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# Pharmacy Facts

## MassHealth Pharmacy Program

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[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 listing of updates.

#### 1. Additions

Effective October 13, 2015, the following newly marketed drugs have been added to the MassHealth Drug List.

Afrezza (insulin human inhalation powder) – **PA**  
 amphetamine sulfate – **PA**  
 Avycaz (ceftazidime/avibactam) – **PA**  
 Belsomra (suvorexant) – **PA**  
 BEXSERO (meningococcal group B vaccine)  
 bimatoprost 0.03% ophthalmic solution – **PA**  
 Cholbam (cholic acid) – **PA**  
 Cosentyx (secukinumab) – **PA**  
 CRESEMBA (isavuconazonium) – **PA**  
 duloxetine 40 mg – **PA**  
 IBRANCE (palbociclib) – **PA**  
 IXINITY (factor IX human recombinant)  
 Jadenu (deferasirox 90 mg, 180 mg, 360 mg)  
 LENVIMA (lenvatinib) – **PA**  
 levoleucovorin 175mg/17.5 mL injection – **PA**  
 Liletta (levonorgestrel-releasing intrauterine system 52 mg)  
 Movantik (naloxegol) – **PA**  
 Natesto (testosterone nasal gel) – **PA**  
 NUVESSA (metronidazole 1.3% vaginal gel) – **PA**  
 OMIDRIA (phenylephrine/ketorolac)<sup>^</sup>  
 Rytary (carbidopa/levodopa extended-release) – **PA**  
 Signifor LAR (pasireotide injectable suspension) – **PA**  
 Sotylyze (sotalol solution) – **PA**  
 Toujeo (insulin glargine 300 units/mL prefilled syringe) – **PA**

#### 2. Change in Prior Authorization Status

- a. Effective October 13, 2015, the following dermatological agents will no longer require prior authorization.

Lac-Hydrin # (ammonium lactate)  
 LAClotion # (ammonium lactate)

- b. Effective October 13, 2015, the following ophthalmic anti-inflammatory agents will no longer require prior authorization.

Flarex (fluorometholone acetate)  
 prednisolone sodium phosphate ophthalmic solution

- c. Effective October 13, 2015, the following electrolyte agent will no longer require prior authorization.

Urocit-K # (potassium citrate 15 meq)

- d. Effective October 13, 2015, the following antihypertensives will no longer require prior authorization.

Avalide # (irbesartan/hydrochlorothiazide)  
 Avapro # (irbesartan)  
 Diovan # (valsartan)  
 Diovan HCT # (valsartan/hydrochlorothiazide)

- e. Effective October 26, 2015, the following headache therapy agents will require prior authorization for all ages and quantities.

butalbital 50 mg/acetaminophen 325 mg – **PA**  
 Fiorinal/Codeine (butalbital/aspirin/caffeine/codeine) – **PA**

- f. Effective October 26, 2015, the following antiviral agents will require prior authorization for exceeding the new quantity limits.

Relenza (zanamivir) – **PA all quantities (June 1st to September 30th); PA < 5 years of age and > 20 inhalations/season (October 1st to May 31st)**

Tamiflu (oseltamivir 30mg) – **PA all quantities (June 1st to September 30th); PA > 20 capsules/season (October 1st to May 31st)**

Tamiflu (oseltamivir 45 mg and 75 mg) – **PA all quantities (June 1st to September 30th); PA > 10 capsules/season (October 1st to May 31st)**

Tamiflu (oseltamivir 6 mg/mL suspension) – **PA all quantities (June 1st to September 30th); PA > 180 mL/season (October 1st to May 31st)**

- g. Effective October 26, 2015, the following kinase inhibitor will require prior authorization for all quantities.

Afinitor (everolimus) – **PA**

- h. Effective October 26, 2015, the following kinase inhibitors will require prior authorization.

Afinitor Disperz (everolimus tablets for oral suspension) – **PA**

Nexavar (sorafenib) – **PA**

Sutent (sunitinib) – **PA**

- i. Effective October 26, 2015, the following vaginal antibiotics will require prior authorization.

Cleocin Vaginal Ovule (clindamycin vaginal suppository) – **PA**

Clindesse (clindamycin vaginal cream) – **PA**

- j. Effective October 26, 2015, the following topical corticosteroids will require prior authorization.

amcinonide cream – **PA**

amcinonide ointment – **PA**

diflorasone cream – **PA**

diflorasone ointment – **PA**

Temovate (clobetasol propionate cream, ointment) – **PA**

- k. Effective October 26, 2015, the following hormone agent will require prior authorization.

Miacalcin (calcitonin salmon injection) – **PA**

- l. Effective October 26, 2015, the following antihypertensives will require prior authorization.

captopril – **PA**

captopril/hydrochlorothiazide – **PA**

Corgard (nadolol) – **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 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.