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Pharmacy Facts

MassHealth Pharmacy Program

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MassHealth Drug List (MHDL)

MassHealth has changed the prior authorization requirements for the following medications. These changes are effective August 1, 2005.

Bactroban (mupirocin) Cream – **PA**

Zyrtec (cetirizine), syrup – **PA** members > 2 years old

(Please note: generic over-the-counter loratadine syrup does not require prior authorization.)

MassHealth has changed the prior authorization requirements for topical immunosuppressants. These changes are effective August 1, 2005, and include the following products.

Elidel (pimecrolimus) – **PA**

Protopic (tacrolimus) – **PA**

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

POPS Scheduled Downtime

The POPS system will undergo major maintenance on the weekend of August 27-28, 2005. The POPS system will be unavailable to process claims from approximately 8:00 PM on Saturday August 27 through 2:00 PM on Sunday August 28. The changes made will not affect how pharmacies will process claims after the maintenance is applied.

Refill Too soon

The ACS Help Desk has been receiving an increasing amount of calls from pharmacies concerning early refill denials. Remember that the only situation where a pharmacy may override an early refill edit through POPS is in the case of a therapy change. If there has been a change in therapy the pharmacy may submit a "5" in the Submission Clarification Field (NCPDP Field 420-DK) if the same pharmacy is filling the prescription and the same prescriber initiated the prescription. If a pharmacy needs to discuss an issue concerning a particular early refill, contact the DUR program at 1-800-745-7318.

Age Restrictions

Pharmacies will soon begin seeing some claims deny because of drug/age conflicts. Many of these denials will be the result of a pharmacy having an incorrect RID # listed for a member. An example would be when a pharmacy has an infant's RID # associated with an adult's prescription. A claim could then deny because of an age conflict. After receiving this denial a pharmacy should verify that the RID and DOB are correct for member before they call the DUR program at 1-800-745-7318 to request an override.