MHDL Updates

1. Additions

The following newly marketed drugs have been added to the MassHealth Drug List.

- Allegra ODT (fexofenadine orally disintegrating tablet) – PA
- Bystolic (nebivolol) – PA
- Combigan (brimonidine/timolol, ophthalmic)
- Doribax (doripenem)
- Flector Patch (diclofenac topical patch) – PA
- Hyper RAB (rabies immune globulin IM, human)
- Intelence (etravirine)
- Ixempra (ixabepilone)
- Kuvan (sapropterin)
- Tekturna HCT (aliskiren/hydrochlorothiazide) – PA
- Valstar (valrubicin)
- Veregen (sinecatechins) – PA
- Zyflo CR (zileuton extended-release) – PA

2. New FDA “A”-Rated Generics

The following FDA “A”-rated generic drugs have been added to the MassHealth Drug List. The brand name is listed with a # symbol, to indicate that prior authorization is required for the brand.

<table>
<thead>
<tr>
<th>New FDA “A” - Rated Generic Drug</th>
<th>Generic Equivalent of</th>
</tr>
</thead>
<tbody>
<tr>
<td>albuterol/ipratropium</td>
<td>Duoneb #</td>
</tr>
<tr>
<td>alendronate</td>
<td>Fosamax #</td>
</tr>
<tr>
<td>balsalazide</td>
<td>Colazal #</td>
</tr>
<tr>
<td>ethinyl estradiol/norethindrone</td>
<td>Estrostep FE #</td>
</tr>
<tr>
<td>granisetron tablet – PA &gt; 15 units/month</td>
<td>Kytril # – PA &gt; 15 units/month</td>
</tr>
</tbody>
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3. Change in PA Status

a. The PA requirements for Prevacid capsules and solutabs are changing. The following PA requirements are effective April 15, 2008. Please see Table 3 for a complete list of PA requirements for the Proton Pump Inhibitors.

- Prevacid (lansoprazole) capsule – PA ≥ 2 years
- Prevacid SoluTab (lansoprazole, orally disintegrating tablet) – PA > 2 years
- clindamycin 300 mg – PA
- Zyvox (linezolid), oral – PA
- Zyflo (zileuton) – PA

4. Updated MassHealth Nonlegend (OTC) Drug List

The MassHealth Nonlegend (OTC) Drug List has been updated to include the following drug:

- cetirizine tablet

5. Deletions

a. The following drugs have been deleted from the MassHealth Drug List because they are now over-the-counter.

- Zyrtec (cetirizine)
- Zyrtec-D (cetirizine/pseudoephedrine)

b. The following medications have been deleted from the MassHealth Drug List. MassHealth does not pay for legend or nonlegend preparations for cosmetic purposes.

- Drysol (aluminum chloride)
- Xerac AC (aluminum chloride)

c. The following drugs have been deleted from the MassHealth Drug List because they were discontinued by the manufacturer.

- Estrostep 21 (ethinyl estradiol/norethindrone)
- Prevacid (lansoprazole) suspension

6. Corrections

a. The age restrictions for the following drugs have been added to the MassHealth Drug List. They were omitted in error.

- Zostavax (herpes zoster vaccine) – PA < 60 years
- Gardasil (human papillomavirus vaccine) – PA < 9 years and > 26 years

b. The following drugs have been added to the MassHealth Drug List. They were omitted in error.

- HalfLytely (polyethylene glycol-electrolyte solution/bisacodyl) - PA
- Supprelin LA (histrelin) – PA
- Vantas (histrelin) – PA

Please direct any questions or comments (or to be taken off of this fax distribution) to Victor Moquin of ACS at 617-423-9830.