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

**MHDL Updates**

# Additions

The following newly marketed drugs have been added to the MassHealth Drug List.

Allegra ODT (fexofenadine orally disintegrating tablet) – **PA**

Bystolic (nebivolol) – **PA**

Combigan (brimonidine/timolol, ophthalmic) Doribax (doripenem)

Flector Patch (diclofenac topical patch) – **PA** Hyper RAB (rabies immune globulin IM, human) Intelence (etravirine)

Ixempra (ixabepilone) Kuvan (sapropterin) Renvela (sevelamer)

Sanctura XR (trospium extended-release) Somatuline (lanreotide)

Tasigna (nilotinib)

Tekturna HCT (aliskiren/hydrochlorothiazide) – **PA**

Valstar (valrubicin)

Veregen (sinecatechins) – **PA**

Zyflo CR (zileuton extended-release) – **PA**

# New FDA “A”-Rated Generics

The following FDA “A”-rated generic drugs have been added to the MassHealth Drug List. The brand name is listed with a # symbol, to indicate that prior authorization is required for the brand.

# New FDA “A” - Rated

**Generic Drug Generic Equivalent of**

albuterol/ipratopium Duoneb #

alendronate Fosamax #

balsalazide Colazal #

ethinyl estradiol/ Estrostep FE # norethindrone

granisetron tablet – Kytril # – **PA > 15 units/**

# PA > 15 units/month month

1. **Change in PA Status**
	1. The PA requirements for Prevacid capsules and solutabs are changing. The following PA requirements are effective April 15, 2008. Please see Table 3 for a complete list of PA requirements for the Proton Pump Inhibitors.

Prevacid (lansoprazole) capsule – **PA ≥ 2 years**

Prevacid SoluTab (lansoprazole, orally disintegrating tablet)

# – PA≥ 2 years

* 1. The following PA requirements are effective April 15, 2008.

clindamycin 300 mg – **PA** Zyvox (linezolid), oral – **PA** Zyflo (zileuton) – **PA**

# Updated MassHealth Nonlegend (OTC) Drug List

The MassHealth Nonlegend (OTC) Drug List has been updated to include the following drug.

cetirizine tablet

# Deletions

1. The following drugs have been deleted from the MassHealth Drug List because they are now over-the- counter.

Zyrtec (cetirizine)

Zyrtec-D (cetirizine/pseudoephedrine)

1. The following medications have been deleted from the MassHealth Drug List. MassHealth does not pay for legend or nonlegend preparations for cosmetic purposes.

Drysol (aluminum chloride) Xerac AC (aluminum chloride)

1. The following drugs have been deleted from the MassHealth Drug List because they were discontinued by the manufacturer.

Estrostep 21 (ethinyl estradiol/norethindrone) Prevacid (lansoprazole) suspension

# Corrections

1. The age restrictions for the following drugs have been added to the MassHealth Drug List. They were omitted in error.

Zostavax (herpes zoster vaccine) – **PA < 60 years**

Gardasil (human papillomavirus vaccine) – **PA < 9 years and > 26 years**

1. The following drugs have been added to the MassHealth Drug List. They were omitted in error.

HalfLytely (polyethylene glycol-electrolyte solution/bisacodyl) - **PA**

Supprelin LA (histrelin) – **PA**

Vantas (histrelin) – **PA**

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

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