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# Pharmacy Facts

## MassHealth Pharmacy Program

[www.mass.gov/masshealth/pharmacy](http://www.mass.gov/masshealth/pharmacy)

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

### MHDL Update

#### 1. Additions

The following newly marketed drugs have been added to the MassHealth Drug List effective 10/15/2008.

- Cimzia (certolizumab) – **PA**
- Hypertet (tetanus immune globulin IM, human)
- Kinrix (diphtheria/tetanus toxoids/acellular pertussis/poliovirus, inactivated vaccine)<sup>1</sup>
- Liquadd (dextroamphetamine) – **PA > 450 ml/month**
- Patanase (olopatadine) – **PA**
- Pentacel (diphtheria/tetanus toxoids/acellular pertussis/poliovirus, inactivated/haemophilus b conjugate vaccine)<sup>1</sup>
- Relistor (methylnaltrexone) – **PA**
- Requip XL (ropinirole extended-release) – **PA**
- Rotarix (rotavirus vaccine)<sup>1</sup>
- Stavzor (valproic acid) – **PA**
- Treximet (sumatriptan/naproxen) – **PA**
- Zervalx (L-methylfolate) – **PA**
- Zingo (lidocaine, intradermal injection) – **PA**

<sup>1</sup> Product may be obtained through the Massachusetts Department of Public Health (DPH). Please check with DPH for availability. MassHealth does not pay for immunizing biologicals (i.e., vaccines) and tubercular (TB) drugs that are available free of charge through local boards of public health or through DPH without prior authorization (130 CMR 406.413(C)).

#### 2. 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 PA is required for the brand.

##### New FDA “A”-Rated Generic Drug

acarbose  
divalproex  
risperidone tablet – **PA**  
**> 60 units/month**  
ropinirole  
zaleplon – **PA**  
**> 10 units/month**

##### Generic Equivalent

Precose #  
Depakote #  
Risperdal # tablet – **PA**  
**> 60 units/month**  
Requip #  
Sonata # – **PA**  
**> 10 units/month**

#### 3. Change in PA Status

- a. The PA requirement for Kadian (morphine sustained release) is changing. The following PA requirement is effective November 3, 2008. Please see Table 8 for a complete list of PA requirements for Narcotic Agonist Analgesics.

Kadian (morphine sustained release) – **PA**

- b. The PA requirement for Astelin (azelastine) is changing. The following PA requirement is effective November 3, 2008. Please see Table 12 for a complete list of PA requirements for antihistamines.

Astelin (azelastine) – **PA**

- c. The following oral anti-infectives will require prior authorization effective November 3, 2008. Please see Table 35 for a complete list of PA requirements for the oral anti-infectives.

Augmentin XR (amoxicillin/clavulante extended-release) – **PA**  
cefaclor extended-release – **PA**  
cefadroxil 1 gram tablet – **PA**  
clarithromycin extended-release – **PA**  
Ketek (telithromycin) – **PA**

- d. The following drugs will require prior authorization effective November 3, 2008.

Lamictal Starter Kit (lamotrigine) – **PA**  
Regranex (becaplermin) – **PA > 1 tube/month and > 3 tubes/lifetime**  
VFend (voriconazole), suspension, tablet – **PA**

- e. The following drugs no longer require prior authorization.

Emend Tri-fold (aprepitant)  
Revlimid (lenalidomide)

#### 4. Deletions

The following drugs have been deleted from the MassHealth Drug List. MassHealth does not pay for drug products (including identical, similar, or related drug products) that the U.S. Food and Drug Administration has proposed, in a Notice of Opportunity for Hearing (NOOH), to withdraw from the market because they lack substantial evidence of effectiveness for all labeled indications.

choline salicylate/magnesium salicylate  
Tricosal (choline salicylate/magnesium salicylate)  
Trilisate (choline salicylate/magnesium salicylate)

#### 5. Corrections

The following ingredients have been added to the MassHealth Nonlegend (Over-the-Counter) Drug List. MassHealth covers these agents when they are used as a part of a compounded prescription preparation. They were omitted in error.

cherry syrup  
Ora-Plus suspending vehicle  
Ora-Sweet-SF syrup  
Ora-Sweet oral syrup  
simple syrup