MHDL Updates

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

All changes are effective August 14, 2017.

1. Additions
The following newly marketed drugs have been added to the MassHealth Drug List.

- Airduo (fluticasone/salmeterol inhalation powder) – PA
- Austedo (deutetrabenazine) – PA
- Imfinzi (durvalumab) – PA
- Ingrezza (valbenazine) – PA
- Morphabond ER (morphine extended-release tablet) – PA
- Xatmep (methotrexate oral solution) – PA
- Zejula (niraparib) – PA

2. Change in Prior Authorization Status
The following newly marketed drugs have been added to the MassHealth Drug List.

a) Effective August 14, 2017, the following analgesics will require prior authorization with updated age limits.
- codeine – PA < 12 years and PA > 360 mg/day
- Tylenol/Codeine # (acetaminophen/codeine) – PA < 12 years and PA > 4 grams of acetaminophen/day and PA > 360 mg of codeine/day

b) Effective August 14, 2017, the following analgesic will require prior authorization for members < 12 years old.
- Ultram # (tramadol) – PA < 12 years

c) Effective August 14, 2017, the following topical corticosteroid will require prior authorization.
- clobetasol propionate gel – PA

d) Effective August 14, 2017, the following butalbital agents will require prior authorization with updated age limits and quantity limits.
- butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg – PA < 18 years and PA > 20 units/month
- butalbital 50 mg/acetaminophen 325 mg/caffeine 40 mg/codeine 30 mg – PA < 18 years and PA > 20 units/month

e) Effective August 14, 2017, the following topical corticosteroid will no longer require prior authorization.
- Temovate # (clobetasol propionate cream, ointment)

f) Effective August 14, 2017, the following insulin product will no longer require prior authorization.
- Humulin R (insulin regular prefilled syringe)

3. Updated MassHealth Brand Name Preferred Over Generic Drug List

a) Effective August 14, 2017, the following serotonin 5-HT1 receptor agonist will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Relpax (eletriptan) BP – PA

b) Effective August 14, 2017, the following inflammatory bowel disease agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Lialda (mesalamine delayed-release) BP

c) Effective August 14, 2017, the following atypical antipsychotic agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Seroquel XR # (quetiapine extended-release 150 mg, 200 mg) – PA < 6 years or ≥ 18 years old and PA > 30 units/month

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.

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.

* 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.

If you have questions or comments, or want to be removed from this fax distribution, please contact Victor Moquin at Conduent at 617-423-0830.