MassHealth Quick Reference Guide

Alpha-1 Adrenergic Blockers

doxazosin
prazosin
terazosin
Flomax — **PA**
Uroxatral — **PA**

Angiotensin Converting Enzyme Inhibitors

benazepril
captopril
enalapril
fosinopril
lisinopril
moexipril
Accupril — **PA**
Aceon — **PA**
Altace — **PA**
Mavik — **PA**

Angiotensin II Receptor Antagonists

Atacand — **PA**
Avapro — **PA**
Benicar — **PA**
Cozaar — **PA**
Diovan — **PA**
Micardis — **PA**
Teveten — **PA**

Anticonvulsants

carbamazepine
clonazepam
clorazepate
diazepam
ethosuximide
gabapentin — **PA > 18 yrs.**
phenobarbital
phenytoin
primidone
valproate
valproic acid
Carbatrol
Celontin
Depakote
Dilantin
Felbatol
Lamictal
Mebaral
Peganone
Trileptal
Zonegran
Gabitril — **PA > 18 yrs.**
Keppra — **PA**
Topamax — **PA > 18 yrs.**

Antidepressants

buproprion
buproprion SR
citalopram
fluoxetine
fluvoxamine
MAOIs
maprotiline
mirtazapine
nefazodone
paroxetine
TCAs
trazodone
Effexor — **PA**
Lexapro — **PA**
Paxil CR — **PA**
Prozac Weekly — **PA**
Sarafem — **PA**
Wellbutrin XL — **PA**
Zoloft — **PA**

Antidiabetic Agents

acetohexamide
chlorpropamide
glipizide
glipizide ER
glyburide
metformin
metformin ER
tolazamide
tolbutamide
Actos
Avandia
Amaryl — **PA**
Diabeta — **PA**
Glyset — **PA**
Insulin, Prefilled Syr — **PA**
Prandin — **PA**
Precose — **PA**
Starlix — **PA**

Antihistamines

brompheniramine
chlorpheniramine
diphenhydramine
loratadine
Allegra — **PA**
Clarinex — **PA**
Zyrtec Syrup — **PA > 12 yrs.** except in **LTC**

Antipsychotics

Abilify *
clozapine
Fazaclo — **PA**
Geodon*
Risperdal *
Risperdal M — **PA**
Seroquel *
Zyprexa *
Zyprexa IM — **PA**
Zyprexa Zydis — **PA**
***PA** *required for polypharmacy (overlap of more than 60 days).*

Asthma

albuterol
Advair
Aerobid
Atrovent #
Azmacort
Combivent
Flovent
Foradil
Intal #
Pulmicort
Qvar
Serevent
Tilade
Vanceril
Aerobid-M — **PA**
Alupent — **PA**
Maxair — **PA**
Proventil HFA — **PA**
Ventolin HFA — **PA**
Xopenex — **PA**

Beta Adrenergic Blocking Agents

acebutolol
atenolol
betaxolol
bisoprolol
esmolol
labetalol
nadolol
pindolol
propranolol
sotalol
timolol
Inderal LA #
Toprol XL
Cartrol — **PA**
Coreg — **PA**
Innopran XL — **PA**
Levatol — **PA**

Calcium Channel Blocking Agents

diltiazem
nicardipine
nifedipine
verapamil
Nimotop
Dynacirc — **PA**
Norvasc — **PA**
Plendil — **PA**
Sular — **PA**
Vascor — **PA**

COX-2 NSAIDs

Bextra — **PA < 60 yrs.**
Celebrex — **PA < 60 yrs.**
Generic non-selective NSAID formulations do not require prior authorization.

H_2 Antagonists

cimetidine
famotidine
nizatidine — **PA**
ranitidine

Hypnotics

estazolam — **Q**
flurazepam — **Q**
temazepam — **Q**
triazolam — **Q**
Ambien — **Q**
Sonata — **Q**
PA *> 10 units/ month for above hypnotics.*

Leukotrienes

Accolate — **PA > 16 yrs.**
Singulair — **PA > 16 yrs.**
Zyflo — **PA > 16 yrs.**

Narcotic Agonist Analgesics

Duragesic — **PA**
levorphanol — **Q**
methadone — **Q**
morphine CR — **Q**
morphine SR — **Q**
oxycodone ER — **PA**
Oxycontin — **PA**

Nasal Steroids

flunisolide — **Q**
Beconase AQ — **Q**
Flonase — **Q**
Nasacort — **Q**
Nasacort AQ — **Q**
Nasarel — **Q**
Nasonex — **Q**
Rhinocort Aqua — **Q**
PA *> 1 unit/month for all except Rhinocort Aqua (**PA** > 1unit/ 2months).*

Proton Pump Inhibitors

Protonix
omeprazole — **PA**
Aciphex — **PA**
Nexium — **PA**
Prevacid — **PA > 16 yrs. (except for suspension for LTC)**

Statins

lovastatin — **Q**
Crestor — **Q**
Lescol — **Q**
Lescol XL — **Q**
Lipitor — **Q**
Advicor — **PA**
Altocor — **PA**
Pravachol — **PA**
Zocor — **PA**
Quantity limit *30 units/month for all statins.*

Triptans

Amerge — **PA**
Axert — **Q**
Frova — **PA**
Imitrex Tab — **PA**
Imitrex Nasal — **PA**
Imitrex Inj. — **Q**
Maxalt — **PA**
Relpax — **PA**
Zomig — **Q**
PA *> 6 units/month for Axert and Zomig and 4 injs./month for Imitrex inj.*

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This document does not represent the complete MassHealth Drug List. For more information, please visit the MassHealth website at www.mass.gov/druglist.

MassHealth may update the Drug List as frequently as twice a month. MassHealth will update the List as necessary on the first business day of the month or 14 calendar days later or both.

PA denotes prior authorization is required. Prior-authorization forms can be found at www.mass.gov/druglist

This is a brand-name drug with FDA "A"-rated generic equivalents. PA is required for the brand, unless a particular form of that drug does not have an FDA "A"-rated generic equivalent.

Q PA is required to exceed certain quantity limits. **LTC** denotes Long Term Care