MHDL Updates

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 as of July 16, 2012.

- Cosopt PF (dorzolamide/timolol, preservative free)
- Intermezzo (zolpidem, sublingual tablet)
- Koralyn (mifepristone)
- Omontys (peginesatide)
- Picato (ingenol)
- Qnasl (beclomethasone nasal aerosol)
- Revlimid (lenalidomide 2.5 mg)
- Subsys (fentanyl sublingual spray)
- ZIOPTAN (tafluprost)

2. New FDA “A”-Rated Generics

The following FDA “A”-rated generic drugs have been added to the MassHealth Drug List as of July 16, 2012. 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>clopidogrel</td>
<td>Plavix #</td>
</tr>
<tr>
<td>lamivudine/zidovudine</td>
<td>Combivir #</td>
</tr>
</tbody>
</table>

3. Change in Prior-Authorization Status

a. The following drug no longer requires prior authorization effective July 16, 2012.

- Derma-smoothe FS # (fluocinolone body oil, scalp oil)
- hydrocortisone acetate/aloevera cream, gel, lotion

b. The prior-authorization requirements for the following drug have changed. The new prior-authorization requirement is shown below.

- Veramyst (fluticasone furoate nasal spray) – PA ≥ 4 years and > 1 inhaler/month

4. Updated Non-Drug Product List

The MassHealth Non-Drug Product List has been updated to reflect recent changes to the MassHealth Drug List. The following non-drug products have been added to the Non-Drug Product List as covered without prior authorization, effective July 16, 2012.

- Hyper-Sal (sodium chloride 3.5% for inhalation)
- Nebusal (sodium chloride 6% for inhalation)
- sodium chloride for inhalation

5. Corrections

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.

- Busulfex (busulfan injection)
- Desowen # (desonide cream)
- Epivir (lamivudine solution)
- Fludara # (fludarabine)
- fluocinolone cream, ointment, solution
- Hycamtin # (topotecan)
- hydrocortisone cream, lotion, ointment
- Myleran (busulfan tablet)
- Olux-E (clobetasol propionate foam/emollient)
- QUADRAMET (samarium SM 153 lexidronam)
- SSD # (silver sulfadiazine)
- Tabloid (thioguanine)
- Vitransert (ganciclovir intravitreal implant)

b. The following drugs previously had an “A”-rated generic equivalent that is no longer available on the market. Prior authorization is no longer required for the branded products.

- Grifulvin V (griseofulvin 500 mg tablet)
- Gris-Peg (griseofulvin 125 mg, 250 mg tablet)

^ 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.