# Number 133, August 21, 2019



**MHDL Update**

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

Additions

Effective August 26, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.

* Cablivi (caplacizumab-yhdp) – **PA**
* Dextenza (dexamethasone ophthalmic insert) ^
* Elzonris (tagraxofusp-erzs) CO – **PA**
* Euthyrox # (levothyroxine)
* Mayzent (siponimod) – **PA**
* Ruzurgi (amifampridine) – **PA**
* Slynd (drospirenone)

Updated MassHealth Brand Name Preferred over Generic Drug List

1. Effective August 26, 2019, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
	* Noxafil (posaconazole) BP – **PA**
	* Rozerem (ramelteon) BP – **PA > 30 units/month**
2. Effective August 26, 2019, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
* Advair (fluticasone/salmeterol inhalation aerosol, powder) – **PA**
* Ranexa (ranolazine) – **PA**
* Tamiflu # (oseltamivir 6 mg/mL suspension) – **PA all quantities (June 1st to September 30th); PA > 180 mL/season (October 1st to May 31st)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legend**

**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.

# Designates a brand-name drug with FDA “A”-rated generic equivalents. PA 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 non-preferred drug generic equivalent.

**^** Available through the health care professional who administers the drug. MassHealth does not pay for this drug to be dispensed through a retail pharmacy.

**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.

**CO** Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.