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**Pharmacy Facts provides pharmacists with information and updates about the MassHealth Pharmacy Program. 
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**MHDL Update**

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

**Additions**

1. Effective October 1, 2019, the following newly marketed drug has been added to the MassHealth Drug List.

* Dovato (dolutegravir/lamivudine) PD

1. 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**

**Change in Prior Authorization Status**

1. Effective October 1, 2019, the following antiretroviral agent will no longer require prior authorization.

* Juluca (dolutegravir/rilpivirine) PD

1. 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)
2. 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)

1. Effective October 7, 2019, the following urinary dysfunction agent will require prior authorization.
   * trospium extended-release – **PA**
2. Effective October 7, 2019, the following antihistamine agent will no longer require prior authorization for use above quantity limits.
   * azelastine 137 mcg nasal spray
3. 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)

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

1. 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**

1. 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

1. 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)**
* Vesicare # (solifenacin)
* Xeloda # (capecitabine)

**Updated MassHealth Supplemental Rebate/Preferred Drug List**

1. 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/rilpivirine) PD
* Triumeq (abacavir/dolutegravir/lamivudine) PD

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

* ledipasvir/sofosbuvir PD – **PA**
* sofosbuvir/velpatasvir PD – **PA**

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

* Epclusa (sofosbuvir/velpatasvir) – **PA**
* Harvoni (ledipasvir/sofosbuvir) – **PA**
* Sovaldi (sofosbuvir) – **PA**

**Updated MassHealth ACPP/MCO Uniform Preferred Drug List**

1. 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/rilpivirine)
* Triumeq (abacavir/dolutegravir/lamivudine)

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

* ledipasvir/sofosbuvir
* sofosbuvir/velpatasvir

1. 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)

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**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.