MHDL Update

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

1. Additions

The following newly marketed drugs have been added to the MassHealth Drug List as of July 15, 2013.

- Afinitor Disperz (everolimus tablets for oral suspension)
- desvenlafaxine – PA
- Diclegis (doxylamine/pyridoxine delayed-release) – PA
- Fulyzaq (crofelemer) – PA
- Invokana (canagliflozin) – PA
- Kadcyla (ado-trastuzumab) – PA
- Kazano (alogliptin/metformin) – PA
- Kynamro (mipomersen) – PA
- Liptruzet (ezetimibe/atorvastatin) – PA
- Nesina (alogliptin) – PA
- Oseni (alogliptin/pioglitazone) – PA
- Pomalyx (pomalidomide) – PA
- Prolensa (bromfenac 0.07%) – PA
- Racticryl (glycerol phenylbutyrate) – PA
- Rescula (unoprostone isopropyl ophthalmic solution) – PA
- Signifor (pasireotide) – PA
- Nuclear Bowel Prep Kit (polyethylene glycol) – PA
- Tecfidera (dimethyl fumarate) – PA
- TOBI Podhaler (tobramycin inhalation powder)

2. Change in Prior-Authorization Status

The following generic antiemetics will be covered without prior authorization for all quantities, effective July 15, 2013.

- Zofran # (ondansetron 4 mg, 8 mg)
- Zofran ODT # (ondansetron orally disintegrating tablet 4 mg)

3. MassHealth Over-the-Counter Drug List

The following drug has been added to the MassHealth Over-the-Counter Drug List as covered.

- Doxylamine

PA – Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment. Note: Prior authorization applies to both the brand-name and the FDA “A”-rated generic equivalent of listed product.

# – This 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.

Please direct any questions or comments (or to be taken off of this fax distribution) to Victor Moquin of Xerox at 617-423-9830.