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[www.mass.gov/masshealth/pharmacy](http://www.mass.gov/masshealth/pharmacy)

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| **Medicare Part D Prescription Drug Coverage Update**  The Massachusetts legislature made a number of changes to the assistance available to MassHealth dually eligible members, effective July 1, 2006.  The legislation extended the availability of the one-time 30-day supply of medication through December 31, 2006. The override for a one-time 72-hour supply of medication will continue until further notice. The one- time overrides are no longer limited to instances involving drug coverage by a known Medicare Part D plan. Pharmacists may now use standard NCPDP **other payer reject codes** (NCPDP field 472-6E) to override a denied claim when a Part D plan does not pay a claim for a Part D drug. Pharmacists must attempt to bill the MassHealth member’s Part D plan, if the member is enrolled in one, or the Wellpoint/Anthem point-of-sale contingency plan, if not enrolled in a Part D plan. After these attempts, pharmacies may submit the claim to MassHealth for an override.  The legislation also expanded Part D copayment assistance for MassHealth members. You can still use the process described in Pharmacy Facts No. 17 to reduce a dually eligible member’s copayment from $2 and $5 levels (as determined by the Part D plan) to the standard MassHealth copayment levels of $1 and $3. This process can also be used to reduce the copayment to $0 for members under 18, members who reside in long-term-care facilities, and pregnant women who are assessed a copayment by a Part D plan. This process also may be used to reduce copayments when the Part D plan refuses to reduce an incorrectly high copayment. **The maximum copayment that a Part D plan is permitted to charge a dually eligible member is $5.** In the event that the Part D plan assesses a copayment in excess of $5 for a dually eligible member, contact the plan. If the plan refuses to correct the copayment amount, MassHealth will supplement the copayment to standard MassHealth levels. | **MassHealth Drug List Update Additions Effective 9/15/2006**  The following newly marketed drugs have been added to the MassHealth Drug List.  Abilify Discmelt (apriprazole, orally disintegrating tablet) – **PA**  Alcet (oxycodone/acetaminophen) – **PA** Atripla (efavirenz/emtricitabine/tenofovir) Azilect (rasagiline)  Cardura XL (doxazosin extended release) – **PA**  Cesamet (nabilone) – **PA**  Chantix (varenicline) – **PA > 24 weeks**  Dacogen (decitabine) H  Daytrana (methylphenidate transdermal system) –  **PA**  Deplin (L-methylfolate) – **PA**  EMSAM (selegiline transdermal system) – **PA**  Enjuvia (estrogens, conjugated) Eraxis (anidulafungin)  Exubera (regular insulin, inhalation) – **PA**  Increlex (mecasermin) – **PA**  Iplex (mecasermin) – **PA**  Keflex (cephalexin) 750 mg – **PA**  Lucentis (ranibizumab) ^  Lynox (oxycodone/acetaminophen) – **PA** Myozyme (alglucosidase) – **PA** NeoProfen (ibuprofen lysine) H  Opana (oxymorphone) – **PA**  Opana ER (oxymorphone extended release) – **PA**  Oracea (doxycycline) – **PA** Prezista (darunavir) Ranexa (ranolazine) – **PA**  Requip Starter Kit (ropinirole) – **PA** Seasonique (ethinyl estradiol/levonorgestrel) Solodyn (minocycline extended release) – **PA** Soltamox (tamoxifen) – **PA**  Sprycel (dasatinib)  Synera (lidocaine/tetracaine) – **PA > 4 patches/month**  Tysabri (natalizumab) Vaprisol (conivaptan) H  Vivitrol (naltrexone injection) – **PA**  Yaz (ethinyl estradiol/drospirenone)  Zelapar (selegiline, orally disintegrating tablet) – **PA**  (Explanations of symbols used can be found at [mass.gov/druglist](http://mass.gov/druglist).) |  |

Please direct any questions or comments (or to be taken off of this fax distribution) to

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