# Number 127, March 12, 2019



## MHDL Update

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

## Additions

Effective March 11, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.

* Ajovy (fremanezumab-vfrm) – **PA**
* Bryhali (halobetasol lotion) – **PA**
* Copiktra (duvelisib) – **PA**
* Emgality (galcanezumab-gnlm) – **PA**
* Ilumya (tildrakizumab-asmn) – **PA**
* Libtayo (cemiplimab-rwlc) – **PA**
* Osmolex ER (amantadine extended-release tablet) – **PA**
* Perseris (risperidone extended-release subcutaneous injection) – **PA**
* Takhzyro (lanadelumab-flyo) – **PA**
* Tiglutik (riluzole suspension) – **PA**
* Tolsura (itraconazole 65 mg capsule) – **PA**
* Udenyca (pegfilgrastim-cbqv) – **PA**
* Xelpros (latanoprost emulsion) – **PA**
* Zemdri (plazomicin) – **PA**
* Ztlido (lidocaine 1.8% patch) – **PA**

## Change in PA Status

Effective March 11, 2019, the following benzodiazepine and anti-anxiety agents will no longer require PA within newly established quantity limits and/or age limits. Pediatric Behavioral Health Medication Initiative criteria will still apply. For additional information, please see the

Pediatric Behavioral Health Medication Initiative documents found at [www.mass.gov/druglist](http://www.mass.gov/druglist%22%20%5Co%20%22www.mass.gov/druglist).

* buspirone 30 mg – **PA < 6 years**
* clonazepam orally disintegrating 0.5 mg, 1 mg tablet – **PA < 6 years and PA > 90 units/month**
* Restoril # (temazepam 7.5 mg) – **PA < 6 years and PA > 30 units/month**
* Xanax XR # (alprazolam extended-release) – PA < 6 years and PA > 60 units/month

## Updated MassHealth Brand Name Preferred Over Generic Drug List

a. Effective March 11, 2019, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

* Azasite (azithromycin ophthalmic solution) BP – **PA**
* Exjade (deferasirox 125 mg, 250 mg, 500 mg) BP
* Renagel (sevelamer hydrochloride) BP
* Vesicare (solifenacin) BP – **PA**
* Zovirax (acyclovir cream) BP – **PA**

b. Effective March 11, 2019, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

* Latuda (lurasidone) – **PA**

## Abbreviations, Acronyms, and Symbols

Face-to-face encounters are not required for repairs.

## MassHealth Website

**^** 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.

**PA** Prior authorization is required. The prescriber must obtain PA 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 non-preferred drug generic equivalent.

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