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# Pharmacy Facts

## MassHealth Pharmacy Program

• Editor: Vic Vangel • Contributors: Chris Burke, Gary Gilmore, Paul Jeffrey, James Monahan •

### MassHealth Drug List (MHDL)

MassHealth has changed the prior authorization requirements for muscle relaxants. With the exception of the carisoprodol products, all generic muscle relaxants and spasticity agents do not require prior authorization. These changes are effective October 3, 2005, and include the following products.

Flexeril (cyclobenzaprine) 5 mg – **PA**

Skelaxin (metaxalone) – **PA**

Soma (carisoprodol) – **PA**

Soma Compound (carisoprodol/aspirin) – **PA**

Soma Compound/Codeine (carisoprodol/aspirin/codeine) – **PA**

Zanaflex (tizanidine) Capsules – **PA**

*Please note: Both generic and brand formulations of carisoprodol require prior authorization.*

MassHealth has changed the prior authorization requirements for acne medications. Brand name and combination topical acne products require prior authorization, as well as convenience delivery systems (e.g., pads). Generic oral and topical acne products require prior authorization for members > 21 years of age. These changes are effective October 3, 2005, and include the following products.

Topical acne and rosacea medications

Akne-Mycin (erythromycin) – **PA**

Azelex (azelaic acid) – **PA**

Benzac AC (benzoyl peroxide) – **PA**

BenzaClin (benzoyl peroxide/clindamycin) – **PA**

Benzamycin (benzoyl peroxide/erythromycin) – **PA**  
benzoyl peroxide 2.5%, 5%, 10% (generics) – **PA > 21 years**

Brevoxyl (benzoyl peroxide) – **PA**

Cleocin T # (clindamycin) gel, lotion, solution – **PA > 21 years**

Cleocin T (clindamycin) pads – **PA**

Clindagel (clindamycin) – **PA**

Clindets (clindamycin) – **PA**

Desquam (benzoyl peroxide) – **PA**

Duac (benzoyl peroxide/clindamycin) – **PA**

Emgel # (erythromycin) – **PA > 21 years**

erythromycin (generics) gel, ointment, solution – **PA > 21 years**

erythromycin pads – **PA**

Evoclin (clindamycin) – **PA**

Finacea (azelaic acid) – **PA**

Klaron (sulfacetamide) – **PA**

Metrogel (metronidazole) – **PA**

MetroLotion (metronidazole) – **PA**

Noritate (metronidazole) – **PA**

Plexion (sulfacetamide/sulfur) – **PA**

Rozex (metronidazole) – **PA**

Sulfacet-R (sulfacetamide/sulfur) – **PA**

Sulfoxyl (benzoyl peroxide/sulfur) – **PA**

Triaz (benzoyl peroxide) – **PA**

Vanoxide-HC (benzoyl peroxide/hydrocortisone) – **PA**

Z-Clinz (clindamycin) – **PA**

ZoDerm (benzoyl peroxide) – **PA**

Retinoid medications

Accutane # (isotretinoin) – **PA > 21 years**

Avita # (tretinoin) – **PA > 21 years**

Differin (adaPALene) – **PA**

Retin-A # (tretinoin) – **PA > 21 years**

Retin-A Micro (tretinoin) – **PA**

Tazorac (tazarotene) – **PA**

### Notification of Updates to the MassHealth Drug List

To sign up for e-mail alerts that will notify you when the List has been updated, go to the MassHealth Drug List at <http://www.mass.gov/druglist>. Click on "Introduction to the MassHealth Drug List," then click on "Subscribe to E-Mail Alerts," in the Introduction section of the List and send the e-mail that automatically appears on your screen and you will be subscribed.

Please direct any questions or comments (or to be taken off of this fax distribution) to

**Victor Moquin** of ACS at 617-423-9830.