MHDL Update

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

Additions

a. Effective October 1, 2019, the following newly marketed drug has been added to the MassHealth Drug List.
   • Dovato (dolutegravir/lamivudine) PD

b. Effective October 7, 2019, the following newly marketed drugs have been added to the MassHealth Drug List.
   • dexchlorpheniramine solution – PA
   • Evenity (romosozumab-aqqg) – PA
   • Ezallor (rosuvastatin sprinkle capsule) – PA
   • Gamifant (emapalumab-lzsg) – PA
   • Mavenclad (cladribine tablet) – PA
   • Piqray (alpelisib) – PA
   • pyridostigmine bromide 30 mg tablet – PA
   • Skyrizi (risankizumab-rzaa) – PA
   • Vyndaqel (tafamidis) – PA

c. Effective October 7, 2019, the following urinary dysfunction agent will no longer require prior authorization for exceeding quantity limits.
   • Detrol LA # (tolterodine extended-release 2 mg)

d. Effective October 7, 2019, the following urinary dysfunction agent will require prior authorization.
   • trospium extended-release – PA

e. Effective October 7, 2019, the following antihistamine agent will no longer require prior authorization for use above quantity limits.
   • azelastine 137 mcg nasal spray

f. Effective October 7, 2019, the following antihistamine agent will no longer require prior authorization.
   • carbinoxamine 4 mg/5mL solution, 4 mg tablet
   • Clarinex # (desloratadine syrup, tablet)
   • Dymista (azelastine/fluticasone propionate)

Change in Prior Authorization Status

a. Effective October 1, 2019, the following antiretroviral agent will no longer require prior authorization.
   • Juluca (dolutegravir/ritonavirine) PD

b. Effective October 7, 2019, the following urinary dysfunction agents will no longer require prior authorization.
   • Gelnique (oxybutynin gel)
   • Myrbetriq (mirabegron extended-release)
   • Oxytrol (oxybutynin transdermal system)
   • Toviaz (fesoterodine) BP
   • Vesicare # (solifenacin)

c. Effective October 7, 2019, the following urinary dysfunction agent will no longer require prior authorization.
   • Epclusa (sofosbuvir/velpatasvir) – PA
   • Harvoni (ledipasvir/sofosbuvir) – PA

Updated MassHealth Brand Name Preferred Over Generic Drug List

a. Effective October 1, 2019, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
   • Epclusa (sofosbuvir/velpatasvir) – PA
   • Harvoni (ledipasvir/sofosbuvir) – PA

b. Effective October 7, 2019, the following agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
   • Copaxone (glatiramer 40 mg) BP
c. Effective October 7, 2019, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Delzicol DR # (mesalamine capsule)
- Flector (diclofenac topical patch) – PA
- Letairis (ambrisentan) – PA
- Tamiflu # (oseltamivir 30mg) – PA all quantities (June 1st to September 30th); PA > 20 capsules/season (October 1st to May 31st)
- Tamiflu # (oseltamivir 45 mg and 75 mg) – PA all quantities (June 1st to September 30th); PA > 10 capsules/season (October 1st to May 31st)
- Vescicare # (solifenacin)
- Xeloda # (capecitabine)

Updated MassHealth Supplemental Rebate/Preferred Drug List

a. Effective October 1, 2019, the following antiretroviral agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Dovato (dolutegravir/lamivudine) PD
- Juluca (dolutegravir/ritonedine) PD
- Triumeq (abacavir/dolutegravir/lamivudine) PD

b. Effective October 1, 2019, the following hepatitis antiviral agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Ledipasvir/sofosbuvir
- Sofosbuvir/velpatasvir

PD

Updated MassHealth ACPP/MCO Uniform Preferred Drug List

a. Effective January 1, 2020, the following antiretroviral agents will be added to the MassHealth ACPP/MCO Uniform Preferred Drug List.

- Dovato (dolutegravir/lamivudine)
- Juluca (dolutegravir/ritonedine)
- Triumeq (abacavir/dolutegravir/lamivudine)

b. Effective January 1, 2020, the following hepatitis antiviral agents will be added to the MassHealth ACPP/MCO Uniform Preferred Drug List.

- Epclusa (sofosbuvir/velpatasvir)
- Harvoni (ledipasvir/sofosbuvir)
- Sovaldi (sofosbuvir)

c. Effective January 1, 2020, the following hepatitis antiviral agents will be removed from the MassHealth ACPP/MCO Uniform Preferred Drug List.

- Epclusa (sofosbuvir/velpatasvir)
- Harvoni (ledipasvir/sofosbuvir)
- Sovaldi (sofosbuvir)

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.