



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111

MassHealth
Community Health Center Bulletin 46
February 2001

TO: Community Health Centers Participating in MassHealth

FROM: Wendy E. Warring, Commissioner

RE: **Injectable and Infusible Drugs and Devices**

Introduction

The purpose of this bulletin is to provide an updated list of injectable and infusible drugs and devices administered in a community health center or dispensed to a member for self-administration that require prior authorization (please refer to the attachment to this bulletin).

This bulletin also introduces options for supplying injectable and infusible drugs administered in a community health center. To ensure appropriate transport and dispensing of the drug or device, the pharmacy must not dispense the injectable or infusible drug or device directly to the MassHealth member unless the item is for self-administration. This directive applies to all injectable and infusible drugs and devices, not just for those that require prior authorization.

Supplying Injectable or Infusible Drugs and Devices

The Division allows two options for payment of injectable and infusible drugs and devices.

- The MassHealth community health center may bill for supplying these drugs and devices in the clinic.
 - The MassHealth pharmacy may bill for the drugs or devices delivered to the community health center administering the drugs or devices.
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Prior-Authorization Instructions for CHC-Supplied Injectables and Infusibles

To obtain prior authorization for injectable and infusible drugs and devices that are supplied and administered in the community health center, community health centers must submit a request for prior authorization to the Division on the Division's standard prior-authorization form, which may be obtained from MassHealth Forms Distribution. (The address is listed later in this bulletin.)

**Prior-Authorization
Instructions for
CHC-Supplied
Injectables and
Infusibles (cont.)**

The Request for Prior Authorization must contain the information required in the billing instructions in Subchapter 5 of the *Community Health Center Manual*. No other form, including letterhead, will be accepted for prior-authorization requests for drugs and devices dispensed and administered in the clinic.

Item 3 of the prior-authorization form must contain the MassHealth provider number of the community health center.

**Prior-Authorization
Instructions for
Pharmacy- Supplied
Injectables and
Infusibles**

Prior authorization for drugs or devices supplied by a MassHealth pharmacy that delivers these items to a community health center or supplies these items to a member for self-administration must be requested by the community health center.

The Request for Prior Authorization must contain the information required in the billing instructions in Subchapter 5 of the *Community Health Center Manual*. No other form, including letterhead, will be accepted for prior-authorization requests for drugs and devices dispensed and administered in the community health center or supplied to a member for self-administration.

The request for prior authorization must include the name, address, and telephone number of the MassHealth pharmacy that will fill the prescription.

**Drugs and Hydration
Administered with
Chemotherapy**

The Division does not pay separately for hydration, antiemetics, or other non-chemotherapy drugs when such drugs or hydration are administered in conjunction with the chemotherapy infusion. However, the Division pays for these drugs and hydration when they are administered before or after the infusion of chemotherapy.

**Address for
Prior-Authorization
Requests**

Submit all prior-authorization requests for injectable and infusible drugs and devices to the following site.

University of Massachusetts Medical School
DUR Program Offices
11 Midstate Drive
Auburn, MA 01501

Telephone: 1-800-745-7318
Fax: 1-877-208-7428

**Billing Procedures for
CHC-Supplied
Injectables and
Infusibles**

Compliance with the following directives will help ensure the proper processing of your claims.

All claims submitted for injectable and infusible drugs and devices require the name, strength, total dose administered, and the total number of units administered (such as mg and cc) to appear on claim form no. 9. If possible, list the NDC number of the drug.

Attach a copy of the current invoice showing the actual acquisition cost to the claim form. The Division will deny claims that lack the required information.

Enter the prior-authorization number in Item 4 of claim form no. 9.

Verify that the provider number of the community health center administering the drug is identical to the provider number listed on the Division's prior-authorization approval. Otherwise, the Division will deny the claim.

You may request payment for the administration of the drug on the same claim form. Use the appropriate service code for administration from Subchapter 6 of the *Community Health Center Manual*.

**Drugs No Longer
Requiring
Prior Authorization**

The following drugs no longer require prior authorization.

Algucerase (Ceredase, Cerezyme)
Alpha-1 proteinase inhibitor (Prolastin)
Dornase alpha inhalation solution (Pulmozyne)
Herceptin

**Supplies of
Prior-Authorization
Request Forms**

To obtain supplies of the Request for Prior Authorization Form send or fax a written request to the following site.

MassHealth
Forms Distribution
P.O. Box 9101
Somerville, MA 02145

Fax: (617) 576-4087

Questions

If you have any questions about the information in this bulletin, please contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.

Injectable or Infusible Drugs and Devices Requiring Prior Authorization

The following is a list of drugs that require prior authorization when dispensed in a prescriber's office or supplied to a MassHealth member for self-administration. Each category includes all FDA and future approved FDA drugs.

- **antirheumatic injectables** (for example, *Enbrel*)
- **botulinum toxin** (for example, *Botox*, *Mylobloc*)
- **colony stimulating factors** (for example, *Leukine*, *Neupogen*)
- **compounded medications for infusion** (for example, *active medication containing more than one ingredient*)
- **gonadotropin-releasing hormone analog** (for example, *Lupron*)
- **hyaluronic acid derivatives** (for example, *Hyalgan*, *Synvisc*)
- **immune globulin intravenous (IGIV)** (for example, *Sandoglobulin*, *Venoglobulin*)
- **injectable muscle relaxants** (for example, *Lioresal*)
- **monoclonal antibodies** (for example, *Remicade*, *Synagis*)
- **recombinant human erythropoietin** (for example, *Epogen*, *Procrit*)
- **recombinant human growth hormone (HGH)** (for example, *Geref*, *Humatrope*)

Billing

Practitioners and community health centers are reminded that all claims submitted for drugs and devices require the name, strength, total dose administered, and total number of units administered (such as mg and cc) to appear on the necessary claim form. A copy of the current invoice showing the actual acquisition cost must be attached to the claim form.

Practitioners and community health centers must refer to Subchapter 6 of their provider manual to find the appropriate service codes when billing for injectable and infusible drugs dispensed in the office or clinic.

In addition, oral drugs dispensed in a practitioner's office or a community health center, with the exception of oral vaccines, also require prior authorization.

Pharmacies may no longer dispense injectable or infusible drugs and devices directly to members unless the item is for self-administration.

Notice to MassHealth Members

Beginning February 15, 2001, there will be two changes to how you, your doctor, or your clinic get certain medications that your doctor then gives you by injection (a shot) or intravenously (I.V.)

1. Your doctor will need to get prior authorization before he or she can give you the following medications.
 - baclofen (Lioresal);
 - botulinum toxin (Botox; Mylobloc);
 - hylan G-F 20 (Synvisc).
 - leuprolide acetate (Lupron)

2. You will no longer be able to get the following medications and others like them from your pharmacy. Your doctor or clinic will have to get these medications before your appointment.
 - sodium hyaluronate (Hyalgan)
 - Infliximab (Remicade)
 - Immune Globulin Intravenous (Sandoglobulin, Venoglobulin, Gammar-P, Gammagard S/D, Gamimune, Panglobulin, Iveegam, Polygam S/D)

We will also your doctor or clinic and your pharmacy about these changes before February 15, 2001.

Please call your doctor if you have any questions about this notice.