PA
- Bosulif (bosutinib) – PA
- Flucelvax (influenza virus vaccine) ¹
- Forfivo XL (bupropion hydrochloride extended-release 450 mg tablet) – PA
- Gammaked (immune globulin, injection) – PA
- Myrbetriq (mirabegron ER) – PA
- Neupro (rotigotine transdermal system) – PA
- Prepopik (sodium picosulfate/magnesium oxide/anhydrous citric acid) – PA
- RAYOS (prednisone delayed-release) – PA
- Stivarga (regorafenib) – PA
- Striant (testosterone buccal system) – PA
- Stribild (elvitegravir/cobicistat/emtricitabine/tenofovir) – PA
- Tudorza Pressair (acclidinium) – PA > 1 inhaler/month
- Ultresa DR (lipase/protease/amylase)
- Xtandi (enzalutamide) – PA
- ZALTRAP (ziv-aflibercept) – PA

New FDA A-Rated Generics

The following FDA A-rated generic drugs have been added to the MassHealth Drug List as of January 7, 2013. The brand name is listed with a # symbol, to indicate that prior authorization is required for the brand.

New FDA A-Rated Generic Drug	Generic Equivalent
amphetamine salts ER – PA > 60 units/month	Adderall XR #
cidofovir	Vistide #
diclofenac/misoprostol – PA < 60 years	Arthrotec #
methylphenidate extended-release – PA > 60 units/month	Metadate CD #
tiagabine 2 mg, 4 mg – PA ≥ 19 years	Gabitril #

Changes in Prior-Authorization Status

- The following antidepressants are covered without prior authorization, effective January 7, 2013.
 - doxepin capsule, oral concentrate
 - Lexapro # (escitalopram)
- The following ophthalmic corticosteroids will require prior authorization, effective January 22, 2013.
 - Flarex (fluorometholone) – PA
 - Maxidex (dexamethasone, ophthalmic solution) – PA
 - prednisolone sodium phosphate, ophthalmic solution – PA
 - Vexol (rimexolone) – PA
- The following antidepressants will require prior authorization, effective January 22, 2013.
 - Marplan (isocarboxazid) – PA
 - Norpramin (desipramine) – PA

– 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.

¹ – 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.