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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 list of updates.

Effective November 10, 2014, the following newly marketed drugs have been added to the MassHealth Drug List.

ANORO ELLIPTA (umeclidinium/vilanterol) – **PA**
Aptiom (eslicarbazepine) – **PA**
Aveed (testosterone undecanoate) – **PA**
Cyramza (ramucirumab) – **PA**
Duavee (estrogens, conjugated/bazedoxifene)
Entyvio (vedolizumab) – **PA**
GRASTEK (timothy grass pollen allergen extract) – **PA**
Hemangeol (propranolol solution) – **PA**
Hetlioz (tasimelteon) – **PA**
Isentress (raltegravir powder for suspension) – **PA**
Karbinal ER (carbinoxamine extended-release) – **PA**
Lazanda (fentanyl nasal spray) – **PA**
Lupaneta Pack (leuprolide/norethindrone) – **PA**
Myalept (metreleptin) – **PA**
Orenitram (treprostinil tablet) – **PA**
Otezla (apremilast) – **PA**
Qudexy XR (topiramate extended-release capsule) – **PA**
RAGWITEK (ragweed pollen allergen extract) – **PA**
Sitavig (acyclovir buccal tablet) – **PA**
Sylvant (siltuximab) – **PA**
Tanzeum (albiglutide) – **PA**
Velphoro (sucroferric oxyhydroxide) – **PA**

Vogelxo (testosterone 1% gel tube, packet, pump) – **PA**

XARTEMIS XR (oxycodone/acetaminophen extended-release) – **PA**

ZONTIVITY (vorapaxar) – **PA**

ZYKADIA (ceritinib) – **PA**

1. Change in Prior Authorization Status

- a. Effective November 24, 2014, the following medications will require prior authorization (PA) below newly established age limits. For additional information, please see the Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist.

Adderall # (amphetamine salts) – **PA < three years and PA > 90 units/month**

Adderall XR # (amphetamine salts ER) – **PA < three years and PA > 60 units/month**

Catapres # (clonidine tablet) – **PA < three years**

Concerta ER # (methylphenidate ER) – **PA < three years and PA > 60 units/month**

Dexedrine # (dextroamphetamine 5 mg, 10 mg, 15 mg capsule) – **PA < three years and PA > 90 units/month**

dextroamphetamine 5 mg, 10 mg tablet – **PA < three years and PA > 90 units/month**

dextroamphetamine solution – **PA < three years and PA > 900 ml/month**

Focalin # (dexmethylphenidate) – **PA < three years and PA > 90 units/month**

Focalin XR # (dexmethylphenidate extended-release) – **PA < three years and PA > 60 units/month**

Metadate CD # (methylphenidate extended-release) – **PA < three years and PA > 60 units/month**

Metadate ER # (methylphenidate extended-release) – **PA < three years and PA > 90 units/month**

Methylin oral solution (methylphenidate oral solution) – **PA < three years and PA > 900 ml/month**

Methylin tablet (methylphenidate tablet) – **PA < three years and PA > 90 units/month**

Ritalin # (methylphenidate) – **PA < three years and PA > 90 units/month**

Ritalin LA (methylphenidate 10 mg) – **PA < three years and PA > 60 units/month**

Ritalin LA # (methylphenidate 20 mg, 30 mg, 40 mg) – **PA < three years and PA > 60 units/month**

Ritalin SR # (methylphenidate) – **PA < three years and PA > 90 units/month**

Strattera (atomoxetine) – **PA < six years**

Tenex # (guanfacine) – **PA < three years**

Vyvanse (lisdexamfetamine) – **PA < three years and PA > 60 units/month**

- b. Effective November 24, 2014, the following medication classes will require PA for members younger than six years old. For additional information, please see the Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist.

Antianxiety

Antidepressants

Antipsychotics

Hypnotics

Mood Stabilizers

- c. Effective November 24, 2014, the following medication classes will require PA for polypharmacy for members younger than 18 years old. For additional information, please

see the Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist.

Antianxiety

Antidepressants

Antipsychotics

Cerebral Stimulants

Mood Stabilizers

- d. Effective November 24, 2014, the following opioid analgesic agents will require PA below newly established age limits.

acetaminophen/codeine – **PA < 10 years and PA > 4 grams of acetaminophen/day and PA > 360 mg of codeine/day**

butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg/codeine 30 mg – **PA < 10 years and PA > 60 units/month**

codeine – **PA < 10 years and PA > 360 mg/day**

Fiorinal/Codeine (butalbital/aspirin/caffeine/codeine) – **PA < 10 years and PA > 60 units/month**

- e. Effective November 24, 2014, the following antiretroviral agent will require PA regardless of age.
- Isentress (raltegravir 25 mg and 100 mg) – **PA**
- f. Effective November 24, 2014, the following phosphate binding agent will require PA.
- Fosrenol (lanthanum) – **PA**

2. Updated MassHealth Non-Drug Product List

Effective November 10, 2014, the following device has been added to the MassHealth Non-Drug Product List requiring PA.

Monovisc (hyaluronate) – **PA**

PA Prior authorization is required. The prescriber must obtain PA for the drug in order for the pharmacy to receive payment. Note: PA 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. PA 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.

MassHealth Pediatric Behavioral Health Medication Initiative

Background

The MassHealth Pharmacy Program, in collaboration with the Department of Children and Families (DCF) and the Department of Mental Health (DMH), has developed a **Pediatric Behavioral Health Medication Initiative** that will **require prior authorization to ensure the highest quality and safest care to pediatric members younger than 18 years old in the Primary Care Clinician (PCC) Plan who are prescribed behavioral health medications**. An expert workgroup convened by the DMH served as an advisory board to the MassHealth Pharmacy Program to create the approval criteria that will be used to evaluate prior authorization requests submitted to the Drug Utilization Review Program.

