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Pharmacy Facts

MassHealth Pharmacy Program

www.mass.gov/masshealth/pharmacy

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MHDL Update

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

1. Additions

The following newly marketed drugs have been added to the MassHealth Drug List.

- Abstral (fentanyl sublingual tablet) – **PA**
- Amturnide (alisikiren/amlodipine/hydrochlorothiazide) – **PA**
- Benzefoam Ultra (benzoyl peroxide 9.8% foam) – **PA**
- Butrans (buprenorphine transdermal) – **PA**
- Carbaglu (carglumic acid) – **PA**
- Cuvposa (glycopyrrolate oral solution) – **PA**
- ella (ulipristal acetate)
- Gablofen (baclofen injection)
- Gamunex-C (immune globulin injection) – **PA**
- Halaven (eribulin) – **PA**
- Jinteli (ethinyl estradiol 5 mcg/norethindrone 1 mg)
- Kapvay (clonidine ER tablet) – **PA**
- Krystexxa (pegloticase) – **PA**
- Lastacaft (alcaftadine ophthalmic) – **PA**
- Latuda (lurasidone) – **PA**
- Moxeza (moxifloxacin ophthalmic) – **PA**
- Nexiclon ER (clonidine ER suspension/tablet) – **PA**
- Nuedexta (dextromethorphan/quinidine) – **PA**
- Safyral (ethinyl estradiol/drospirenone/levomefolate)
- Teflaro (ceftaroline) – **PA**
- XGEVA (denosumab) – **PA**
- Zolpimist (zolpidem oral spray) – **PA**

2. Change in Prior-Authorization Status

- a. The following drugs will require prior authorization when quantity limits are exceeded.
 - Protonix # (pantoprazole 20 mg) – **PA > 30 units/month**
 - Protonix # (pantoprazole 40 mg) – **PA > 60 units/month**
- b. The following drug has been added to the MassHealth OTC Drug List as covered for members ≤ 18 years old.
 - melatonin/pyridoxine ≤ 18 years
- c. The following antiviral drug will require prior authorization for quantities above one tube/month effective May 16, 2011.
 - Denavir (penciclovir) – **PA > 1 tube/month**
- d. The following drugs will require prior authorization effective May 16, 2011.
 - Colcrys (colchicine) – **PA**
 - Infergen (interferon alfacon-1) – **PA**
 - Lacrisert (hydroxypropyl cellulose ophthalmic insert) – **PA**

- e. The following drug will require prior authorization for all quantities effective May 16, 2011.
 - Restasis (cyclosporine, ophthalmic) – **PA**

Claims Processing Reminder-Emergency Fill

MassHealth Pharmacy regulations at 130 CMR 406.411(B) allow a pharmacist to dispense an appropriate emergency supply of MassHealth-covered drugs when they deny for coverage after normal business hours and prior authorization cannot be obtained from the UMass DUR unit. The pharmacy must indicate a level of service value of “3” (emergency service) in field 418. When the pharmacist determines that an emergency exists, MassHealth will pay the pharmacy for at least a 72-hour, nonrefillable supply of the drug in compliance with state and federal regulations. After the prescription is adjudicated, the pharmacy should remove the “3” from the level of service field before the next fill. The DUR unit at UMass must be contacted during normal business hours to obtain PA for additional refills.

Version D.0

Effective January 1, 2012, the National Council for Prescription Drug Programs (NCPDP) Version D.0 transaction standards will become mandatory for all MassHealth pharmacy claims. D.0 is an updated version of the HIPAA standard for pharmacy claims transactions. All pharmacy software vendors should be upgrading their products in order to support D.0. MassHealth will soon be posting the D.0 version of the POPS Billing Guide and Payer sheets on the MassHealth Pharmacy Program Web site. MassHealth pharmacy providers will be notified when these documents are available along with any additional information concerning D.0 in future Pharmacy Facts. Also in the near future MassHealth will be offering a test environment where pharmacies can submit D.0 test claims. Notification of the availability of this test environment will also be announced in a future Pharmacy Facts.

Member Identification (ID) Number

Effective January 1, 2012, all MassHealth pharmacy claims must contain the 12-digit member ID number that was introduced in May 2009. The older 10-digit member ID numbers will no longer be accepted.