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Pharmacy Facts

MassHealth Pharmacy Program

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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. Additions

Effective May 23, 2016, the following newly marketed drugs have been added to the MassHealth Drug List.

Adynovate (antihemophilic factor, recombinant pegylated)
Alecensa (alectinib) – **PA**
Aristada (aripiprazole lauroxil) – **PA < 6 years and PA > 1 injection/month**
Coagadex (coagulation factor X, human)
Cotellic (cobimetinib) – **PA**
Darzalex (daratumumab) – **PA**
Durlaza (aspirin extended-release) – **PA**
Dyrenium (triamterene) – **PA**
Empliciti (elotuzumab) – **PA**
Enstilar (betamethasone/calcipotriene foam) – **PA**
Envarsus XR (tacrolimus extended-release tablet) – **PA**
Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)
Keveyis (dichlorphenamide) – **PA**
Lonsurf (trifluridine/tipiracil) – **PA**
Narcan (naloxone nasal spray)
Ninlaro (ixazomib) – **PA**
Nucala (mepolizumab) – **PA**
Nuwiq (antihemophilic factor, recombinant)
Odomzo (sonidegib) – **PA**
Onivyde (irinotecan liposome) – **PA**
Pradaxa (dabigatran etexilate mesylate 110 mg) – **PA > 70 capsules/365 days**
Prestalia (perindopril/amlodipine) – **PA**
Strensiq (asfotase alfa) – **PA**
Tagrisso (osimertinib) – **PA**
Tresiba (insulin degludec prefilled syringe) – **PA**
Varubi (rolapitant) – **PA > 2 tablets/28 days**
Veltassa (patiomer) – **PA > 30 units/month**
Zepatier (elbasvir/grazoprevir) – **PA**

2. Change in Prior Authorization Status

- a. Effective May 23, 2016, the tablet formulation of the following antiviral agent will no longer require prior authorization.

Norvir (ritonavir)
- b. Effective May 23, 2016, the following antiviral agents will no longer require prior authorization.

Evotaz (atazanavir/cobicistat)
Prezcobix (darunavir/cobicistat)
Tybost (cobicistat)
- c. Effective May 23, 2016, the following inhaled tobramycin agent will no longer require prior authorization.

Kitabis Pak (tobramycin inhalation solution)
- d. Effective May 31, 2016, the following chemotherapy agent will require prior authorization.

Iressa (gefitinib) – **PA**
- e. Effective May 31, 2016, the following antipsychotic will require prior authorization for members < six years and for polypharmacy for members < 18 years. For additional information, please see the Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist.

molindone – **PA < 6 years**
- f. Effective May 31, 2016, the following monoamine oxidase (MAO) type B inhibitor will require prior authorization.

Azilect (rasagiline) – **PA**

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- g. Effective May 31, 2016, the following ophthalmic beta-adrenergic agents will require prior authorization.

Timoptic Ocudose (timolol ophthalmic unit dose solution) – **PA**

Timoptic-XE (timolol ophthalmic gel forming solution) – **PA**

3. MassHealth Supplemental Rebate/Preferred Drug List

The MassHealth Supplemental Rebate/Preferred Drug List documents those drugs and drug products, including any applicable PA requirements, for which MassHealth has either entered into a supplemental rebate agreement with drug manufacturers or designated a particular drug as preferred based on net costs to MassHealth, allowing MassHealth the ability to provide medications at the lowest possible costs.

4. MassHealth Over-the-Counter Drug List

Effective May 23, 2016, the following products will be covered without an age restriction on the MassHealth Over-the-Counter Drug List.

melatonin tablet and solution
melatonin/pyridoxine tablet

5. Updated MassHealth Non-Drug Product List

Effective May 23, 2016, the following device has been added to the MassHealth Non-Drug Product List requiring prior authorization.

Genvisc (hyaluronate) – **PA**