**Number 139, January 6, 2020**

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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 January 13, 2020, the following newly marketed drugs have been added to the MassHealth Drug List.
* Annovera (segesterone/ethinyl estradiol)
* Bijuva (estradiol/progesterone) – **PA**
* Cequa (cyclosporine 0.09% ophthalmic solution) – **PA**
* Egaten (triclabendazole) – **PA**
* Infugem (gemcitabine) – **PA**
* Inveltys (loteprednol 1% suspension) – **PA**
* Khapzory (levoleucovorin powder for injection) – **PA**
* Lotemax SM (loteprednol 0.38% gel) – **PA**
* Nayzilam (midazolam nasal spray) – **PA > 10 units/month**
* Nubeqa (darolutamide) – **PA**
* Rinvoq (upadacitinib) – **PA**
* Rocklatan (netarsudil/latanoprost) – **PA**
* Temixys (lamivudine/tenofovir disoproxil fumarate) – **PA**
* Trikafta (elexacaftor/tezacaftor/ivacaftor) – **PA**
* Turalio (pexidartinib) – **PA**
* Xpovio (selinexor) – **PA**
* Yutiq (fluocinolone ophthalmic implant) ^
* Zelnorm (tegaserod) – **PA**
* Zulresso (brexanolone) ^ – **PA**

**Change in Prior Authorization Status**

1. Effective January 13, 2020, the following ophthalmic agents will no longer require prior authorization.
	* Lotemax (loteprednol 0.5% suspension) **BP**
	* Restasis (cyclosporine 0.05% ophthalmic emulsion) **BP**

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

1. Effective January 13, 2020, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
* Aczone (dapsone 7.5% gel) **BP**– **PA**
* Afinitor (everolimus) **BP**– **PA**
* Aggrenox (aspirin/extended-release dipyridamole) **BP**
* Apriso (mesalamine extended-release) **BP**
* Isordil (isosorbide dinitrate 40 mg tablet) **BP**– **PA**
* Novolog (insulin aspart 70/30) **BP**
* Novolog (insulin aspart) **BP**
* Restasis (cyclosporine 0.05% ophthalmic emulsion) **BP**
* Travatan Z (travoprost 0.004% eye drop) **BP**
1. Effective January 13, 2020, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
* Proventil (albuterol inhaler)
* Ventolin (albuterol inhaler) – **PA**
* Xenazine (tetrabenazine) – **PA**

**Updated MassHealth Over-the-Counter Drug List**

1. Effective January 13, 2020, the following gastrointestinal agent will be added to the MassHealth Over-the-Counter Drug List.
* lactase **\***

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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.

**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.

**^**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.

**\***The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without prior authorization.