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 Oli (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)
      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)
      Vitrase (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 Victor Moquin of ACS at 617-423-9830.