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# Pharmacy Facts

## MassHealth Pharmacy Program

[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 June 15, 2015, the following newly marketed drugs have been added to the MassHealth Drug List.

Akynzeo (netupitant/palonosetron) – **PA > 2 capsules/28 days**

ARNUITY ELLIPTA (fluticasone furoate inhalation powder)

Auryxia (ferric citrate) – **PA**

Blinicyto (blinatumomab) – **PA**

Cerdelga (eliglustat) – **PA**

colchicine capsule – **PA**

EMBEDA (morphine/naltrexone) – **PA**

Esbriet (pirfenidone) – **PA**

EVOTAZ (atazanavir/cobicistat) – **PA**

fentanyl 37.5, 62.5, 87.5 mcg/hr transdermal system – **PA**

Gardasil 9 (human papillomavirus 9-valent vaccine)<sup>1</sup> – **PA < 9 years or ≥ 27 years (females) and PA < 9 years or ≥ 16 years (males)**

Glyxambi (empagliflozin/linagliptin) – **PA**

Hysingla ER (hydrocodone extended-release tablet) – **PA**

Iluvien (fluocinolone ophthalmic implant)<sup>^</sup>

INCRUSE ELLIPTA (umeclidinium inhalation powder) – **PA > 1 inhaler/month**

Invokamet (canagliflozin/metformin) – **PA**

KEYTRUDA (pembrolizumab) – **PA**

Kitabis Pak (tobramycin inhalation solution) – **PA**

LEMTRADA (alemtuzumab)<sup>^</sup> – **PA**

Lynparza (olaparib) – **PA**

Mircera (methoxy polyethylene glycol/epoetin beta)<sup>^</sup>

Novoeight (antihemophilic factor, recombinant)

OBIZUR (antihemophilic factor, recombinant, porcine sequence)

OFEV (nintedanib) – **PA**

ONEXTON (clindamycin/benzoyl peroxide) – **PA**

Oralair (grass pollen allergen extract) – **PA**

Orbactiv (oritavancin) – **PA**

Pazeo (olopatadine 0.7% eye drops) – **PA**

PREZCOBIX (darunavir/cobicistat) – **PA**

Revatio (sildenafil oral suspension) – **PA**

RUCONEST (c1 esterase inhibitor, recombinant) – **PA**

Savaysa (edoxaban) – **PA**

Soolantra (ivermectin cream) – **PA**

Trulicity (dulaglutide) – **PA**

Trumenba (meningococcal group B vaccine)

Tybost (cobicistat) – **PA**

UCERIS (budesonide rectal foam) – **PA**

Vasostriect (vasopressin)<sup>H</sup>

Vitekta (elvitegravir)

Xigduo XR (dapagliflozin/metformin extended-release) – **PA**

Zerbaxa (ceftolozane/tazobactam) – **PA**

#### 2. Change in Prior Authorization Status

- a. Effective June 15, 2015, the following opioid analgesic agents will no longer require prior authorization within dose and quantity limits.

Duragesic # (fentanyl 12, 25, 50, 75 mcg/hr transdermal system) – **PA > 75 mcg/hr and PA > 10 patches/month**

- b. Effective June 15, 2015, the following multiple sclerosis agent will no longer require prior authorization for the 40 mg strength.

Copaxone (glatiramer)

- c. Effective June 29, 2015, the following analgesic agent will require prior authorization.

Synalgos-DC (dihydrocodeine/aspirin/caffeine) – **PA**

- d. Effective June 29, 2015, the following substrate-reducing agent will require prior authorization.

Zavesca (miglustat) – **PA**

### 3. MassHealth Over-the-Counter Drug List

Effective June 15, 2015, the following products will be covered on the MassHealth Over-the-Counter Drug List.

doxylamine  
sodium chloride tablets

**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.

**^** 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.

**H** This drug is 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.

**<sup>1</sup>** Product may be available through the Massachusetts Department of Public Health (DPH). Please check with DPH for availability. MassHealth does not pay for immunizing biologicals (i.e., vaccines) and tubercular (TB) drugs that are available free of charge through local boards of public health or through the DPH without prior authorization (130 CMR 406.413(C)). In cases where free vaccines are available to providers for specific populations (e.g. children, high-risk, etc.), MassHealth will reimburse the provider only for individuals not eligible for the free vaccines. Notwithstanding the above, MassHealth will pay pharmacies for seasonal flu vaccine serum without prior authorization, if the vaccine is administered in the pharmacy.