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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 list of updates.

#### 1. Additions

The following newly marketed drugs have been added to the MassHealth Drug List as of September 30, 2013.

- BIVIGAM (immune globulin IV, human) – **PA**
- Cystaran (cysteamine ophthalmic) – **PA**
- dextroamphetamine 2.5 mg and 7.5 mg tablets – **PA**
- Minastrin 24 FE (ethinyl estradiol/norethindrone/ferrous fumarate chewable)
- Namenda XR (memantine ER) – **PA**
- Quartette (levonorgestrel/ethinyl estradiol)
- Revlimid (lenalidomide 20 mg) – **PA > 21 units / 28 days**
- Tafinlar (dabrafenib) – **PA**
- Vecamyl (mecamylamine) – **PA**Kyprolis (carfilzomib) – **PA**

#### 2. Change in Prior Authorization Status

- a. The following topical anesthetic will be covered without prior authorization regardless of quantity or days of treatment effective September 30, 2013.
  - Lidocaine/prilocaine
- b. The following agents will be covered without prior authorization within newly established quantity limits, effective September 30, 2013.
  - Imitrex # (sumatriptan tablet) – **PA > 18 units/month**
  - Maxalt # (rizatriptan tablet) – **PA > 18 units/month**
- c. The following vitamin D analogue will require prior authorization above quantity limits as listed below effective October 14, 2013.
  - Calcitrene (calcipotriene ointment) – **PA > 60 grams/month**
- d. The following tricyclic antidepressant will require prior authorization effective October 14, 2013.
  - Anafranil (clomipramine) – **PA**

### 3. Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. They were omitted in error. This does not reflect any change in MassHealth policy.

- Alsuma (sumatriptan injection) – **PA**
- Moxatag (amoxicillin extended-release) – **PA**
- Nexplanon (etonogestrel implant)

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

- desvenlafaxine ER – **PA**
- Dexdrine # (dextroamphetamine 5 mg, 10 mg, 15 mg capsule and tablet) – **PA > 90 units/month**
- dextroamphetamine solution – **PA > 900 ml/month**
- Ferlecit # (sodium ferric gluconate complex)
- Pristiq (desvenlafaxine succinate ER) – **PA**
- Suclear Bowel Prep Kit (polyethylene glycol electrolyte solution) – **PA**
- Travatan Z (travoprost 0.004% eye drop) – **PA**
- travoprost 0.004% eye drop – **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.
- PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment. please