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# Pharmacy Facts

## MassHealth Pharmacy Program

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

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### National Council for Prescription Drug Programs (NCPDP) Version D.0

This is a reminder that, 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 has posted a draft of the D.0 version of the POPS Billing Guide on the MassHealth Pharmacy Program Web site. Please ensure your software vendor has been notified. 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 (i.e., claims will be denied). We are still seeing many claims being submitted with the older identification numbers.

### MHDL Updates

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 September 26, 2011.

Amethyst (ethinyl estradiol/levonorgestrel)  
Androgel (testosterone 1.62% pump) – **PA**  
CAPRELSA (vandetanib) – **PA**  
Daliresp (roflumilast) – **PA**  
Dificid (fidaxomicin) – **PA**  
Edurant (rilpivirine) – **PA > 30 units/month**<sup>1</sup>  
Fluzone Intradermal (influenza virus vaccine)<sup>1</sup>  
Horizant (gabapentin enacarbil) – **PA**  
Nulojix (belatacept) – **PA**  
Orsythia (ethinyl estradiol/levonorgestrel)  
Provenge (sipuleucel-T) ^ – **PA**  
Sprix (ketorolac nasal spray) – **PA**  
Syeda (ethinyl estradiol/drospirenone)

Sylatron (peginterferon alpha-2b)  
Tamiflu (oseltamivir 6 mg/mL suspension) -  
**PA all quantities (June 1st to September 30th);**  
**PA > 180 mL/month; and**  
**PA > 360 mL/season (October 1st to May 31st)**  
Topicort LP ointment (desoximetasone low potency ointment) – **PA**  
Tradjenta (linagliptin) – **PA**  
Viibryd (vilazodone) – **PA**  
Viramune XR (nevirapine ER) – **PA**  
YERVOY (ipilimumab)  
Zytiga (abiraterone) – **PA**

<sup>1</sup> Product may be obtained through the Massachusetts Department of Public Health (DPH); please check for availability. MassHealth does not pay for immunizing biologicals (i.e., vaccines) and tubercular (TB) drugs that are available free of charge through local boards of public health or through DPH without prior authorization (130 CMR 406.413(C)). MassHealth will pay pharmacies for seasonal flu vaccine serum without prior authorization if the vaccine is not available free of cost.  
^ This drug is available through the health-care professional who administers this drug. MassHealth does not pay for this drug to be dispensed through a retail pharmacy.

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

- a. The following drug will require prior authorization for those under 50 years of age.  
Zostavax (herpes zoster vaccine) – **PA < 50 years**
- b. The following drugs will require prior authorization to exceed quantity limits effective October 11, 2011.  
Revlimid (lenalidomide) 5 mg, 10 mg – **PA > 30 units/month**  
Revlimid (lenalidomide) 15 mg, 25 mg – **PA > 21 units/28 days**
- c. The following drugs will require prior authorization effective October 11, 2011.  
Cardizem CD (diltiazem 360 mg) – **PA**  
Jevtana (cabazitaxel) – **PA**
- d. The following antidepressants will require prior authorization effective October 11, 2011.  
Tofranil-PM (imipramine pamoate) – **PA**  
venlafaxine ER tablets – **PA**
- e. The following oral antibiotics will require prior authorization effective October 11, 2011.  
Avelox (moxifloxacin) – **PA**  
doxycycline monohydrate – **PA**  
Dynacin (minocycline tablets) – **PA**  
Factive (gemifloxacin) – **PA**  
Noroxin (norfloxacin) – **PA**
- f. The following androgens will require prior authorization effective October 11, 2011.  
Delatestryl (testosterone enanthate) – **PA**  
Depo-Testosterone (testosterone cypionate) – **PA**  
testosterone powder – **PA**