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| **Number 117, August 1, 2018** |

**MHDL Update**

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

1. **Additions**

Effective July 12, 2018, the following drug has been added to the MassHealth Drug List.

* Emflaza (deflazacort) – **PA**

Effective July 30, 2018, the following newly marketed drugs have been added to the MassHealth Drug List.

* Admelog (insulin lispro) – **PA**
* Aimovig (erenumab-aooe) – **PA**
* Bonjesta (doxylamine/pyridoxine extended-release) – **PA**
* Erleada (apalutamide) – **PA**
* Firvanq (vancomycin oral solution)
* Sinuva (mometasone sinus implant) – **PA**
* Trogarzo (ibalizumab-uiyk) – **PA**
1. **Change in Prior Authorization Status**

Effective July 30, 2018, the following oral antibiotic will no longer require prior authorization.

* Vancocin # (vancomycin capsule)
1. **Updated MassHealth Brand Name Preferred Over Generic Drug List**
2. Effective July 30, 2018, the following agents will be added to the MassHealth Brand Name Over Generic Drug List.
* Makena (hydroxyprogesterone caproate injection) BP – **PA**
* Suboxone (buprenorphine/naloxone film) BP PD – **PA > 180 days (> 16 mg/day and ≤ 24 mg/day)**

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

* Suboxone (buprenorphine/naloxone film) BP PD – **PA > 32 mg/day**
* Suboxone (buprenorphine/naloxone film) BP PD – **PA > 90 days (> 24 mg/day and ≤ 32 mg/day)**
* Suboxone (buprenorphine/naloxone film ≤ 16 mg/day) BP PD
* Uceris (budesonide extended-release tablet) BP – **PA**
1. Effective July 30, 2018, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
* Viread # (tenofovir disoproxil fumarate tablet) – **PA > 30 units/month**
1. **Corrections / Clarifications**

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

* baclofen powder – **PA**
* ibuprofen powder – **PA**

**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.

**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.