



PHARMACY FACTS

Current information for pharmacists about the MassHealth Pharmacy Program

www.mass.gov/masshealth-pharmacy-facts

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COVID Vaccine Billing Information

MassHealth has issued several All Provider Bulletins, listed below, describing the rates MassHealth will pay for COVID-19 vaccine administration, including new rates effective for dates of service on or after April 1, 2021.

- [All-Provider Bulletin 304](#) (December 2020)
- [All Provider Bulletin 307](#) (January 2021)
- [All Provider Bulletin 312](#) (March 2021) and
- [All Provider Bulletin 313](#) (March 2021)

Since the issuance of [Pharmacy Facts 160](#), a third COVID-19 vaccine product received Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration (FDA) on February 27, 2021. Unlike the first two authorized vaccine products, this newly approved vaccine product requires only one dose.

As of April 1, 2021, MassHealth will align its rates for all COVID-19 vaccine administration with those recently set by Medicare for the metropolitan Boston geographic area. All other information included in All Provider Bulletins 304, 307, and 312 remains in effect, including payment rates for COVID-19 vaccine administration for dates of service before April 1, 2021.

MassHealth will follow NDCPD guidance for claims submission through the Pharmacy Online Processing System (POPS) as indicated in the National Council for Prescription Drug Programs (NCPDP) [Emergency Preparedness Guidance](#).

In general, claims submitted for zero-cost vaccines should be submitted on a single B1/B3 billing transaction, including the following data elements and values:

- Prescription/Service Reference Number Qualifier (455-EM) of “1” (Rx Billing)

- Product/Service ID Qualifier (436/E1) – usually “03” for NDC.
- Product/Service ID (407-D7) containing the NDC number of the vaccine or other product that was administered and obtained at a zero cost.
- Quantity Dispensed (442-E7) should be submitted with the value that represents the quantity of drug product administered.
- Professional Service Code (440-E5) value of “MA” (Medication Administered).
- Incentive Amount Submitted (438-E3) should be submitted to identify the pharmacy is seeking reimbursement for the administration of the product. For a two-dose vaccine, the allowable fee for the initial dose will be \$ 33.88 until April 1, 2021, when the allowable fee will be \$45.87. For the final dose the allowable fee will be \$ 56.78 until April 1, 2021, when the allowable fee will be \$45.87. For a one-dose vaccine, the allowable fee will be \$56.78 until April 1, 2021, when the allowable fee will be \$45.87.
- Ingredient Cost Submitted (409-D9) value of \$0.00. This could change in the future if vaccines are no longer available free of charge.
- Gross Amount Due (430-DU) value should be submitted to include the Incentive Amount Submitted for the vaccine administration fee and zero cost of the vaccine.
- Usual and Customary Charge (426-DQ) value should reflect the amount charged to a cash-paying customer.
- Basis of Cost Determination (423-DN) value “15” (free product or no associated cost).

Use of Submission Clarification Codes (420-DK)

In order to clearly identify whether the claim is for an initial dose or final dose of the vaccine series,

a Submission Clarification Code value should be submitted on all claims for two-dose vaccines. Please note that claims for a one dose vaccine do not need to be submitted with one of these submission clarification codes. The following distinct Submission Clarification Code values should be used to clarify the submission as an initial or final dose.

Initial Dose: Submission Clarification Code of 2 “Other Override” is defined as “Used when authorized by the payer in business cases not currently addressed by other SCC values” to indicate that the first dose of a two-dose vaccine is being administered. The allowable administration fee of \$33.88 should be entered in field 438-E3 until April 1, 2021, when the allowable fee will be \$45.87.

Final Dose: Submission Clarification Code of 6 “Starter Dose” is defined as “The pharmacist is indicating that the previous medication was a starter dose and now additional medication is needed to continue treatment” to indicate that the final dose of a two-dose vaccine is being administered. The allowable administration fee of \$56.78 should be entered in field 438-E3 until April 1, 2021, when the allowable fee will be \$45.87.

MHDL Update

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

Additions

- a. Effective March 22, 2021, the following newly marketed drugs have been added to the MassHealth Drug List.
 - Alkindi (hydrocortisone sprinkle capsule) – **PA**
 - Blenrep (belantamab mafodotin-blmf) – **PA**
 - Bynfezia (octreotide prefilled syringe)
 - Cystadrops (cysteamine 0.37% ophthalmic solution) – **PA**
 - Gavreto (pralsetinib) – **PA**
 - Inqovi (decitabine/cedazuridine)
 - Lampit (nifurtimox) – **PA**
 - Monoferric (ferric derisomaltose) – **PA**
 - Nyvepria (pegfilgrastim-apgf)

- Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf) – **PA**
- quinidine gluconate extended-release – **PA**
- Sutab (sodium sulfate/magnesium sulfate/potassium chloride) – **PA**
- Vilterso (viltolarsen) – **PA**
- Xywav (calcium oxybate/magnesium oxybate/ potassium oxybate/sodium oxybate) – **PA**
- Zepzelca (lurbinectedin) – **PA**
- Zilxi (minocycline 1.5% foam) – **PA**

- b. Effective for the date listed below, the following COVID-19 treatment therapy has been added to the MassHealth Drug List on February 24, 2021.
 - etesevimab (COVID EUA – February 9, 2021)
- c. Effective for the date listed below, the following COVID-19 preventative therapy has been added to the MassHealth Drug List on March 8, 2021.
 - Janssen COVID-19 Vaccine (COVID EUA – February 27, 2021)

