**Number 129, April 18, 2019**

Pharmacy Facts provides pharmacists with information and updates about the MassHealth Pharmacy Program. 
Edotor Vic Vangel

## MHDL Update

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

## Background

Effective April 22, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.

* Arikayce (amikacin liposome inhalation) – **PA**
* Firdapse (amifampridine) – **PA**
* Lorbrena (lorlatinib) – **PA**
* Lumoxiti (moxetumomab pasudotox-tdfk) – **PA**
* Revcovi (elapegademase-lvlr) – **PA**
* Talzenna (talazoparib) – **PA**
* Ultomiris (ravulizumab-cwvz) – **PA**

* Vitrakvi (larotrectinib) – **PA**
* Vizimpro (dacomitinib) – **PA**
* Xarelto (rivaroxaban 2.5 mg) – **PA**
* Xerava (eravacycline) – **PA**
* Xyosted (testosterone enanthate) – **PA**
* Yupelri (revefenacin) – **PA**

## Updated MassHealth Brand Name Preferred Over Generic Drug List

a. Effective April 22, 2019, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

* Catapres-TTS (clonidine patch) BP – **PA**
* Flector (diclofenac topical patch) BP – **PA**
* Humalog (insulin lispro) BP
* Rapamune (sirolimus solution) BP
* Sporanox (itraconazole solution) BP

* Tekturna (aliskiren) BP – **PA**
* Uloric (febuxostat) BP – **PA**

b. Effective April 22, 2019, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

* Aczone (dapsone gel) – **PA**
* Lialda # (mesalamine delayed-release)
* Pulmicort # (budesonide inhalation suspension)
* Zyclara (imiquimod 2.5%, 3.75% cream) – **PA**

## Abbreviations, Acronyms, and Symbols

**^** 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.

## MassHealth Website

This *Pharmacy Facts* is available on the MassHealth website at <https://www.mass.gov/lists/masshealth-pharmacy-facts>.

[Sign up](mailto:join-masshealth-pharmacy-facts@listserv.state.ma.us) to receive email notification whenever a new Pharmacy Facts is posted on the Web. Just send the blank email as it’s addressed. No text in the body or subject line is needed.