MHDL Updates

1. Additions

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

- Arcalyst (rilonacept) – PA
- DAZidox (oxycodone immediate release) – PA
- Emend IV (fosaprepitant injection)
- Evamist (estradiol transdermal spray)
- Fenoglide (fenofibrate) – PA
- Lamsil Granules (terbinafine granules) – PA
- Luvox CR (fluvoxamine extended-release) – PA
- Millipred (prednisolone) – PA
- Omnaris AQ (ciclesonide nasal spray) – PA
- Pristiq (desvenlafaxine) – PA
- Simcor (niacin extended-release/simvastatin) – PA
- Treanda (bendamustine)
- Voltaren Gel (diclofenac topical gel) – 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.

New FDA “A” - Rated Generic Drug

- epoprostenol Flolan #
- irinotecan Camptosar #

3. Change in PA Status

a. The PA requirements for the intranasal corticosteroids are changing. The following PA requirements are effective on July 15, 2008.

- Beconase AQ (beclomethasone nasal spray) – PA
- Nasacort AQ (triamcinolone nasal spray) – PA
- Nasarel (flunisolide nasal spray) – PA
- Nasonex (mometasone nasal spray) – PA > 4 years and > 1 inhaler/month
- Rhinocort Aqua (budesonide nasal spray) – PA

b. The following PA requirements for bisphosphonates are changing. The following PA requirements are effective July 15, 2008.

- Actonel (risedronate) – PA
- Boniva (ibandronate) – PA
- Reclast (zoledronic acid) – PA
- Skelid (tieludronate) – PA

c. The PA requirements for benzodiazepines are changing. The following PA requirements are effective July 15, 2008.

- alprazolam powder – PA
- Diastat (diazepam rectal gel) – PA > 5 kits (10 syringes/1 month)
- diazepam powder – PA
- lorazepam powder – PA
- Tranxene SD (clorazepate) – PA

d. The following drugs will require prior authorization effective July 15, 2008.

- Aldara (imiquimod) – PA
- Flagyl ER 750 mg (metronidazole extended-release) – PA
- metronidazole 375 mg – PA

e. The PA requirements for pseudoephedrine are changing. The following PA requirements are effective July 15, 2008.

- pseudoephedrine – PA > 240 mg/day

f. The following drug will no longer require prior authorization.

- Neumega (oprelvekin)

4. Updated MassHealth Nonlegend (OTC) Drug List

The MassHealth Nonlegend (OTC) Drug List has been updated to include the following drugs.

- cetirizine syrup
- Culturelle (lactobacillus rhamnosus GG) < 18 years glycerin

5. Corrections

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.

- Fansidar (sulfadoxine/pyrimethamine)
- Maxaquin (lomefloxacin)
- ProAir HFA (albuterol HFA)
- ranitidine syrup

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