Using evidence-based medicine and expert consensus, the MassHealth Pharmacy Program has identified combinations of specific behavioral health medications or medication classes that will be subject to consultant pharmacist review. The Pediatric Behavioral Health Medication Initiative will require prior authorization for specific behavioral health medication combinations that may be unnecessary, redundant, or cause additional adverse reactions, i.e. **polypharmacy**; as well as for medication classes that have limited evidence of safety and efficacy in the pediatric population. **All prescriptions written prior to November 24, 2014, will be grandfathered for the remainder of refills on the prescription.**

As part of this initiative and effective on November 24, 2014, with the October/November 2014 MassHealth

Drug List update, the following situations will require PA:

1. **Behavioral health medication polypharmacy:** pharmacy claims for any combination of four or more behavioral health medications (i.e., alpha₂ agonists, antidepressants, antipsychotics, atomoxetine, benzodiazepines, buspirone, cerebral stimulants, hypnotic agents, and mood stabilizers) within a 60-day period for members younger than 18 years old;
2. **Antipsychotic polypharmacy:** overlapping pharmacy claims for two or more antipsychotics for at least 60 days within a 90-day period for members younger than 18 years old;
3. **Antidepressant polypharmacy:** overlapping pharmacy claims for two or more antidepressants for at least 60 days within a 90-day period for members younger than 18 years old;
4. **Cerebral stimulant polypharmacy:** overlapping pharmacy claims for two or more cerebral stimulants (*immediate-release and extended-release formulations of the same chemical entity are not included*) for at least 60 days within a 90-day period for members younger than 18 years old;
5. **Mood stabilizer polypharmacy:** overlapping pharmacy claims for three or more mood stabilizers for at least 60 days within a 90-day period for members younger than 18 years old;
6. **Benzodiazepine polypharmacy:** overlapping pharmacy claims for two or more benzodiazepines (*hypnotic benzodiazepine agents and rectal diazepam are not included*) for at least 60 days within a 90-day period for members younger than 18 years old;
7. **Antidepressant, antipsychotic, atomoxetine, benzodiazepine, buspirone, or mood stabilizer** pharmacy claims for members younger than six years old; and
8. **Hypnotic or hypnotic benzodiazepine** pharmacy claims for members younger than six years old;
9. **Alpha₂ agonist or cerebral stimulant** pharmacy claims for members younger than three years old.

The reference table below lists the behavioral health medications included in the Pediatric Behavioral

Health Medication Initiative. Further information on the PA requirements, including approval criteria, can be found within the MassHealth Drug List at www.mass.gov/druglist.

Health Medication Initiative. Further information on the PA requirements, including approval criteria, can

Pediatric Behavioral Health Medication Initiative Medication List*			
Antidepressants		Mood Stabilizers	
amitriptyline	maprotiline	carbamazepine	methsuximide
amoxapine	mirtazapine	clobazam	oxcarbazepine
bupropion	nefazodone	divalproex	perampanel
citalopram	nortriptyline	eslicarbazepine	phenytoin
clomipramine	paroxetine	ethosuximide	pregabalin
desipramine	phenelzine	ethotoin	primidone
desvenlafaxine	protriptyline	ezogabine	rufinamide
doxepin [†]	selegiline [‡]	felbamate	tiagabine
duloxetine	sertraline	gabapentin	topiramate
escitalopram	tranylcypromine	lacosamide	valproic acid
fluoxetine	trazodone	lamotrigine	vigabatrin
fluvoxamine	trimipramine	levetiracetam	zonisamide
imipramine	venlafaxine	lithium	
isocarboxazid	vilazodone	Antianxiety Agents	
levomilnacipran	vortioxetine	alprazolam	diazepam [§]
Stimulants		bupirone	lorazepam
dexmethylphenidate	lisdexamfetamine	chlordiazepoxide	meprobamate
dextroamphetamine	methamphetamine	chlordiazepoxide/ amitriptyline	midazolam
dextroamphetamine/ amphetamine	methylphenidate	clonazepam	oxazepam
Antipsychotics		clorazepate	
aripiprazole	paliperidone	Hypnotics	
asenapine	perphenazine	doxepin [†]	temazepam
chlorpromazine	perphenazine/amitriptyline	estazolam	triazolam
clozapine	pimozide	eszopiclone	zaleplon
fluphenazine	quetiapine	flurazepam	zolpidem
haloperidol	risperidone	quazepam	
iloperidone	thioridazine	Alpha₂ Agonists	
loxapine	thiothixene	clonidine	guanfacine
lurasidone	trifluoperazine	Miscellaneous	
olanzapine	ziprasidone	atomoxetine	
olanzapine/fluoxetine			

*Short-acting intramuscular injectable and intravenous formulations are excluded from the Pediatric Behavioral Health Medication Initiative requirements.

†Silenor (doxepin) is classified as a hypnotic agent and the Pediatric Behavioral Health Medication Initiative requirements for antidepressants do not apply. Pediatric Behavioral Health Medication Initiative requirements for hypnotics apply.

‡Emsam (selegiline) is the only selegiline formulation included in the Pediatric Behavioral Health Medication Initiative.

§Rectal diazepam formulations are excluded from the Pediatric Behavioral Health Medication Initiative requirements.

Please direct any questions or comments (or to be taken off of this fax distribution) to Victor Moquin of Xerox at 617-423-9830.