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PHARMACY FACTS



Current information for pharmacists about the MassHealth Pharmacy Program

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Editor: Vic Vangel

Contributors: Paul Jeffrey, Kim Lenz, Nancy Schiff, Vic Vangel

MHDL Update

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

Effective November 6, 2017, the following newly marketed drugs have been added to the MassHealth Drug List.

- Aristada (aripiprazole lauroxil 1,064 mg) PA
 4 years and PA > 1 injection/2 months
- Carospir (spironolactone suspension) PA
- Cotempla XR-ODT (methylphenidate extended-release orally disintegrating tablet)
 PA
- Haegarda (c1 esterase inhibitor, human) PA
- Idhifa (enasidenib) PA
- Mydayis (amphetamine salts extendedrelease) – PA
- Nerlynx (neratinib) PA
- Radicava (edaravone) PA
- Tremfya (guselkumab) PA

Change in Prior-Authorization Status

- a. Effective November 6, 2017, the following cardiovascular agents will no longer require prior authorization.
 - Exforge # (amlodipine/valsartan)
 - Lotrel # (amlodipine/benazepril)
- Effective November 6, 2017, the following cardiovascular agents will require prior authorization.
 - Edecrin (ethacrynic acid) PA
 - Isordil (isosorbide dinitrate 40 mg tablet) – PA
- c. Effective November 6, 2017, the following long-acting stimulants will require prior authorization for all ages and quantities.

- Aptensio XR (methylphenidate extended-release) – PA
- Daytrana (methylphenidate transdermal) PA
- Metadate CD (methylphenidate extended-release) – PA
- Quillichew ER (methylphenidate extended-release chewable tablet) –
 PA
- Ritalin LA (methylphenidate extendedrelease) – PA
- d. Effective November 6, 2017, the following atypical antipsychotic agent will no longer require prior authorization within updated age limits.
 - Abilify # (aripiprazole tablet) PA < 6
 years and PA > 30 units/month
- e. Effective November 6, 2017, the following chemotherapy agent will be available only in an inpatient hospital setting.
 - Thiotepa ^H

Updated MassHealth Brand Name Preferred Over Generic Drug List

- a. Effective November 6, 2017, the following long-acting amphetamine cerebral stimulant agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Adderall XR (amphetamine salts extended-release) ^{BP PD} – PA < 3 years and PA > 60 units/month
- Effective November 6, 2017, the following antiretroviral agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Lexiva (fosamprenavir) BP
 - Prezista (darunavir) BP

- Reyataz (atazanavir) BP
- Sustiva (efavirenz) BP
- Truvada (emtricitabine/tenofovir disoproxil fumarate)
- Effective November 6, 2017, the following ammonia inhibitor agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Buphenyl (sodium phenylbutyrate tablet) BP
- d. Effective November 6, 2017, the following multiple sclerosis agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Copaxone (glatiramer 40 mg) BP
- Effective November 6, 2017, the following lipid lowering agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Zetia (ezetimibe) PA
- f. Effective November 6, 2017, the following dermatological agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Aczone (dapsone gel) ^{BP}– PA

Updated MassHealth Supplemental Rebate/Preferred Drug List

- a. Effective November 6, 2017, the following long-acting amphetamine cerebral stimulant agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Adderall XR (amphetamine salts extended-release) PD – PA < 3 years and PA > 60 units/month
 - Vyvanse (lisdexamfetamine) PD PA
 3 years and PA > 60 units/month
- Effective November 6, 2017, the following long-acting methylphenidate cerebral stimulant agent will be added to the MassHealth Supplemental Rebate/ Preferred Drug List.

- Focalin XR (dexmethylphenidate extended-release) ^{BP PD} – PA < 3 years and PA > 60 units/month
- c. Effective November 6, 2017, the following Anti-TNF agents will be added to the MassHealth Supplemental Rebate/ Preferred Drug List.
 - Enbrel (etanercept) PD PA
 - Humira (adalimumab) PD PA
- d. Effective November 6, 2017, the following antiretroviral agents will be added to the MassHealth Supplemental Rebate/ Preferred Drug List.
 - Descovy (emtricitabine/tenofovir alafenamide)
 - Genvoya (elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide)
 - Norvir (ritonavir) BP PD
 - Odefsey (emtricitabine/rilpivirine/ tenofovir alafenamide)

Legend

- PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment. Note: PA applies to both the brandname and the FDA "A"-rated generic equivalent of listed product.
- # 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.
- Brand preferred over generic equivalents. In general,
 MassHealth requires a trial of the preferred drug or
 clinical rationale for prescribing the nonpreferred drug
 generic equivalent.
- Available only in an inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy or physician's office.
- In general, MassHealth requires a trial of the preferred drug (PD) or a clinical rationale for prescribing a nonpreferred drug within a therapeutic class.