MHDL Update

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

Additions

a. 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
   • Rinoq (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

a. 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

a. 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

b. 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

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

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.