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| **Number 107****November 3, 2017** |

**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 < 6 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 extended-release) – **PA**
* Nerlynx (neratinib) – **PA**
* Radicava (edaravone) – **PA**
* Tremfya (guselkumab) – **PA**

Change in Prior-Authorization Status

1. Effective November 6, 2017, the following cardiovascular agents will no longer require prior authorization.
* Exforge # (amlodipine/valsartan)
* Lotrel # (amlodipine/benazepril)
1. Effective November 6, 2017, the following cardiovascular agents will require prior authorization.
* Edecrin (ethacrynic acid) – **PA**
* Isordil (isosorbide dinitrate 40 mg tablet) – **PA**
1. 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 extended-release) – **PA**
1. 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**
1. 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**

1. 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**
1. 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) BP
1. 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
1. 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
1. 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**
1. 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**

1. 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**
1. 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) PD
* Genvoya (elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide) PD
* Norvir (ritonavir) BP PD
* Odefsey (emtricitabine/rilpivirine/ tenofovir alafenamide) PD

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**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 brand-name 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.

**BP**  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.

**H** 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.

 **PD** In general, MassHealth requires a trial of the preferred drug (PD) or a clinical rationale for prescribing a nonpreferred drug within a therapeutic class.