MHDL Update

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

1. Additions

Effective February 8, 2016, the following newly marketed drugs have been added to the MassHealth Drug List.

Aptensio XR (methylphenidate extended-release) – PA < 3 years and PA > 30 units/month
Asmanex HFA (mometasone inhalation aerosol)
Corlanor (ivabradine) – PA
Daklinza (daclatasvir) – PA
Duopa (carbidopa/levodopa enteral suspension) – PA
Entresto (sacubitril/valsartan) – PA
Farydak (panobinostat) – PA
Finacea (azelaic acid foam) – PA
Invega Trinza (paliperidone extended-release 3-month injection) – PA < 6 years and PA > 1 unit/3 months
Namzaric (memantine extended-release/donepezil) – PA
Natpara (parathyroid hormone) – PA
Opdivo (nivolumab) – PA
Orkambi (lumacaftor/ivacaftor) – PA
phenoxybenzamine – PA
Praluent (alirocumab) – PA
Proair Respliclick (albuterol inhalation powder) – PA
Repatha (evolocumab) – PA
Rexulti (brexipiprazole) – PA
Stiolto (tiotropium/olodaterol) – PA
Synjardy (empagliflozin/metformin) – PA
Technivie (ombitasvir/paritaprevir/ritonavir) – PA
Tivorbex (indomethacin 20 mg, 40 mg) – PA
Zarxio (filgrastim-sndz)
Zecuity (sumatriptan iontophoretic transdermal system) – PA
Zingo (lidocaine powder intradermal injection system) – PA

2. Change in Prior Authorization Status

a. Effective February 8, 2016, the following headache therapy agent will no longer require prior authorization within quantity limits.

Maxalt MLT # (rizatriptan orally disintegrating tablet) – PA > 18 units/month

b. Effective February 8, 2016, the following leukotriene modifiers will no longer require prior authorization.

Singulair # (montelukast tablet, chewable tablet)

Neupogen (filgrastim)

d. Effective February 8, 2016, the following opioid dependence agent will no longer require prior authorization within dose and duration of therapy limits.

Suboxone (buprenorphine/naloxone film ≤ 16 mg/day)
Suboxone (buprenorphine/naloxone film) – PA > 180 days (> 16 mg/day and ≤ 24 mg/day)
Suboxone (buprenorphine/naloxone film) – PA > 90 days (> 24 mg/day and ≤ 32 mg/day)
Suboxone (buprenorphine/naloxone film) – PA > 32 mg/day

e. Effective March 7, 2016, the following nonsteroidal anti-inflammatory agents will require prior authorization.

diflunisal – PA
fenoprofen 600 mg – PA
salsalate – PA

f. Effective March 7, 2016, the following opioid analgesic will require prior authorization.

Buprenex (buprenorphine injection) – PA
g. Effective March 7, 2016, the following topical antibiotic will require prior authorization.

Evoclin (clindamycin foam) – PA

h. Effective March 7, 2016, the following antimalarial agent will require prior authorization.

Daraprim (pyrimethamine) – PA

i. Effective March 7, 2016, the following opioid dependence agent will require prior authorization for all doses.

buprenorphine/naloxone tablet – PA

j. Effective March 7, 2016, the following opioid analgesic agents will require prior authorization for all doses.

Dolophine (methadone oral) – PA
Methadose (methadone oral) – PA

k. Effective March 7, 2016, the opioid analgesic agents will have updated high dose and/or quantity limit restrictions as described in Table 8: Opioids and Analgesics as well as the Pain Initiative. As a result, the following listings will change.

Astramorph-PF (morphine, injection) – PA > 120 mg/day
Dilaudid # (hydromorphone) – PA > 32 mg/day
Duragesic # (fentanyl 12, 25, 50 mcg/hr transdermal system) – PA > 50 mcg/hr and PA > 10 patches/month
Duragesic (fentanyl 75, 100 mcg/hr transdermal system) – PA

Duramorph (morphine, injection) – PA > 120 mg/day
hydrocodone/acetaminophen – PA > 80 mg/day
levorphanol tablet – PA > 4 mg/day
morphine immediate-release – PA > 120 mg/day
MS Contin # (morphine controlled-release tablet) – PA > 120 mg/day
oxycodone/acetaminophen – PA > 80 mg/day
oxycodone/aspirin – PA > 4 grams of aspirin/day
Percocet # (oxycodone/acetaminophen) – PA > 80 mg/day
Roxicodone # (oxycodone immediate-release) – PA > 80 mg/day
Vicoprofen # (hydrocodone 7.5 mg/ibuprofen) – PA > 80 mg/day

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.

^ – 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.

H – This drug is available only in an inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy or physician’s office.