

Number 97 November 21, 2016

# **Pharmacy Facts**

## **MassHealth Pharmacy Program**

www.mass.gov/masshealth/pharmacy

Page 1 of 1

PHARMACY PROG

• 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.

#### MassHealth Brand Name Preferred Over Generic Drug List

Effective December 1, 2016, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

Epzicom (abacavir/lamivudine)

Seroquel XR (quetiapine extended-release 150 mg, 200 mg) – PA < 6 years or ≥ 18 years old and PA > 30 units/month

Seroquel XR (quetiapine extended-release 50 mg, 300 mg and 400 mg) – PA < 6 years or  $\ge 18$  years and PA > 60 units/month

### **PA Designation**

The "PA" designation indicates that 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.

Claims for the brand-name products listed above will be accepted before the December 1, 2016, date. Substitution of the generic equivalent will not be required.