



Number 22
September 1, 2006

Pharmacy Facts

MassHealth Pharmacy Program

www.mass.gov/masshealth/pharmacy

• Editor: Vic Vangel • Contributors: Chris Burke, Gary Gilmore, Paul Jeffrey, James Monahan •

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 (apripazole, 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.)