Change in Prior-Authorization Status

- a. Effective March 22, 2021, the following acne and rosacea agent will no longer require prior authorization.
 - Noritate (metronidazole 1% cream)
- b. Effective March 22, 2021, the following NSAID agent will no longer require prior authorization.
 - Pennsaid (diclofenac topical solution)
- c. Effective March 22, 2021, the following benzodiazepine will no longer require prior authorization within newly established quantity limits. Pediatric Behavioral Health Medication Initiative criteria will still apply. For additional information, please see the Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist
 - clonazepam 2 mg orally disintegrating tablet – **PA < 6 years and PA > 2 units/day**
- d. Effective March 22, 2021, the following antiparkinson agents will no longer require prior authorization within quantity limits.
 - Azilect (rasagiline) – **PA > 1 unit/day**

- Neupro (rotigotine transdermal system)^{BP} – **PA > 1 unit/day**
- e. Effective March 22, 2021, the following acne and rosacea agents will no longer require prior authorization within quantity limits.
- Metro lotion (metronidazole lotion) – **PA**
- f. Effective March 22, 2021, the following anticoagulant will no longer require prior authorization
- Pradaxa (dabigatran etexilate mesylate 110 mg)^{BP}
 - Pradaxa (dabigatran etexilate mesylate 75 mg, 150 mg)^{BP}
- g. Effective March 22, 2021, the following bowel preparation agent will no longer require prior authorization.
- Plenvu (polyethylene glycol-electrolyte solution)

MassHealth Brand Name Preferred Over Generic Drug List

The MassHealth Brand Name Preferred Over Generic Drug List has been updated to reflect recent changes to the MassHealth Drug List.

- a. Effective March 22, 2021, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
- Sorilux (calcipotriene foam)^{BP} – **PA**
 - Veletri (epoprostenol)^{BP} – **PA**
 - Zyclara (imiquimod 2.5%, 3.75% cream)^{BP} – **PA**
- b. Effective March 22, 2021, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Differin (adapalene 0.1% gel) – **PA**

Legend

- PA** Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment. Note: PA applies to both the brand-name and the FDA "A"-rated generic equivalent of listed product.
- BP** Brand preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the nonpreferred drug generic equivalent.

ACO Name Change

Partners Health Care Choice legally changed its name to Mass General Brigham ACO effective March 1, 2021.

BIN/PCN/Group Numbers for ACOs, MCOs, PCC Plan, MassHealth-Only SCOs

Updates information in Pharmacy Facts 160

Accountable Care Partnership Plans	PBM	BIN	PCN	Group	Pharmacy Help Desk
Be Healthy Partnership (HNE)	OptumRx	610593	MHP	HNEMH	(800) 918-7545 (Optum Rx)
Berkshire Fallon Health Collaborative	CVS Caremark	004336	ADV	RX6429	(800) 364-6331 (CVS Caremark)
BMC HealthNet Plan Community Alliance	Express Scripts	003858	MA	MAHLTH	(877) 401-2069 (ESI)
BMC HealthNet Plan Mercy Alliance	Express Scripts	003858	MA	MAHLTH	(877) 401-2069 (ESI)
BMC HealthNet Plan Signature Alliance	Express Scripts	003858	MA	MAHLTH	(877) 401-2069 (ESI)
BMC HealthNet Plan Southcoast Alliance	Express Scripts	003858	MA	MAHLTH	(877) 401-2069 (ESI)
Fallon 365 Care	CVS Caremark	004336	ADV	RX6430	(800) 364-6331 (CVS Caremark)
My Care Family	CVS Caremark	004336	ADV	RX1653	800-364-6331 (CVS Caremark)
Tufts Health Together with Atrius Health	CVS Caremark	004336	ADV	RX1143	(877) 683-6174 (CVS Caremark)
Tufts Health Together with BIDCO	CVS Caremark	004336	ADV	RX1143	(877) 683-6174 (CVS Caremark)
Tufts Health Together with Boston Children's ACO	CVS Caremark	004336	ADV	RX1143	(877) 683-6174 (CVS Caremark)
Tufts Health Together with CHA	CVS Caremark	004336	ADV	RX1143	(877) 683-6174 (CVS Caremark)
Wellforce Care Plan (Fallon)	CVS Caremark	004336	ADV	RX6431	(800) 364-6331 (CVS Caremark)

Emergency Override Codes for ACOs, MCOs, PCC Plans

Updates information in Pharmacy Facts 159

Primary Care Partnership Plans	Emergency Override Code
Be Healthy Partnership (HNE)	Call (800) 918-7545 (Optum Rx) for override
Berkshire Fallon Health Collaborative	11112222333
BMC HealthNet Plan Community Alliance	PA Type 1, Code 1111
BMC HealthNet Plan Mercy Alliance	PA Type 1, Code 1111
BMC HealthNet Plan Signature Alliance	PA Type 1, Code 1111
BMC HealthNet Plan Southcoast Alliance	PA Type 1, Code 1111
Fallon 365 Care	11112222333
My Care Family	11112222333
Reliant (Fallon)	11112222333
Tufts Health Together with Atrius Health	11112222333
Tufts Health Together with BIDCO	11112222333
Tufts Health Together with Boston Children's ACO	11112222333
Tufts Health Together with CHA	11112222333
Wellforce Care Plan (Fallon)	11112222333
MassHealth Primary Care ACOs and PCC Plan	
Community Care Cooperative (C3)	Value of "03" in field 418 (claims processed through POPS)
Mass General Brigham ACO	Value of "03" in field 418 (claims processed through POPS)
Steward Health Choice	Value of "03" in field 418 (claims processed through POPS)
Primary Care Clinician (PCC) plan	Value of "03" in field 418 (claims processed through POPS)
MCOs	
BMC HealthNet Plan	PA Type 1, Code 1111
Tufts Health Together	11112222333

Please direct any questions or comments (or to be removed from this fax distribution) to
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