MHDL Update

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

Additions

Effective December 10, 2018, the following newly marketed drugs have been added to the MHDL.

- Altreno (tretinoin 0.05% lotion) – PA
- Epidiolex (cannabidiol) – PA
- Fulphila (pegfilgrastim-jmdb) – PA
- Jivi (antihemophilic factor, recombinant pegylated-auc)
- Lokelma (sodium zirconium cyclosilicate) – PA > 30 units/month
- Lucemyra (lofexidine) – PA
- Macrilen (macimorelin) ^
- Nivestym (filgrastim-aafi) – PA
- Orilissa (elagolix) – PA
- Palynziq (pegvaliase-pqpz) – PA
- Poteligeo (mogamulizumab-kpko) – PA
- Tibsovo (ivosidenib) – PA
- Trivisc (hyaluronate) – PA

Change in Prior-Authorization Status

a. Effective December 10, 2018, the following antidiabetic agents will no longer require prior authorization.
   - Bydureon (exenatide extended-release pen, vial)
   - Byetta (exenatide)
   - Farxiga (dapagliflozin)

b. Effective December 10, 2018, the following hematopoietic agents will require prior authorization.
   - Granix (TBO-filgrastim) – PA
   - Zarxio (filgrastim-sndz) – PA

c. Effective December 10, 2018, the following enzyme cofactor agent will require prior authorization.
   - Kuvan (sapropterin) – PA

(cont.)
Updated MassHealth Brand Name Preferred Over Generic Drug List

a. Effective December 10, 2018, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
   • Androgel (testosterone 1.62% gel packet, pump) \( ^{BP} \) – \( ^{PA} \)
   • Androgel (testosterone 1% gel packet) \( ^{BP} \) – \( ^{PA} \)
   • Byetta (exenatide) \( ^{BP} \)
   • Canasa (mesalamine suppository) \( ^{BP} \)
   • Epclusa (sofosbuvir/velpatasvir) \( ^{BP} \) – \( ^{PA} \)
   • Finacea (azelaic acid gel) \( ^{BP} \) – \( ^{PA} \)
   • Harvoni (ledipasvir/sofosbuvir) \( ^{BP} \) – \( ^{PA} \)
   • Latuda (lurasidone) \( ^{BP} \) – \( ^{PA} \)
   • Rapaflo (silodosin) \( ^{BP} \) – \( ^{PA} \)
   • Zytiga (abiraterone) \( ^{BP} \) – \( ^{PA} \)

b. Effective December 10, 2018, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
   • Renvela # (sevelamer carbonate)
   • Tazorac (tazarotene) – \( ^{PA} \)

Legend

# 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.

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.

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.

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

\(^{\wedge}\) Drug available through the health care professional who administers the drug. MassHealth does not pay for this drug to be dispensed through a retail pharmacy.