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# Pharmacy Facts

## MassHealth Pharmacy Program

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

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

#### 2. 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.

<u>New FDA “A”-Rated Generic Drug</u>	<u>Generic Equivalent</u>
clopidogrel	Plavix #
lamivudine/zidovudine	Combivir #

#### 3. Change in Prior-Authorization Status

- a. 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
- b. 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
- c. 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.

- d. 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
- e. The following laxatives will require prior authorization effective July 30, 2012.
  - CoLyte with flavor packs (polyethylene glycol-electrolyte solution) – PA
  - GoLyte packet (polyethylene glycol-electrolyte solution) – PA
- f. The following drug is restricted to a health-care professional
  - ketamine injection ^ – PA

#### 4. 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

#### 5. Corrections

- a. 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 lexitronam) ^
  - SSD # (silver sulfadiazine)
  - Tabloid (thioguanine)
  - Vitrasert (ganciclovir intravitreal implant) ^
- b. 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.