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Pharmacy Facts

MassHealth Pharmacy Program

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MassHealth Drug List (MHDL) – Ophthalmic Allergy Products

MassHealth has changed the prior authorization requirements for ophthalmic products. Brand name prescription ophthalmic allergy products will require prior authorization (PA). These changes are effective May 2, 2005, and include the following products. Valid refills for these products can be processed without PA for the life of the prescription.

Alamast (pemirolast) – **PA**
Alocril (nedocromil) – **PA**
Alomide (Iodoxamide) – **PA**
Elestat (epinastine) – **PA**
Emadine (emedastine) – **PA**
Livostin (levocabastine) – **PA**
Optivar (azelastine) – **PA**
Patanol (olopatadine) – **PA**
Zaditor (ketotifen) – **PA**

Please note, the following over-the-counter products are now available without prior authorization:

Naphcon-A (naphazoline/pheniramine)
Opcon-A (naphazoline/pheniramine)
Vasocon-A (naphazoline/antazoline)
Visine-A (naphazoline/pheniramine)

Please remember that the MHDL and its updates can be found at: www.mass.gov/druglist.

Patient Copayments

In accordance with 130 CMR 450.130(E), providers may not refuse services to any member who states that he or she is not financially able to pay the copayment at the time the service is provided. In addition, 130 CMR 406.411(D)(1) specifies that providers may not split prescriptions by filling them for a quantity less than what has been specified by the prescriber. Failure to fill the prescription for the full amount and duration the prescriber has specified, due to the member's inability to pay the copayment, constitutes an improper refusal of service.

Patient Location Codes

As many pharmacists are aware, MassHealth has been denying claims when a pharmacy submits a claim with a location code that indicates a member resides in a Long Term Care (LTC) facility and MassHealth does not believe the member is a LTC resident. A member is not considered to be a LTC resident (and therefore exempt from copay) unless the residence is a medical facility.