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Pharmacy Facts

MassHealth Pharmacy Program

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 listing of updates.

1. Additions

Effective August 4, 2014, the following newly marketed drugs have been added to the MassHealth Drug List.

Adasuve (loxapine oral inhalation powder)^H
Aerospan (flunisolide inhalation aerosol)
ALPROLIX (factor IX recombinant, Fc fusion protein)
Copaxone (glatiramer 40 mg) – **PA**
Farxiga (dapagliflozin) – **PA**
Fycompa (perampanel) – **PA**
Imbruvica (ibrutinib) – **PA**
Luzu (Iliconazole) – **PA**
Noxafil (posaconazole delayed-release tablet) – **PA**
Otrexup (methotrexate subcutaneous injection) – **PA**
Tretten (factor XIII A-subunit recombinant)
Versacloz (clozapine suspension) – **PA**
VIMIZIM (elosulfase alfa) – **PA**
Zohydro ER (hydrocodone extended-release) – **PA**

2. Change in Prior Authorization Status

- a. Effective August 4, 2014, the following non-stimulant attention deficit hyperactivity disorder (ADHD) agent will no longer require prior authorization.

Strattera (atomoxetine)

- b. Effective August 4, 2014, the following lipid lowering agents will be covered without prior authorization within newly established quantity limits.

Lipitor # (atorvastatin 10 mg, 20 mg, 40 mg)
– **PA > 45 units/month**

Lipitor # (atorvastatin 80 mg)
– **PA > 30 units/month**

- c. Effective August 18, 2014, the following intranasal corticosteroid agents will require prior authorization regardless of age and quantity.

Nasacort AQ (triamcinolone nasal spray) – **PA**

Nasonex (mometasone nasal spray) – **PA**

Veramyst (fluticasone furoate nasal spray) – **PA**

3. MassHealth Over-the-Counter Drug List

- a. Effective August 4, 2014, the following product will be added to the MassHealth Over-the-Counter Drug List as covered.
- methylcellulose
- b. Effective August 4, 2014, the following product will be added to the MassHealth Over-the-Counter Drug List as covered within the quantity limit.
- Nasacort Allergy 24HR (triamcinolone) ≤ 1 inhaler/month

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 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.

* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.

^ 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.

^H This drug is available only in an inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy or physician's office.