

*Current information for pharmacists about the MassHealth Pharmacy program*

PHARMACYPROGRAM

**Number 9**

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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 (cetirzine), 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.

Please direct any questions or comments (or to be taken off of this fax distribution) to

**Victor Moquin** of ACS at 617-423-9830.