



# Pharmacy Facts

## MassHealth Pharmacy Program

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

• Editor: Vic Vangel • Contributors: Chris Burke, Paul Jeffrey, Kim Lenz, James Monahan, Nancy Schiff •

### Medicare Part D Prescription Drug Coverage Updates

#### 1. Copayments

MassHealth continues to provide assistance with Medicare D prescription drug plan copayments for dually-eligible members to ensure that the member does not pay a copayment that is greater than the standard MassHealth copayment for that drug. Currently, the maximum amount that a Part D plan is permitted to charge a dually eligible member is \$6.60. Effective January 1, 2014, this maximum amount will decrease to \$6.35. If a Part D plan returns a copay amount in excess of \$6.35, pharmacies are reminded to follow the instructions published in Pharmacy Facts #47 to correct this issue (see [www.mass.gov/eohhs/docs/masshealth/pharmacy/p-harmacy-fact-47.pdf](http://www.mass.gov/eohhs/docs/masshealth/pharmacy/p-harmacy-fact-47.pdf)).

#### 2. Barbiturates

Effective January 1, 2014, Medicare Part D prescription drug plans will no longer restrict coverage of barbiturates to the treatment of epilepsy, cancer, or a chronic mental health disorder, but will cover barbiturates for any medically accepted indication. Because Medicare Part D prescription drug plans will now provide coverage of barbiturates for all medical conditions, MassHealth will no longer cover this class of drugs for any medical condition for dually eligible members for dates of service beginning January 1, 2014.

### Copayment Changes

Effective January 1, 2014, MassHealth is expanding the copay exemption for children to also include 19- and 20-year olds. Accordingly, effective January 1, 2014, all MassHealth members under the age of 21 will be exempt from copays, including pharmacy copays. Prior to January 1, 2014, the copay exemption for children applied only to members under the age of 19.

Please see 130 CMR 450.130 for regulations about copayments, which are being updated to reflect this change.

### MHDL Updates

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

#### 1. Additions

The following newly marketed drugs have been added to the MassHealth Drug List as of January 6, 2014.

- adenovirus live vaccine DR oral tablets
- Astagraf XL (tacrolimus ER capsules)
- BREO ELLIPTA (fluticasone/vilanterol inhalation powder) – PA
- Brisdelle (paroxetine 7.5 mg capsules) – PA
- esomeprazole strontium – PA
- Epaned (enalapril powder for oral solution) – PA
- FABIOR (tazarotene foam) – PA
- Flublok (influenza virus vaccine)<sup>1</sup>
- FluLaval Quadrivalent (influenza virus vaccine)<sup>1</sup>
- GILOTRIF (afatinib) – PA
- Injectafer (ferric carboxymaltose injection) – PA
- Mekinist (trametinib) – PA
- MENHIBRIX (meningococcal groups C and Y and haemophilus b tetanus toxoid conjugate vaccine)
- Nymalize (nimodipine oral solution) – PA > 21 days treatment/year
- RIXUBIS (coagulation factor IX, recombinant)
- SIMBRINZA (brinzolamide/brimonidine tartrate ophthalmic suspension) – PA
- Simponi ARIA (golimumab for infusion) – PA
- Sirturo (bedaquiline) – PA
- Tivicay (dolutegravir) – PA > 30 units/30 days
- Trokendi XR (topiramate extended-release capsules) – PA
- Xofigo (radium RA 223 dichloride) ^ – PA
- Zubsolv (buprenorphine/naloxone tablet) – PA

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment. Note: Prior authorization applies to both the brand-name and the FDA "A"-rated generic equivalent of listed product.

^ 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.

**2. Change in Prior-Authorization (PA) Status**

- a. The following antiparkinson agent will no longer require PA effective January 6, 2014.  
amantadine tablet
- b. The following glaucoma agents will require prior authorization effective January 21, 2014.  
Alphagan P (brimonidine 0.1%, 0.15% eye drops) – **PA**  
Azopt (brinzolamide) – **PA**  
Betimol (timolol) – **PA**  
Betoptic S (betaxolol 0.25%) – **PA**  
Combigan (brimonidine/timolol, ophthalmic) – **PA**  
Istalol (timolol) – **PA**
- c. The following nonsteroidal anti-inflammatory agents will require prior authorization effective January 21, 2014.  
Daypro (oxaprozin) – **PA**  
Indocin (indomethacin suspension) – **PA**
- d. The following iron products will require prior authorization effective January 21, 2014.  
Dexferrum (iron dextran) – **PA**  
Feraheme (ferumoxytol) – **PA**  
Ferrelecit (sodium ferric gluconate complex) – **PA**  
Venofer (iron sucrose) – **PA**
- e. The following antiparasitic will require prior authorization effective January 21, 2014.  
Ovide (malathion) – **PA**
- f. The following urinary antispasmodics will require prior authorization regardless of quantity effective January 21, 2014.  
Detrol LA (tolterodine extended-release) – **PA**  
VESIcare (solifenacin) – **PA**
- g. The following antihypertensive will require PA effective January 21, 2014.  
nimodipine capsule – **PA > 21 days treatment / year**
- h. The following chemotherapy agent will require PA effective January 21, 2014.  
Tarceva (erlotinib) – **PA**
- i. The following immunosuppressants will require PA effective January 21, 2014.  
Azasan (azathioprine) – **PA**  
Myfortic (mycophenolate tablet) – **PA**
- j. The following immunosuppressants will require PA for brand name requests effective January 21, 2014.  
Sandimmune # (cyclosporine)

- k. The following topical antifungals will require PA effective January 21, 2014.

nystatin/triamcinolone cream, ointment – **PA**  
clotrimazole/betamethasone lotion – **PA**

**3. MassHealth Over-the-Counter Drug List**

- a. The following product will be covered on the MassHealth Over-the-Counter Drug List.  
Oxytrol for Women (oxybutynin)
- b. The following listings were clarified to highlight that the generics are covered on the MassHealth Over-the-Counter Drug List.  
ketotifen  
naphazoline/atazoline  
naphazoline/pheniramine

<sup>#</sup> 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.

<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.