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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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### MassHealth Fraud Hotline

MassHealth has launched a Fraud Hotline accessible at 1-877-437-2830. The hotline answers calls received between 8 A.M. to 5 P.M., Monday through Friday. After-hours, weekend, and holiday calls are received by a voice-mail system. This system can be used by anyone who suspects identification theft, or member or provider fraud; to voice concerns or to report suspicions of fraud, waste, and abuse. All staff are trained to handle each referral confidentially and complete a thorough investigation. If you suspect fraud, call the Fraud Hotline at 1-877-437-2830.

### Draft POPS Billing Guide Standard D.0

This is a reminder that, as of January 1, 2012, the pharmacy industry's claims telecommunication standard will change. The National Council for Prescription Drug Programs (NCPDP) current standard (v5.1) will be replaced by the new telecommunication standard, vD.0. Accordingly, the MassHealth Pharmacy Program has posted on the Pharmacy page of the MassHealth Web site, a draft edition of the POPS Billing Guide in the new D.0 standard, in advance of the go-live date. This new draft D.0 POPS Billing Guide will be posted concurrently with the current POPS Billing Guide, until January 1, 2012. To view the draft billing guide go to [www.mass.gov/masshealth/pharmacy](http://www.mass.gov/masshealth/pharmacy) and click on the link for MassHealth Pharmacy Publications and Notices for Pharmacy Providers, then Draft POPS Billing Guide Standard D.0.

### Member Identification Number

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

### MHDL Update

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

### 1. Additions

- a. The following newly marketed drugs have been added to the MassHealth Drug List effective July 11, 2011.

Axiron (testosterone 2% solution) – **PA**  
Benlysta (belimumab) – **PA**  
Briellyn (ethinyl estradiol/norethindrone)  
Edarbi (azilsartan) – **PA**  
FORTESTA (testosterone 10 mg/actuation pump) – **PA**  
Generess Fe chewable (ethinyl estradiol/norethindrone/ferrous fumarate)  
Loryna (ethinyl estradiol/drospirenone)  
Makena (hydroxyprogesterone caproate injection) – **PA**  
Matzim LA (diltiazem)  
Natroba (spinosad) – **PA**  
Zeosa chewable (ethinyl estradiol/norethindrone/ferrous fumarate)

- b. The following newly marketed drugs will be added to the MassHealth Drug List effective July 25, 2011.

Incivek (telaprevir) – **PA**  
Vitreolis (boceprevir) – **PA**

### 2. Change in Prior-Authorization Status

- a. The following drugs have been added to the MassHealth OTC Drug List as covered without requiring a prior authorization.

branded nonoxynol-9 products  
cetirizine/pseudoephedrine  
loratadine/pseudoephedrine

- b. The following drug will require prior authorization for all quantities effective July 25, 2011.

Concerta ER (methylphenidate) – **PA**

- c. The following drugs will require prior authorization effective July 25, 2011.

Aricept (donepezil 23 mg tablet) – **PA**  
 Condyllox gel (podofilox gel) – **PA**  
 Efudex (fluorouracil 5% cream) – **PA**  
 Ulesfia (benzyl alcohol lotion) – **PA**

- d. The following drugs will require prior authorization when quantity limits are exceeded, effective July 25, 2011.

Aricept # (donepezil 5 mg, 10 mg tablet) – **PA > 30 units/month**  
 Aricept ODT # (donepezil orally disintegrating tablet) – **PA > 30 units/month**  
 Exelon # (rivastigmine capsule) – **PA > 60 units/month**  
 Exelon # (rivastigmine patch) – **PA > 30 units/month**  
 Exelon (rivastigmine solution) – **PA > 180 mL/month**  
 Namenda (memantine solution) – **PA > 360 mL/month**  
 Namenda (memantine tablet) – **PA > 60 units/month**  
 Namenda (memantine titration pack) – **PA > 49 units/month**  
 Razadyne # (galantamine solution) – **PA > 180 mL/month**  
 Razadyne # (galantamine tablet) – **PA > 60 units/month**  
 Razadyne ER # (galantamine extended-release capsule) – **PA > 30 units/month**

- e. The following testosterone products will require prior authorization effective July 25, 2011.

Androderm (testosterone patch) – **PA**  
 Androgel (testosterone 1% packet) – **PA**  
 Androgel (testosterone 1% pump) – **PA**  
 Testim (testosterone 1% gel) – **PA**  
 Testopel (testosterone intramuscular pellet) – **PA**

- f. The following testosterone products will require prior authorization depending on gender effective July 25, 2011.

Delatestryl # (testosterone enanthate)  
 Depo-testosterone # (testosterone cypionate)