



Number 94
August 15, 2016

Pharmacy Facts

MassHealth Pharmacy Program

www.mass.gov/masshealth/pharmacy

Page 1 of 3

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

MHDL Update

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

1. Additions

- a. As of July 1, 2016, the following newly marketed drug has been added to the MHDL.

Eplusa (sofosbuvir/velpatasvir) – **PA**
- b. Effective August 29, 2016, the following newly marketed drugs have been added to the MHDL.

Adzenys XR-ODT (amphetamine extended-release orally disintegrating tablet) – **PA**

Belbuca (buprenorphine buccal film) – **PA**

Bendeka (bendamustine)

Descovy (emtricitabine/tenofovir alafenamide)

Dyanavel XR (amphetamine extended-release oral suspension) – **PA**

Dyloject (diclofenac injection) – **PA**

Evomela (melphalan injection)

Fluad (influenza virus vaccine, adjuvanted)¹ – **PA < 65 years**

Humulin R (insulin regular prefilled syringe) – **PA**

Idelvion (factor IX recombinant, albumin fusion protein)

Imlygic (talimogene laherparepvec)[^] – **PA**

Kanuma (sebelipase alfa) – **PA**

Kovaltry (antihemophilic factor, recombinant)

mebendazole – **PA**

Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide)

Otiprio (ciprofloxacin otic suspension)[^]

Portrazza (necitumumab) – **PA**

Quilichew ER (methylphenidate extended-release chewable tablet) – **PA < 3 years and PA > 60 units/month**

Seebri (glycopyrrolate inhalation powder) – **PA > 1 inhaler/month**

Sernivo (betamethasone dipropionate spray) – **PA**

Spritam (levetiracetam tablet for oral suspension) – **PA**

Taltz (ixekizumab) – **PA**

Ultravate (halobetasol lotion) – **PA**

Upravi (selexipag) – **PA**

Utibron (indacaterol/glycopyrrolate) – **PA**

Viberzi (eluxadoline) – **PA**

Vivlodex (meloxicam capsule) – **PA**

Vraylar (cariprazine) – **PA**

Xeljanz XR (tofacitinib extended-release) – **PA**

2. Changes in Prior Authorization Status

- a. Effective August 29, 2016, the following vaccine will no longer require prior authorization (PA) for males ages 16 to < 27 years.

Gardasil 9 (human papillomavirus 9-valent vaccine)¹ – **PA < 9 years and PA ≥ 27 years**

- b. Effective August 29, 2016, the following bowel preparation agent will no longer require PA.

Golytely packet (polyethylene glycol-electrolyte solution)

- c. Effective August 29, 2016, the following fibric acid derivatives will no longer require PA.

fenofibrate capsule 43 mg

Lipofen (fenofibrate capsule 50 mg)

Trilipix # (fenofibric acid capsule 45 mg and 135 mg)

- d. Effective August 29, 2016, the following otic antibiotic will no longer require PA.

Ciprodex (ciprofloxacin/dexamethasone)

- e. Effective August 29, 2016, the following intranasal corticosteroid *will* require PA for all quantities.

flunisolide nasal spray – **PA**

3. MassHealth Supplemental Rebate/Preferred Drug List

- a. As of July 1, 2016, for the PCC and FFS plans, and as of August 1, 2016, for the MCO plans, the following hepatitis antiviral single agents have been added to the *MassHealth Supplemental Rebate/Preferred Drug List*.

Daklinza (daclatasvir)^{PD} – **PA**

Sovaldi (sofosbuvir)^{PD} – **PA**

- b. As of July 1, 2016, for the PCC and FFS plans, and as of August 1, 2016, for the MCO plans, the following hepatitis antiviral combination agent has been removed from the *MassHealth Supplemental Rebate/Preferred Drug List*.

Viekira Pak (ombitasvir/paritaprevir/ritonavir/dasabuvir) – **PA**

4. MassHealth Over-the-Counter Drug List

Effective August 29, 2016, the following product will be added to the *MassHealth Over-the-Counter Drug List* as covered within the quantity limit.

budesonide nasal spray ≤ 1 inhaler/month

5. Updated MassHealth Non-Drug Product List

Effective August 29, 2016, the following device has been added to the *MassHealth Non-Drug Product List* requiring PA.

Hymovis (hyaluronate modified) – PA

6. MassHealth Brand Name Preferred Over Generic Drug List

The *MassHealth Brand Name Preferred Over Generic Drug List* identifies the brand name drugs, including any applicable PA requirements, that MassHealth prefers over their generic equivalents because the net cost of the brand name drugs adjusted for rebates is lower than the net cost of the generic equivalents. Preferring lower-cost brand name drugs allows MassHealth the ability to provide medications at the lowest possible costs. This list may be updated often and is subject to change at any time.

7. MassHealth Pharmacy-Covered Professional Services List

This is a list of professional services that MassHealth pays for through the Pharmacy Online Processing System (POPS).

8. Controlled Substances Management Program (CSMP): Criteria for Member Enrollment

The MassHealth agency has established a Controlled Substance Management Program (CSMP) for MassHealth members who over-utilize or improperly utilize prescribed drugs. Members in the Controlled Substance Management Program are restricted to obtaining prescribed drugs only from the provider that the MassHealth agency designates as the member's primary pharmacy. These criteria were previously documented in the MassHealth Pharmacy regulation (130 CMR 406.000), but going forward will appear in the *MassHealth Drug List*.

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 Brand Name Preferred Over Generic Drug List

In general, MassHealth strongly advocates the use of generic drugs. However, in some circumstances, generic drugs may cost more than their brand-name equivalents. For this reason, MassHealth is implementing a policy allowing MassHealth to prefer selected brand-name drugs over generic drugs when the net cost of the brand-name drug adjusted for rebates is lower than the net cost of the generic equivalent. These preferred brand-name drugs are listed on the *MassHealth Brand Name Preferred Over Generic Drug List*.

Please note that MassHealth may still require PA for clinical reasons. Drugs that require additional PA requirements are noted with "PA" on this list.

This list may be updated often and is subject to change at any time. When changes are made to the list, pharmacy providers will be notified via *Pharmacy Facts*. In the next column, we name the drugs currently on this list.

Brand Name Drugs Currently Included in This List

Adderall XR (amphetamine salts extended-release) - **PA < 3 years and PA > 60 units/month**

Asacol HD (mesalamine high dose delayed-release)

Baraclude (entecavir tablet) - **PA > 30 units/month**

Copaxone (glatiramer 20 mg)

Diastat (diazepam rectal gel) - **PA > 5 kits (10 syringes/month)**

Focalin XR (dexmethylphenidate extended-release) - **PA < 3 years and PA > 60 units/month**

Gleevec (imatinib)

Mepron (atovaquone)

Pulmicort (budesonide inhalation suspension)

Valcyte (valganciclovir tablet)

Xeloda (capecitabine)

Xenazine (tetrabenazine) - **PA**

When submitting a claim for one of these brand-name drugs, an entry of "9" ("Substitution Allowed By Prescriber but Plan Requests Brand") should be made in the DAW field (NCPDP-408-D8).

Claims for these drugs will be paid at

- a. the Estimated Acquisition Cost, plus the appropriate Dispensing Fee as listed in 114.3 CMR 31.06 or in successor regulations; or
- b. the Usual and Customary Charge.

SMAC (State Maximum Allowable Cost) or FUL (Federal Upper Limit) will not be used.

If a pharmacy attempts to bill a generic equivalent for a drug on this list, the claim will deny with instructions to bill for the brand name.

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