

### Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid



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

MASSHEALTH
TRANSMITTAL LETTER PHM-50
June 2004

**TO:** Pharmacies Participating in MassHealth

FROM: Beth Waldman, Medicaid Director

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 delete nizatidine. This revision reflects changes issued with the April 15, 2004, MassHealth Drug List.

These changes were effective April 15, 2004.

#### **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(The pages listed here are no longer in effect.)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-47

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series	SUBCHAPTER NUMBER AND TITLE  APPENDIX F: NONLEGEND DRUGS		<b>PAGE</b> F-1
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This appendix lists the only nonlegend drugs, with the exception of insulins, that are covered by MassHealth without prior authorization. All other nonlegend drugs require prior authorization. Please refer to 130 CMR 406.411(A) and 406.412(A)(2) 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. MassHealth pays 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 MassHealth Web site at www.mass.gov/masshealth.

### **Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series**

# SUBCHAPTER NUMBER AND TITLE

APPENDIX F: NONLEGEND DRUGS

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PHARMACY MANUAL

## TRANSMITTAL LETTER

PHM-50

**DATE** 

04/15/04

**Analgesics:** 

acetaminophen

aspirin

aspirin with buffers

capsaicin ibuprofen ketoprofen naproxen

Antihistamines/ **Decongestants:** 

brompheniramine chlorpheniramine diphenhydramine

loratadine

bacitracin

iodine

clotrimazole

nonoxynol-9

hydrogen peroxide

isopropyl alcohol

pseudoephedrine

**Antimicrobials, Topical:** 

chlorhexidine gluconate

cod liver oil docusate sodium famotidine kaolin/pectin loperamide magaldrate

magnesium citrate magnesium hydroxide magnesium trisalicylate

meclizine mineral oil psyllium ranitidine senna simethicone sodium bicarbonate

#### **Vitamins and Nutrients:**

ascorbic acid

calcium carbonate calcium citrate calcium glubionate calcium gluconate calcium phosphate cyanocobalamin

electrolyte solution (pediatric)

ferrous fumarate miconazole ferrous gluconate neomycin polymixin B ferrous sulfate folic acid povidone

tolnaftate magnesium gluconate multivitamins, N.F.

**Contraceptives, Topical:** multivitamins with minerals

> niacin niacinamide nicotinic acid

**Gastrointestinal Products:** 

pediatric vitamins prenatal vitamins pyridoxine (vitamin B<sub>6</sub>) aluminum carbonate aluminum hydroxide retinol (vitamin A)

bisacodyl riboflavin bismuth subsalicylate thiamine

calcium carbonate vitamin B complex

casanthranol vitamin D cimetidine

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