



Commonwealth of Massachusetts
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MASSHEALTH
TRANSMITTAL LETTER OPD-53
June 2004

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

This letter transmits a revised Appendix M of the *Outpatient Hospital Manual*. Appendix M, 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.)

Outpatient Hospital Manual

Pages M-1 and M-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Outpatient Hospital Manual

Pages M-1 and M-2 — transmitted by Transmittal Letter OPD-51

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series OUTPATIENT HOSPITAL MANUAL	SUBCHAPTER NUMBER AND TITLE APPENDIX M: NONLEGEND DRUGS	PAGE M-1
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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 OUTPATIENT HOSPITAL MANUAL	SUBCHAPTER NUMBER AND TITLE APPENDIX M: NONLEGEND DRUGS	PAGE M-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
 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