MHDL Update

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

Effective November 6, 2017, the following newly marketed drugs have been added to the MassHealth Drug List.

- Aristada (aripiprazole lauroxil 1,064 mg) – PA
  < 6 years and PA > 1 injection/2 months
- Carospir (spironolactone suspension) – PA
- Cotempla XR-ODT (methylphenidate extended-release orally disintegrating tablet) – PA
- Haegarda (c1 esterase inhibitor, human) – PA
- Idhifa (enasidenib) – PA
- Mydayis (amphetamine salts extended-release) – PA
- Nerlynx (neratinib) – PA
- Radicava (edaravone) – PA
- Tremfya (guselkumab) – PA

Change in Prior-Authorization Status

a. Effective November 6, 2017, the following cardiovascular agents will no longer require prior authorization.
   - Exforge # (amlodipine/valsartan)
   - Lotrel # (amlodipine/benazepril)

b. Effective November 6, 2017, the following cardiovascular agents will require prior authorization.
   - Edecrin (ethacrynic acid) – PA
   - Isordil (isosorbide dinitrate 40 mg tablet) – PA

c. Effective November 6, 2017, the following long-acting stimulants will require prior authorization for all ages and quantities.

- Aptensio XR (methylphenidate extended-release) – PA
- Daytrana (methylphenidate transdermal) – PA
- Metadate CD (methylphenidate extended-release) – PA
- Quillichew ER (methylphenidate extended-release chewable tablet) – PA
- Ritalin LA (methylphenidate extended-release) – PA

d. Effective November 6, 2017, the following atypical antipsychotic agent will no longer require prior authorization within updated age limits.
   - Abilify # (aripiprazole tablet) – PA < 6 years and PA > 30 units/month

e. Effective November 6, 2017, the following chemotherapy agent will be available only in an inpatient hospital setting.
   - Thiotepa

Updated MassHealth Brand Name Preferred Over Generic Drug List

a. Effective November 6, 2017, the following long-acting amphetamine cerebral stimulant agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
   - Adderall XR (amphetamine salts extended-release) BP PD – PA < 3 years and PA > 60 units/month

b. Effective November 6, 2017, the following antiretroviral agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
   - Lexiva (fosamprenavir) BP
   - Prezista (darunavir) BP
- Reyataz (atazanavir) **BP**
- Sustiva (efavirenz) **BP**
- Truvada (emtricitabine/tenofovir disoproxil fumarate) **BP**

c. Effective November 6, 2017, the following ammonia inhibitor agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Buphenyl (sodium phenylbutyrate tablet) **BP**

d. Effective November 6, 2017, the following multiple sclerosis agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Copaxone (glatiramer 40 mg) **BP**

e. Effective November 6, 2017, the following lipid lowering agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Zetia (ezetimibe) – **PA**

f. Effective November 6, 2017, the following dermatological agent will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Aczone (dapsone gel) **BP – PA**

### Updated MassHealth Supplemental Rebate/Preferred Drug List

a. Effective November 6, 2017, the following long-acting amphetamine cerebral stimulant agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
- Adderall XR (amphetamine salts extended-release) **PD – PA < 3 years and PA > 60 units/month**
- Vyvanse (lisdexamfetamine) **PD – PA < 3 years and PA > 60 units/month**

b. Effective November 6, 2017, the following long-acting methylphenidate cerebral stimulant agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
- Focalin XR (dexamphetamine extended-release) **BP PD – PA < 3 years and PA > 60 units/month**

c. Effective November 6, 2017, the following Anti-TNF agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
- Enbrel (etanercept) **PD – PA**
- Humira (adalimumab) **PD – PA**

d. Effective November 6, 2017, the following antiretroviral agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
- Descovy (emtricitabine/tenofovir alafenamide) **PD**
- Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) **PD**
- Norvir (ritonavir) **BP PD**
- Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide) **PD**

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**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.

**#** 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.

**H** 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.

**PD** In general, MassHealth requires a trial of the preferred drug (PD) or a clinical rationale for prescribing a nonpreferred drug within a therapeutic class.

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If you have questions or comments, or want to be removed from this fax distribution, please contact Victor Moquin at Conduent at 617-423-9830.