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| **Number #108, Dec. 27, 2017** |

**MHDL Update**

Below are certain updates to the MassHealth Drug List (MHDL). For a complete listing of updates, please see the MHDL.

Effective January 8, 2018, the following newly marketed drugs have been added to the MassHealth Drug List.

* Armonair (fluticasone propionate inhalation powder) – **PA**
* Besponsa (inotuzumab ozogamicin) – **PA**
* Mavyret (glecaprevir/pibrentasvir) – **PA**
* Mylotarg (gemtuzumab ozogamicin) – **PA**
* Syndros (dronabinol solution) – **PA**
* Tymlos (abaloparatide) – **PA**
* Vabomere (meropenem/vaborbactam)

– **PA**

* Vosevi (sofosbuvir/velpatasvir/voxilaprevir) – **PA**

**Change in Prior-Authorization Status**

Effective January 8, 2018, the following inhaled respiratory agents will require prior authorization.

* Aerospan (flunisolide inhalation aerosol) – **PA**
* Arnuity (fluticasone furoate inhalation powder) – **PA**

Effective January 8, 2018, the following topical vitamin D analogue will be covered within newly established quantity limits.

* Dovonex # (calcipotriene cream) – **PA > 60 grams/month**

**Updated MassHealth Brand Name Preferred Over Generic Drug List**

Effective January 8, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

* Coreg CR (carvedilol extended-release) **BP** – **PA**
* Efudex (fluorouracil 5% cream) **BP** – **PA**
* Emend (aprepitant trifold pack) **BP** – **PA >** **2 packs**/**28 days**
* Istalol (timolol) **BP** – **PA**
* Transderm-Scop (scopolamine transdermal patch) **BP** – **PA**

Effective January 8, 2018, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

* Kapvay (clonidine extended-release tablet) – **PA**
* Prezista (darunavir)
* Reyataz (atazanavir)
* Truvada (emtricitabine/tenofovir disoproxil fumarate)

**Updated MassHealth Supplemental Rebate/Preferred Drug List**

Effective January 8, 2018, the following hepatitis antiviral agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

* Mavyret (glecaprevir/pibrentasvir) **PD** – **PA**
* Vosevi (sofosbuvir/velpatasvir/

 voxilaprevir) **PD** – **PA**

*(cont.)*

**Corrections / Clarifications**

The following drugs have been added to the MassHealth Drug List. They were previously omitted in error.

* amitriptyline powder – **PA**
* clonidine powder – **PA**
* gabapentin powder – **PA**
* lidocaine powder – **PA**
* ondansetron 24 mg tablet – **PA**

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 **LEGEND**

**#**  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.

**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.

**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 equivalents.

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

**^** 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.

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