MHDL Update

Below are some updates to the MassHealth Drug List (MHDL). For a complete updated listing, see the MHDL.

Additions

Effective April 24, 2017, the following newly marketed drugs have been added to the MassHealth Drug List.

- Rubraca (rucaparib) – PA
- Spinraza (nusinersen) – PA
- Triferic (ferric pyrophosphate citrate) ^

Changes in Prior Authorization Status

Effective April 24, 2017, the following opioid agent requires prior authorization for all doses.

- levorphanol tablet – PA

Effective April 24, 2017, the following antihistamine agent no longer requires prior authorization.

- Xyzal # (levocetirizine tablet)

Effective April 24, 2017, the following intranasal antihistamine agent no longer requires prior authorization within quantity limits.

- azelastine 137 mcg nasal spray – PA > 1 inhaler/month

Effective April 24, 2017, the following anticholinergic agent requires prior authorization.

- Robinul (glycopyrrolate injection) – PA

Effective April 24, 2017, the following thyroid preparation agent no longer requires prior authorization.

- Tirosint (levothyroxine)

MassHealth Brand Name Preferred Over Generic Drug List

Effective April 24, 2017, the following Attention-Deficit/Hyperactivity Disorder agent has been added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Kapvay (clonidine extended-release tablet) BP – PA

Effective April 24, 2017, the following topical immune suppressant has been added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Protopic (tacrolimus topical) BP – PA

Effective April 24, 2017, the following topical nonsteroidal anti-inflammatory agent has been added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Voltaren Gel (diclofenac 1% gel) BP – PA > 100 grams/month

Effective April 24, 2017, the following dermatological agent has been added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Tazorac (tazarotene) BP – PA

Legend

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.

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BP Brand Preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.

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

^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.

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