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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.

# Additions

The following newly marketed drugs have been added to the MassHealth Drug List as of July 16, 2012.

Cosopt PF (dorzolamide/timolol, preservative free)

## – PA

Intermezzo (zolpidem, sublingual tablet) **– PA**

Korlym (mifepristone) **– PA** Omontys (peginesatide) ^ **– PA** Picato (ingenol) **– PA**

Qnasl (beclomethasone nasal aerosol) **– PA**

Revlimid (lenalidomide 2.5 mg)

## – PA > 30 units/month

Subsys (fentanyl sublingual spray) **– PA**

ZIOPTAN (tafluprost) **– PA**

# New FDA “A” –Rated Generics

The following FDA “A”-rated generic drugs have been added to the MassHealth Drug List as of July 16, 2012. 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**

clopidogrel Plavix # lamivudine/zidovudine Combivir #

# Change in Prior-Authorization Status

* 1. The following drug no longer requires prior authorization effective July 16, 2012.

Derma-smoothe FS # (fluocinolone body oil, scalp oil)

hydrocortisone acetate/aloe vera cream, gel, lotion

* 1. The prior-authorization requirements for the following drug have changed. The new prior-authorization requirement is shown below.

Veramyst (fluticasone furoate nasal spray) **– PA ≥**

## 4 years and > 1 inhaler/month

* 1. The following topical corticosteroids will require prior authorization effective July 30, 2012

Apexicon-E (diflorasone cream/emollient) **– PA**

Kenalog (triamcinolone spray) **– PA**

Texacort (hydrocortisone solution) **– PA**

Topicort (desoximetasone cream, gel, ointment)

## – PA

Trianex (triamcinolone 0.05% ointment) **– PA**

**#** This is a brand-name drug with FDA “A” -rated generic

equivalents. Prior authorization 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.

* 1. The following otic antibiotics will require prior authorization effective July 30, 2012.

Coly-Mycin S (colistin/neomycin/thonzonium/ hydrocortisone) **– PA**

Cortisporin-TC (colistin/neomycin/thonzonium/ hydrocortisone) **– PA**

* 1. The following laxatives will require prior authorization effective July 30, 2012.

CoLyte with flavor packs (polyethylene glycol- electrolyte solution) **– PA**

GoLytely packet (polyethylene glycol-electrolyte solution) **– PA**

* 1. The following drug is restricted to a health-care professional

ketamine injection ^ **– PA**

# Updated Non-Drug Product List

The MassHealth Non-Drug Product List has been updated to reflect recent changes to the MassHealth Drug List. The following non-drug products have been added to the Non- Drug Product List as covered without prior authorization, effective July 16, 2012.

Hyper-Sal (sodium chloride 3.5% for inhalation) Nebusal (sodium chloride 6% for inhalation) sodium chloride for inhalation

# Corrections

* 1. 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.

Busulfex (busulfan injection) Desowen # (desonide cream) Epivir (lamivudine solution) Epivir # (lamivudine tablet) Fludara # (fludarabine)

fluocinolone cream, ointment, solution Hycamtin # (topotecan) hydrocortisone cream, lotion, ointment Myleran (busulfan tablet)

Olux-E (clobetasol propionate foam/emollient) QUADRAMET (samarium SM 153 lexidronam) **^** SSD # (silver sulfadiazine)

Tabloid (thioguanine)

Vitrasert (ganciclovir intravitreal implant) **^**

* 1. The following drugs previously had an “A”-rated generic equivalent that is no longer available on the market. Prior authorization is no longer required for the branded products.

Grifulvin V (griseofulvin 500 mg tablet)

Gris-Peg (griseofulvin 125 mg, 250 mg tablet)

^ 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.

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*Please direct any questions or comments (or to be taken off this fax distribution) to Victor Moquin of Xerox at 617-423-9830.*