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) – PAKyprolis (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
   - Calcitrene (calcipotriene ointment) – PA > 60 grams/month
d. The following vitamin D analogue will require prior authorization above quantity limits as listed below effective October 14, 2013.
   - Travatan Z (travoprost 0.004% eye drop) – PA
   - Travoprost 0.004% eye drop – 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 (etonoestrel implant)

b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
   - desvenlafaxine ER – PA
   - Dxedrine # (dextroamphetamine 5 mg, 10 mg, 15 mg capsule and tablet) – PA > 90 units/month
   - dextroamphetamine solution – PA > 900 ml/month
   - Ferrlecit # (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 direct any questions or comments (or to be taken off this fax distribution) to Victor Moquin of Xerox at 617-423-9830.