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# Pharmacy Facts

## MassHealth Pharmacy Program

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

Page 1 of 2

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### Proposed Regulation Changes - Payment Methodology

The Division of Health Care Finance and Policy will hold a public hearing on Tuesday, July 28, 2009 at 10:00 A.M. at the Division, 2 Boylston Street, Boston, MA, about proposed amendments to:

#### 114.3 CMR 31.00: Prescribed Drugs

The proposed amendments, effective August 1, 2009, alter the usual and customary charge to ensure that payment for MassHealth does not exceed prices that a pharmacist has agreed to accept from any other payer.

The amendment also redefines how MassHealth will reimburse pharmacies for blood clotting factors by including the Medicare B rate as follows

Payment for Blood Clotting Factor shall not exceed the lowest of:

- the federal upper limit of the drug, if any, plus the appropriate dispensing fee as listed in 114.3 CMR 31.06;
- the Massachusetts upper limit of the drug, if any, plus the appropriate dispensing fee as listed in 114.3 CMR 31.06;
- the estimated acquisition cost, plus the appropriate dispensing fee as listed in 114.3 CMR 31.06;
- the Medicare Part B rate; or
- the usual and customary charge.

### Reminder About Claims Processing When MassHealth is Secondary Insurer

When a pharmacy is not a participating provider for a MassHealth member's primary insurance or the pharmacy receives a message from the primary insurer that a product is covered only at certain network pharmacies, the pharmacy **cannot** appropriately bill MassHealth as the primary payer using Other Coverage Code 3. In these instances, the pharmacy needs to instruct the member that they need to use a participating pharmacy of the primary insurer.

### MHDL Updates

#### 1. Additions

- The following newly marketed drugs will be added to the MassHealth Drug List effective August 3, 2009.

Acanya (clindamycin/benzoyl peroxide) – **PA**  
Aplenzin (bupropion extended-release) – **PA**  
Apriso (mesalamine extended-release)  
degarelix – **PA**  
Exforge HCT  
(amlodipine/valsartan/hydrochlorothiazide)  
– **PA**  
Gelnique (oxybutynin gel) – **PA**  
Kapidex (dexlansoprazole) – **PA**  
Lamictal ODT (lamotrigine, orally  
disintegrating tablet) – **PA**  
Lamictal ODT Start Kit (lamotrigine, orally  
disintegrating tablet) – **PA**  
LoSeasonique (ethinyl  
estradiol/levonorgestrel)  
Naprelan CR 750 mg (naproxen controlled-  
release) – **PA**  
Prilosec (omeprazole suspension) – **PA**  
Rapaflo (silodosin) – **PA**  
Ryzolt (tramadol extended-release) – **PA**  
Toviaz 4 mg (fesoterodine) – **PA > 30**  
**units/month**  
Toviaz 8 mg (fesoterodine)  
Uloric (febuxostat) – **PA**  
Vectical (calcitrol ointment) – **PA**  
Vimpat injection (lacosamide)  
Vimpat tablet (lacosamide) – **PA**

- The following drugs will be added to the MassHealth Drug List effective August 3, 2009.

Carmol HC (hydrocortisone/urea)  
U-Cort (hydrocortisone/urea)

#### 2. Change in Prior-Authorization Status

- The PA requirement for Risperdal Consta is changing. The following PA requirement is effective August 17, 2009.

Risperdal Consta (risperidone injection) – **PA**  
**>2 units (2 syringes)/month**

## MHDL Updates (cont.)

- b. The PA requirements for the 5-HT<sub>3</sub> Receptor Antagonists are changing. The following PA requirements are effective August 17, 2009. Please see Table 27 of the MassHealth Drug List for a complete list of the PA requirements for the 5-HT<sub>3</sub> Receptor Antagonists.

Anzemet (dolasetron) tablet – **PA**  
 granisetron tablet – **PA**  
 Kytril 2 mg/10 ml (granisetron) solution – **PA**

- c. The following drugs will require prior authorization effective August 17, 2009.

Detrol LA 2 mg (tolterodine extended-release) –  
**PA > 30 units/month**  
 DexPak (dexamethasone) – **PA**  
 Enablex 7.5 mg (darifenacin) – **PA > 30**  
**units/month**  
 Nalfon 200 mg (fenopropfen) – **PA**  
 Naprelan CR 375 mg, 500 mg (naproxen  
 controlled-release) – **PA**  
 naproxen controlled-release – **PA**  
 VESIcare 5 mg (solifenacin) – **PA > 30**  
**units/month**

- d. The following drugs will require prior authorization effective August 17, 2009.

buprenorphine powder – **PA**  
 codeine powder – **PA**  
 fentanyl powder – **PA**  
 hydrocodone powder – **PA**  
 methylphenidate powder – **PA**  
 propoxyphene powder – **PA**  
 sufentanil powder – **PA**

- e. The PA requirement for Alinia suspension is changing. The following PA requirement is effective August 17, 2009.

Alinia suspension (nitazoxanide) – **PA**

**3. Deletions**

- a. The following drugs have been removed from the MassHealth Drug List. There are no products containing urea as the sole active ingredient that are approved by the FDA.

Carmol (urea)  
 Kerol (urea)  
 Umecta (urea)  
 urea

- b. The following drug has been removed from the MassHealth Drug List because it has been withdrawn from the market.

Raptiva (efalizumab)

- c. The following drug has been removed from the MassHealth Drug List. MassHealth does not pay for drug products (including identical, similar, or related drug products) that the U.S. Food and Drug Administration has proposed, in a Notice of Opportunity for Hearing (NOOH) to withdraw from the market because they lack substantial evidence of effectiveness for all labeled indications.

Vanoxide-HC (benzoyl  
 peroxide/hydrocortisone)

**4. Corrections**

The following drugs have been added to the MassHealth Drug List. They were omitted in error. These additions do not reflect any changes in MassHealth policy.

Amnesteem (isotretinoin) – **PA > 21 years**  
 Benzac W (benzoyl peroxide) – **PA**  
 Claravis (isotretinoin) – **PA > 21 years**  
 Ery Pad (erythromycin) – **PA**  
 Sotret (isotretinoin) – **PA > 21 years**  
 Testopel Pellet (testosterone)