

Commonwealth of Massachusetts Executive Office of Health and Human Services Division of Medical Assistance

600 Washington Street Boston, MA 02111 www.mass.gov/dma

> MASSHEALTH TRANSMITTAL LETTER PHM-47 June 2003

TO: Pharmacies Participating in MassHealth

FROM: Douglas S. Brown, Acting Commissioner

RE: Pharmacy Manual (Revised Nonlegend Drug List)

This letter transmits a revised Appendix F of the *Pharmacy Manual*. Appendix F, which lists all generic nonlegend drugs that are covered by MassHealth, has been revised to include generic, nonlegend versions of loratadine.

This revised appendix is effective July 1, 2003.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Pharmacy Manual

Pages F-1 and F-2

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Pharmacy Manual

Pages F-1 and F-2 — transmitted by Transmittal Letter PHM-44

	Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series	Division of Medical Assistance APPENDIX F: NONLEGEND DR		PAGE F-1
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This appendix lists the only nonlegend drugs, with the exception of insulins, that are covered by the Division without prior authorization. All other nonlegend drugs require prior authorization. Please refer to 130 CMR 406.411(A) and 406.412(B) for further information on nonlegend drugs. All insulins are covered for members at home, in nursing facilities, or in rest homes.

The items in this appendix are listed alphabetically by therapeutic class, then by the generic name of the drug or drug ingredients. The Division will pay for **generic**, nonlegend drugs on this list, singly or in combination, regardless of strength or dosage form. Combination products that contain active ingredients not included in this list require prior authorization.

This list of nonlegend drugs is also located on the Division's Web site at www.mass.gov/dma.

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series

SUBCHAPTER NUMBER AND TITLE

APPENDIX F: NONLEGEND DRUGS

PAGE

F-2

PHARMACY MANUAL

TRANSMITTAL LETTER

PHM-47

DATE

07/01/03

Analgesics:

acetaminophen

aspirin

aspirin with buffers

capsaicin ibuprofen ketoprofen naproxen

Antihistamines/ **Decongestants:**

brompheniramine chlorpheniramine diphenhydramine

loratadine pseudoephedrine

Antimicrobials, Topical:

bacitracin

chlorhexidine gluconate

clotrimazole hydrogen peroxide

iodine

isopropyl alcohol

miconazole

neomycin polymixin B povidone tolnaftate

Contraceptives, Topical:

nonoxynol-9

Gastrointestinal Products:

aluminum carbonate aluminum hydroxide

bisacodyl

bismuth subsalicylate calcium carbonate

casanthranol cimetidine

vitamin D

Miscellaneous Products:

A&D ointment artificial tears benzovl peroxide calamine lotion

carbamide peroxide colloidal oatmeal hydrocortisone

lanolin permethrin petrolatum selenium sulfide

sodium chloride solution

for inhalation water for inhalation

witch hazel zinc oxide

cod liver oil docusate sodium famotidine kaolin/pectin loperamide magaldrate magnesium citrate

magnesium hydroxide magnesium trisalicylate

meclizine mineral oil nizatidine psyllium ranitidine senna simethicone

sodium bicarbonate

Vitamins and Nutrients:

ascorbic acid

calcium carbonate calcium citrate

calcium glubionate calcium gluconate

calcium phosphate cvanocobalamin

electrolyte solution (pediatric)

ferrous fumarate ferrous gluconate ferrous sulfate folic acid

magnesium gluconate multivitamins, N.F.

multivitamins with minerals

niacin niacinamide

nicotinic acid

pediatric vitamins prenatal vitamins

pyridoxine (vitamin B₆) retinol (vitamin A)

riboflavin thiamine

vitamin B complex