MHDL Update

Below are certain updates to the MassHealth Drug List (MHDL). See the MHDL for a complete listing of updates.

1. Additions

The following newly marketed drugs have been added to the MassHealth Drug List effective February 14, 2011.

- Atelvia (risedronate) delayed release – PA
- Beyaz (drosperinone/ethinyl estradiol/levomefolate)
- Bromday (bromfenac) – PA
- Gilenya (fingolimod) – PA
- Glassia (alpha 1-proteinase inhibitor, human)
- Kombiglyze XR (saxagliptin/metformin ER) – PA
- Lo Loestrin Fe (norethindrone/ethinyl estradiol/ferrous fumarate)
- Natazia (estradiol valerate and estradiol valerate/dienogest)
- Pacnex Cleansing Pads (benzoil peroxide) – PA
- Pradaxa (dabigatran) – PA
- Silenor (doxepin) – PA
- Suboxone (buprenorphine/naloxone) film – PA
- Suprep Bowel Kit (sodium sulfate/potassium sulfate/magnesium sulfate) – PA
- Tachosil (fibrinogen/thrombin) patch
- Tekamlo (aliskiren/amlodipine) – PA
- Tobradex ST (tobramycin 0.3%/dexamethasone, ophthalmic ointment 0.1%) – PA
- Xeomin (incobotulinum toxinA) – PA

2. Change in Prior-Authorization Status

a. The prior authorization requirement for the following drug is changing. Please refer to Table 31 and applicable PA request form for PA requirements for this drug.
   - Daytrana (methylphenidate transdermal system) – PA < 6 years or > 17 years and PA > 30 units/month

b. The following drugs will no longer require prior authorization.
   - Aceon # (perindopril)
   - ephedrine injection
   - Sandimmune (cyclosporine) capsules

c. The following agent will no longer require prior authorization for ≤ 30 units/month.
   - Wellbutrin XL # (bupropion XL) – PA > 30 units/month

d. The following drugs will be restricted to inpatient hospital use effective February 28, 2011.
   - Angiomax (bivalirudin)
   - argatroban
   - Refludan (lepirudin)

e. The following ophthalmic antibiotic/corticosteroid combination drugs will require prior authorization effective February 28, 2011.
   - Blephamide (sulfacetamide/prednisolone) – PA
   - Poly-Pred (neomycin/polymyxin B/ prednisolone) – PA
   - Pred-G (prednisolone/gentamycin) – PA
   - Tobradex (tobramycin 0.3%/dexamethasone, ophthalnic ointment 0.1%) – PA
   - Zylet (loteprednol/tobramycin) – PA

f. The prior authorization requirements for the following drugs are changing effective February 28, 2011. Please refer to Table 3 and applicable PA request forms for PA requirements for these drugs.
   - Prilosec # (omeprazole) 10 mg – PA > 30 units/month
   - Prilosec # (omeprazole) 20 mg – PA > 120 units/month
   - Prevacid # (lansoprazole) capsule – PA > 2 years and > 30 units/month
   - Prevacid SoluTab (lansoprazole, orally disintegrating tablet) – PA > 2 years and > 30 units/month

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