



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)



MassHealth  
Transmittal Letter PHM-59  
July 2011

**TO:** Pharmacy Providers Participating in MassHealth  
**FROM:** Terence G. Dougherty, Medicaid Director  
**RE:** *Pharmacy Manual* (Revised Appendix D)

MassHealth is updating Appendix D of the *Pharmacy Manual*. Appendix D lists those drugs that are subject to the unit-dose-dispensing and return requirement for pharmacies and nursing facilities. (See 130 CMR 406.420 and 406.446 for applicable requirements.)

The revised Appendix D is effective August 1, 2011.

### MassHealth Web Site

This transmittal letter and attached pages are available on the MassHealth Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

### Questions

Pharmacies may contact ACS at 1-866-246-8503 if they have questions related to the unit-dose dispensing or return requirements. If you have any questions about the information in this transmittal letter, please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to 617-988-8974.

### NEW MATERIAL

(The pages listed here contain new or revised language.)

#### Pharmacy Manual

Pages D-1 and D-2

### OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

#### Pharmacy Manual

Pages D-1 and D-2 — transmitted by Transmittal Letter PHM-49

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Pharmacy Manual	<b>Subchapter Number and Title</b> Appendix D. Unit-Dose Drugs	<b>Page</b> D-1
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## Unit-Dose Drugs

This appendix lists the unit-dose-packaged drugs that the dispensing pharmacy must credit to MassHealth when they have been dispensed to a MassHealth member in a nursing facility and have been returned by the nursing facility in accordance with 130 CMR 406.446. The minimum quantity of unused doses applicable to each drug on this list that the MassHealth agency will accept for return is one.

Abilify	Geodon	ProAir HFA
Advair	Humalog	Pulmicort
Aricept	Invega	Rebif
Arixtra	Invega Sustenna	Reyataz
Atripla	Isentress	Spiriva
Avonex	Lantus	Truvada
Copaxone	Levaquin	Vancocin
Epzicom	Lovenox	Zyprexa
Flovent	Novolog	
Fragmin	Pegasys	

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