



Pharmacy Facts

MassHealth Pharmacy Program

www.mass.gov/masshealth/pharmacy

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MHDL Updates

Below are certain updates to the MassHealth Drug List (MHDL). See the MHDL for a complete listing of updates.

1. Additions

- a. The following newly marketed drugs have been added to the MassHealth Drug List.
 - Acuvail (ketorolac ophthalmic solution) – **PA**
 - Benzefoam (benzoyl peroxide foam) – **PA**
 - Bepreve (bepotastine besilate) – **PA**
 - Cervarix (human papillomavirus bivalent vaccine) – **PA < 10 years and > 25 years**
 - Embeda (morphine/naloxone) – **PA**
 - Fibricor (fenofibric acid) – **PA**
 - Foloty^H (pralatrexate)
 - Ilaris (canakinumab) – **PA**
 - Intuniv (guanfacine extended-release) – **PA**
 - Metozolv ODT (metoclopramide, orally disintegrating tablet) – **PA**
 - Onsolis (fentanyl buccal film) – **PA**
 - Ozurdex (dexamethasone intravitreal implant)[^]
 - peramavir^H
 - Sabril (vigabatrin) – **PA**
 - Stelara (ustekinumab) – **PA**
 - Tyvaso (treprostinil)
 - Twynsta (amlodipine/telmisartan) – **PA**
 - Valturna (aliskiren/valsartan) – **PA**
 - Zipsor (diclofenac) – **PA**
- b. The following newly marketed drugs have been added to the MassHealth Drug List and will require prior authorization March 1, 2010.
 - Invega Sustenna (paliperidone injection) – **PA > 2 units/mo. in the first 30 days; PA > 1 unit/month after 30 days**
 - Saphris (asenapine) – **PA**

[^] This drug is available through the health-care professional who administers the drug. Masshealth does not pay for this drug to be dispensed through a retail pharmacy.

^H This drug is available only in an inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy or the physician's office.

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

apraclonidine
brimonidine
ethinyl estradiol /
norgestimate
ketorolac ophthalmic
solution
lansoprazole –
PA > 2 years

Generic Equivalent

lopidine #
Alphagan P #

Ortho Tri-Cyclen Lo #

Acular #

Prevacid # – **PA > 2 years**

3. Change in Prior-Authorization (PA) Status

- a. The PA requirements for hypnotics are changing. The following PA requirements are effective February 15, 2010. Please see Table 15 of the MHDL for a complete list of the PA requirements for hypnotics.
 - Ambien # (zolpidem) 5 mg – **PA > 45 units/month**
 - Ambien # (zolpidem) 10 mg – **PA > 30 units/month**
 - Dalmane # (flurazepam) – **PA > 30 units/month**
 - estazolam – **PA > 30 units/month**
 - flurazepam – **PA > 30 units/month**
 - ProSom # – **PA > 30 units/month**
 - Restoril # 15 mg, 30 mg (temazepam) – **PA > 30 units/month**
 - temazepam – **PA > 30 units/month**
 - triazolam – **PA > 30 units/month**
 - zolpidem 5 mg – **PA > 45 units/month**
 - zolpidem 10 mg – **PA > 30 units/month**
- b. The PA requirement for triptans are changing. The following PA requirements are effective February 15, 2010. Please see Table 14 of the MHDL for a complete list of the PA requirements for triptans.
 - Axert (almotriptan) – **PA**
 - sumatriptan injection – **PA**
 - sumatriptan tablet – **PA > 9 units/month**
 - Zomig (zolmitriptan) – **PA**

- c. The PA requirement for the following brand name medications are changing. The following PA requirements are effective February 15, 2010.

Dilantin # (phenytoin) capsule, kapseal, suspension
 Neoral # (cyclosporine)
 Phenytek # (phenytoin)
 Sandimmune # (cyclosporine)

- # This is a brand-name drug with FDA "A"-rated generic equivalents. PA is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

- d. The following will require prior authorization effective February 15, 2010.
 Blood glucose testing reagent strips used for the management of diabetes – **PA > 100 units/month**
- e. The following will require prior authorization effective February 15, 2010.
 Bactroban (mupirocin) nasal ointment – **PA**
 Comtan (entacapone) – **PA**
 diclofenac extended-release – **PA**
 etodolac extended-release – **PA**
 indomethacin extended-release – **PA**
 ketoprofen extended-release – **PA**
 Migranal (dihydroergotamine) – **PA**
 phenytoin 100 mg/4 ml unit dose suspension – **PA**
 Solaraze (diclofenac) – **PA**
 Zovirax (acyclovir) cream – **PA**
 Zovirax (acyclovir) ointment – **PA**
- f. The following will no longer require prior authorization.
 ramipril capsule
- g. The following drug will require prior authorization effective March 1, 2010. Please see Table 24 of the MHDL for a complete list of the PA requirements for the atypical antipsychotics.
 Invega (paliperidone) – **PA**

4. Updated MassHealth Non-Drug Product List

The MassHealth Non-Drug Product List has been updated to reflect the following change, effective February 15, 2010.

Blood glucose testing reagent strips used for the management of diabetes – **PA > 100 units/month**

5. MassHealth Over-the-Counter (OTC) Drug List

The MassHealth OTC Drug List has been updated to include the following.

ketotifen

6. Deletions

The following drugs have been removed from the MassHealth Drug List. MassHealth does not pay for drugs that are manufactured by companies that have not signed rebate agreements with the U.S. Secretary of Health and Human Services.

Liquadd (dextroamphetamine)
 Tersi (selenium sulfide)
 Zegerid (omeprazole)

7. Corrections

The following drugs have been added to the MassHealth Drug List. They were omitted in error. These changes do not reflect any change in MassHealth policy.

Campath (alemtuzumab)
 Cyklokapron (tranexamic acid)^H
 Procentra (dextroamphetamine) – **PA > 450 ml/month**

- ^H This drug is available only in an inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy or the physician's office.