



Number 78  
May 10, 2013

# Pharmacy Facts

## MassHealth Pharmacy Program

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

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### MHDL Update

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

#### 1. Changes in Prior-Authorization Status

- a. The following second-generation (atypical) antipsychotics will require prior authorization as described below effective May 13, 2013.
  - Abilify (aripiprazole solution) – PA ≥ 18 years old and PA > 750 ml/month
  - Abilify (aripiprazole tablet) – PA ≥ 18 years old and PA > 30 units/month
  - Seroquel XR (quetiapine extended-release 50 mg, 300 mg, 400 mg) – PA ≥ 18 years old and PA > 60 units/month
  - Seroquel XR (quetiapine extended-release 150 mg, 200 mg) – PA ≥ 18 years old and PA > 30 units/month
- b. The following oral hepatitis antiviral agent will require prior authorization, effective May 28, 2013.
  - Rebetol (ribavirin 200 mg capsule) – PA
  - Ribasphere (ribavirin 200 mg capsule) – PA
- c. The following generic drugs will be covered without prior authorization, effective May 13, 2013.
  - Cleocin # (clindamycin 300 mg capsule)
  - Fibricor # (fenofibric acid tablet 35 mg and 105 mg)
- d. The following nicotine replacement products will be covered without prior authorization, effective May 13, 2013.
  - nicotine gum, lozenge, patch

- e. The following lipid lowering agents will require prior authorization above newly established quantity limits as described below, effective May 13, 2013.
  - Mevacor # (lovastatin 10 mg, 20 mg) – PA > 45 units/month
  - Mevacor # (lovastatin 40 mg) – PA > 60 units/month
  - Pravachol # (pravastatin 10 mg, 20 mg, 40 mg) – PA > 45 units/month
  - Zocor # (simvastatin 5 mg, 10 mg, 20 mg, 40 mg) – PA > 45 units/month

#### 2. Additions

The following newly marketed drugs have been added to the MassHealth Drug List as of May 13, 2013.

- Abilify Maintena (aripiprazole extended-release injectable suspension) – PA > 1 vial/month
- Auvi-Q (epinephrine auto-injection)
- COMETRIQ (cabozantinib) – PA
- Delzicol DR (mesalamine capsule)
- Eliquis (apixaban) – PA
- Gattex (teduglutide injection) – PA
- Giazio (balsalazide 1.1 gram tablets) – PA
- Iclusig (ponatinib) – PA
- Ilevro (nepafenac 0.3% ophthalmic suspension) – PA
- Jetrea (ocriplasmin) ^
- Juxtapid (lomitapide) – PA
- ONMEL (itraconazole 200 mg tablet) – PA
- Oxtellar XR (oxcarbazepine extended-release) – PA
- Pertzeye DR (lipase/protease/amylase)
- Quillivant XR (methylphenidate extended-release oral suspension) – PA
- Skyla (levonorgestrel-releasing intrauterine system)
- Vascepa (icosapent ethyl) – PA

# This 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.

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

Please direct any questions or comments (or to be taken off of this fax distribution) to

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