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Pharmacy Facts

MassHealth Pharmacy Program

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MassHealth Drug List Changes in Prior Authorization Status

MassHealth has changed the prior-authorization requirements for the following medications effective April 17, 2006.

Adoxa (doxycycline) – **PA**

Relenza (zanamivir) – **PA all quantities (June 1st to September 30th); PA > 20 inhalations/month and 40 inhalations/season (October 1st to May 31st)**

Tamiflu (oseltamivir) – **PA all quantities (June 1st to September 30th); PA > 10 capsules or 75 ml per month and PA > 20 capsules or 150 ml per season (October 1st to May 31st)**

Zofran ODT (ondansetron, orally disintegrating tablet) – **PA**

MassHealth has changed the PA requirements of certain cerebral stimulants effective April 17, 2006. The following long-acting medications require prior authorization for quantities greater than 60 units/month separately or in combination with the cerebral stimulants listed here.

Adderall XR (amphetamine salts extended-release) – **PA > 60 units per month**

Concerta (methylphenidate extended-release) – **PA > 60 units per month**

Focalin XR (dexmethylphenidate extended-release) – **PA > 60 units per month**

Metadate CD (methylphenidate extended-release) – **PA > 60 units per month**

Ritalin LA (methylphenidate extended-release) – **PA > 60 units per month**

The following short-acting and intermediate-acting medications require prior authorization for quantities greater than 90 units/month, whether used individually or in combination with the cerebral stimulants listed here.

Adderall # (amphetamine salts) – **PA > 90 units per month**

Dexedrine # (dextroamphetamine) – **PA > 90 units per month**

Focalin (dexmethylphenidate) – **PA > 90 units per month**

Metadate ER # (methylphenidate extended-release) – **PA > 90 units per month**

Methylin (methylphenidate) – **PA > 90 units per month**

Ritalin # (methylphenidate) – **PA > 90 units per month**

Ritalin SR # (methylphenidate extended-release) – **PA > 90 units per month**

Written Prescription Requirements

Prescriptions for over-the-counter drugs require a *valid* prescription, which is not necessarily a **written** prescription. A valid prescription may be written, oral, facsimile, or electronic as permitted by state and federal laws. When filling a prescription for a brand-name product when a generic equivalent is available, a written prescription **is** required. On the face of the prescription, in the prescriber's own handwriting, the words "brand name medically necessary" under the words "no substitution" must be written out in full and may not be abbreviated.

Medicare Part D Prescription Drug Coverage Update

A reminder that MassHealth will provide limited assistance for Part D drugs for dual eligible members when a Part D plan will not cover the medication at the time the prescription is presented. These procedures were summarized in Pharmacy Facts #17 and #18. If a Part D plan denies a claim because the drug is not available on the plan's formulary or due to the plan's prior authorization, submit the claim to MassHealth using Other Coverage Code 3, along with the appropriate reject code. These reject codes include Reject Codes 70 and 75. The claim will still be subject to all of MassHealth's other billing procedures and requirements, with the exception of prior authorization.