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Pharmacy Facts

Page 1 of 2

MassHealth Pharmacy Program

www.mass.gov/masshealth/pharmacy

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MHDL Update

Below are certain updates to the MassHealth Drug List (MHDL). See the MHDL (www.mass.gov/druglist) for a complete listing of updates.

1. Additions

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

- Afinitor 2.5 mg (everolimus) – **PA > 30 units/month**
- Afluria (influenza virus vaccine)
- Agriflu (influenza virus vaccine)
- Cambia (diclofenac powder for solution) – **PA**
- Cayston (aztreonam)
- Chenodal (chenodiol) – **PA**
- Clobeta Plus Kit (clobetasol/coal tar) – **PA**
- Dulera (mometasone/formoterol) – **PA**
- Istodax (romidepsin) – **PA**
- Jalyn (dutasteride/tamsulosin) – **PA**
- Jevtana (cabazitaxel)
- Livalo (pitavastatin) – **PA**
- Lysteda (tranexamic acid)
- Oleptro (trazodone ER) – **PA**
- omeprazole/sodium bicarbonate – **PA**
- Oravig (miconazole) – **PA**
- Prolia (denosumab) – **PA**
- Tribenzor
(olmesartan/amlodipine/hydrochlorothiazide) – **PA**
- Veltin (clindamycin/tretinoin) – **PA**
- Vimovo (naproxen/esomeprazole) – **PA < 60 years**
- Vimpat (lacosamide) solution – **PA**
- Xerese (acyclovir/hydrocortisone) – **PA**
- Zortress (everolimus)
- Zuplenz (ondansetron) oral soluble film – **PA**
- Zymaxid (gatifloxacin) – **PA**

2. Change in Prior-Authorization Status

- a. The prior authorization requirements for the following drugs are changing. Please refer to Table 31 and applicable PA request forms for the complete list of prior authorization requirements for the cerebral stimulants.
 - Daytrana (methylphenidate transdermal system) – **PA < 6 or > 12 years and PA > 30 units/month**
 - Vyvanse (lisdexamfetamine) – **PA > 60 units/month**

- b. The prior authorization requirement for the following drug is changing.
 - Zovirax (acyclovir) cream – **PA > 12 years and PA > 5 grams/month**
- c. The following oral nonsteroidal anti-inflammatory agents will require prior authorization effective November 15, 2010.
 - Cataflam (diclofenac potassium) – **PA**
 - Feldene (piroxicam) – **PA**
 - meclofenamate – **PA**
 - Naprosyn (naproxen) suspension – **PA > 12 years**
 - Naprosyn EC (naproxen EC) – **PA**
 - Tolectin (tolmetin) – **PA**
- d. The following pulmonary hypertension agents will require prior authorization effective November 15, 2010.
 - Letairis (ambrisentan) – **PA**
 - Remodulin (treprostinil) injection – **PA**
 - Tracleer (bosentan) – **PA**
 - Tyvaso (treprostinil) inhalation solution – **PA**
 - Ventavis (iloprost) – **PA**
- e. The following drugs will require prior authorization effective November 15, 2010.
 - Aloxi (palonosetron) – **PA**
 - Catapres-TTS Patch (clonidine) – **PA**
 - Sucraid (sacrosidase) – **PA**
 - Transderm Scop (scopolamine) – **PA**
- f. The following drug will require prior authorization for all quantities effective November 15, 2010.
 - Zofran (ondansetron) solution – **PA**
- g. The following drugs will require prior authorization effective January 1, 2011.
 - Actos (pioglitazone) – **PA**
 - Avandia (rosiglitazone) – **PA**
- h. The following drug will require prior authorization for members older than 12 years, effective November 15, 2010.
 - Riomet (metformin solution) – **PA > 12 years**
- i. The following drugs will no longer require prior authorization for ≤ 15 units/month.
 - Zofran ODT 4 mg (odansetron, orally disintegrating tablet) – **PA > 15 units/month**

- j. The following drugs will no longer require prior authorization.

Aricept ODT (donepezil, orally disintegrating tablet)
 glipizide/metformin
 glyburide/metformin
 venlafaxine extended-release capsule

- k. The following drug has been added to the MassHealth OTC Drug List as covered for members aged 18 and younger, effective November 1, 2010.

Melatonin tablet and solution \leq 18 years

- l. The following quantity limits are effective November 15, 2010.

Methylin 5mg/5mL (methylphenidate oral solution) – **PA > 900 mL/month**

3. Corrections

- a. The following prior authorization requirements have been clarified. These changes do not reflect any changes in MassHealth policy.

Betopic # (betaxolol)
 Commit (nicotine) lozenge – **PA > 180 days treatment/year**
 nicotine gum – **PA > 180 days treatment/year**
 nicotine lozenge – **PA > 180 days treatment/year**
 nicotine transdermal patch (generics) – **PA > 180 days treatment/year**
 propoxyphene/acetaminophen
 Relenza (zanamivir) – **PA all quantities (June 1st to September 30th); PA < 5 years and > 20 inhalations/month or 40 inhalations/season (October 1st to May 31st)**

- b. The PA requirements for the following drug have been clarified on the OTC drug list. This change does not reflect any changes in MassHealth policy.

Coenzyme Q10 < 18 years

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

Adoxa Kit (doxycycline) – **PA**
 Angiomax (bivalirudin)
 Climara Pro (estradiol/levonorgestrel)
 fluoxetine solution
 Innohep (tinzaparin)
 Isopto-Carbachol (carbachol)
 Lumizyme (alglucosidase) – **PA**
 Miochol (acetylcholine chloride)
 Miostat (carbachol)
 Norvir (ritonavir) solution
 Rowasa Kit (mesalamine) – **PA**