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Pharmacy Facts

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 for a complete list of updates.

1. Additions

The following newly marketed drugs have been added to the MassHealth Drug List as of March 11, 2013.

- AUBAGIO (teriflunomide) – PA
- Linzess (linaclotide) – PA
- SYNRIBO (omacetaxine mepesuccinate) – PA
- XELJANZ (tofacitinib) – PA

2. Change in Prior-Authorization Status

- a. The following generic drugs are covered without prior authorization.

Cozaar # (losartan)
Hyzaar # (losartan/hydrochlorothiazide)

- b. The following drugs will require prior authorization effective March 25, 2013.

Adagen (pegademase bovine) – PA
Cedax (ceftibuten) – PA
Spectracef (cefditoren) – PA
Suprax (cefixime) – PA

- c. The following drugs will require prior authorization when prescribed to members above or below the ages indicated below, effective March 25, 2013.

Asmanex (mometasone 110 mcg, inhaler) – PA ≥ 12 years
Asmanex (mometasone 220 mcg, inhaler) – PA < 12 years
Isentress (raltegravir 25 mg and 100 mg) – PA ≥ 12 years

- d. The following drugs will be added to the MassHealth Drug List and will be available only through the health-care professional who administers the drug. MassHealth does not pay for these drugs to be dispensed through a retail pharmacy, effective March 25, 2013.

Anascorp (centruroides immune F(ab')₂, equine) ^
BAL in Oil (dimercaprol) ^
Carbocaine (mepivacaine) ^
chloroprocaine ^

3. MassHealth Non-Drug Product List

- a. The following drug has been added to the MassHealth Non-Drug Product List. It was omitted in error. This change does not reflect any change in MassHealth policy.

Synvisc-One (hylan G-F 20) – PA

- b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.

Orthovisc (high molecular weight hyaluronan) – PA
Synvisc (hylan G-F 20) – PA

4. Corrections and Clarifications

- 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.

amifostine
amphotericin B
cladribine
Corifact (factor XIII concentrate, human)
dactinomycin
daunorubicin, conventional
dimenhydrinate injection
Doxil (liposomal doxorubicin)
Erythrocin (erythromycin IV)
floxuridine
fosphenytoin
Gamastan (immune globulin, human) – PA
HepaGam B (hepatitis B immune globulin, human)
Hylenex (hyaluronidase, human recombinant)
idarubicin
Lipodox (doxorubicin liposomal injection)
magnesium sulfate
Octagam (immune globulin, human) – PA
pentostatin
ranitidine injection
Rimso-50 (dimethyl sulfoxide)
ringers solution, lactated
sodium chloride solution
Trisenox (arsenic trioxide)
Vitrace (hyaluronidase, ovine)
Vumon (teniposide)
Zanosar (streptozocin)

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- b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.

Concerta (methylphenidate ER 18 mg) – **PA**
Dilantin # (phenytoin capsule, suspension)
hydrocodone/acetaminophen – **PA > 4 grams of acetaminophen/day**
Isentress (raltegravir 400 mg)
mitomycin injection
NutreStore (l-glutamine) – **PA**
Protonix # (pantoprazole 20 mg tablet) – **PA > 30 units/month**
Protonix # (pantoprazole 40 mg tablet) – **PA > 60 units/month**
Protonix (pantoprazole 40 mg suspension) – **PA > 30 units/month**

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.

^ 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.

Please direct any questions or comments (or to be taken off of this fax distribution) to
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