



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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Boston, MA 02111
www.mass.gov/masshealth



MASSHEALTH
TRANSMITTAL LETTER DEN-67
June 2004

TO: Dental Providers Participating in MassHealth
FROM: Beth Waldman, Medicaid Director *BW*
RE: *Dental Manual* (Revised Nonlegend Drug List)

This letter transmits a revised Appendix I of the *Dental Manual*. Appendix I, which lists all generic nonlegend drugs that are covered by MassHealth, has been revised to delete nizatidine. This revision reflects changes issued with the April 15, 2004, MassHealth Drug List.

These changes were effective April 15, 2004.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Dental Manual

Pages I-1 and I-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Dental Manual

Pages I-1 and I-2 — transmitted by Transmittal Letter DEN-65

<p align="center">Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</p> <p align="center">DENTAL MANUAL</p>	<p align="center">SUBCHAPTER NUMBER AND TITLE</p> <p align="center">APPENDIX I: NONLEGEND DRUGS</p>	<p align="center">PAGE</p> <p align="center">I-1</p>
	<p align="center">TRANSMITTAL LETTER</p> <p align="center">DEN-67</p>	<p align="center">DATE</p> <p align="center">04/15/04</p>

This appendix lists the only nonlegend drugs, with the exception of insulins, that are covered by MassHealth without prior authorization. All other nonlegend drugs require prior authorization. Please refer to 130 CMR 406.411(A) and 406.412(A)(2) for further information on nonlegend drugs. All insulins are covered for members at home, in nursing facilities, or in rest homes.

The items in this appendix are listed alphabetically by therapeutic class, then by the generic name of the drug or drug ingredients. MassHealth pays for **generic**, nonlegend drugs on this list, singly or in combination, regardless of strength or dosage form. Combination products that contain active ingredients not included in this list require prior authorization.

This list of nonlegend drugs is also located on the MassHealth Web site at www.mass.gov/masshealth.

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series DENTAL MANUAL	SUBCHAPTER NUMBER AND TITLE APPENDIX I: NONLEGEND DRUGS	PAGE I-2
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Analgesics:

acetaminophen
aspirin
aspirin with buffers
capsaicin
ibuprofen
ketoprofen
naproxen

**Antihistamines/
Decongestants:**

brompheniramine
chlorpheniramine
diphenhydramine
loratadine
pseudoephedrine

Antimicrobials, Topical:

bacitracin
chlorhexidine gluconate
clotrimazole
hydrogen peroxide
iodine
isopropyl alcohol
miconazole
neomycin
polymixin B
povidone
tolnaftate

Contraceptives, Topical:

nonoxynol-9

Gastrointestinal Products:

aluminum carbonate
aluminum hydroxide
bisacodyl
bismuth subsalicylate
calcium carbonate
casanthranol
cimetidine

cod liver oil
docusate sodium
famotidine
kaolin/pectin
loperamide
magaldrate
magnesium citrate
magnesium hydroxide
magnesium trisalicylate
meclizine
mineral oil
psyllium
ranitidine
senna
simethicone
sodium bicarbonate

Vitamins and Nutrients:

ascorbic acid
calcium carbonate
calcium citrate
calcium gluconate
calcium gluconate
calcium phosphate
cyanocobalamin
electrolyte solution (pediatric)
ferrous fumarate
ferrous gluconate
ferrous sulfate
folic acid
magnesium gluconate
multivitamins, N.F.
multivitamins with minerals
niacin
niacinamide
nicotinic acid
pediatric vitamins
prenatal vitamins
pyridoxine (vitamin B₆)
retinol (vitamin A)
riboflavin
thiamine
vitamin B complex
vitamin D

Miscellaneous Products:

A&D ointment
artificial tears
benzoyl peroxide
calamine lotion
carbamide peroxide
colloidal oatmeal
hydrocortisone
lanolin
permethrin
petrolatum
selenium sulfide
sodium chloride solution
for inhalation
water for inhalation
witch hazel
zinc oxide