



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111

**MassHealth**  
**Physician Bulletin 66**  
**July 1999**

**TO:** Physicians Participating in MassHealth  
**FROM:** Mark E. Reynolds, Acting Commissioner  
**RE:** **Prior Authorization for Enbrel, Herceptin, and Remicade**

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**Background**

As an ongoing part of the management of the pharmacy program, three drugs—Enbrel, Herceptin, and Remicade—have been added to those that must be dispensed in a prescriber’s office. These drugs also require prior authorization.

This bulletin also details the procedures for obtaining prior authorization for and dispensing any drug on the following list.

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**Injectable or  
Infusable  
Drugs and  
Devices**

The Division requires prior authorization for the prescription (or refill) of the following injectable or infusable drugs and devices, which must be dispensed in a provider’s office. Use Service Code **X3333** to bill for all drugs on this list.

**Enbrel, Herceptin, and Remicade** have been added to the list.

Algucerase (Cerelease, Cerezyme)  
Alpha-1 proteinase inhibitor (Prolastin)  
Dornase alpha inhalation solution (Pulmozyne)  
Enbrel  
Erythropoietin (Epogen, Procrit)  
Filgrastim (Neupogen)  
Herceptin  
Hyalgan  
Immune globulins (Gamastan IM, Gamimune, Gammagard, Gammar IM, Iivegam, Ngammar IV, Polygam, Sandoglobulin, Venoglobulin I)  
Recombinant human growth hormones [for example, somatrem (Protopin), somatropin (Humatrope, Nutropin)]  
Remicade

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***PA Requirements  
for Enbrel,  
Herceptin, and  
Remicade***

Enbrel, Herceptin, and Remicade require prior authorization. The following are guidelines for the appropriate use of each of these drugs.

**Enbrel**

Enbrel is a new drug that has been approved for the treatment of active rheumatoid arthritis. It may be used in combination with methotrexate.

- Enbrel may be appropriate for patients who have failed or who have not responded to at least one course of therapy with disease-modifying antirheumatic drugs.
- Enbrel should not be used in patients with mild disease or as first-line therapy.

**Herceptin**

Herceptin is a new drug that has been approved for the treatment of metastatic breast cancer.

- Herceptin should only be used for patients with metastatic breast cancer whose tumors overexpress HER2 protein.

**Remicade**

Remicade is a new drug that has been approved for the treatment of moderately to severely active Crohn's disease.

- Remicade should only be used to reduce the signs and symptoms in patients who have had an inadequate response to conventional therapy.
- Remicade may also be used in patients with fistulizing Crohn's disease to reduce the number of draining enterocutaneous fistulas.

***Prior-Authorization  
Procedures***

You must submit a completed Request for Prior Authorization form as described in Subchapter 5 of your provider manual. The request must contain the servicing provider number of the individual practitioner who will be performing the procedure. Do not enter the group-practice provider number (the seven-digit number beginning with 97).

**Note:** This instruction applies only when you are requesting prior authorization and does not change the way in which you enter provider numbers on the claim form.

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**Prior-Authorization  
Procedures**  
(cont.)

Submit the request to the Division at the following address.

Prior-Authorization Unit  
Division of Medical Assistance  
600 Washington Street  
Boston, MA 02111  
Fax: (617) 210-5088

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**Claims for  
Payment**

You must submit on a claim form no. 5 any claim for drugs and devices dispensed in your office. Use Service Code **X3333** to bill for these drugs. The claim must contain the name, strength, and dosage of the drug or device. A copy of the current invoice showing the actual acquisition cost must be attached to the claim form. Claims will be denied if required information is missing.

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**Supplies of the  
PA Form**

To obtain supplies of the Request for Prior Authorization form, send or fax a written request to the following address or fax number.

Unisys  
ATTN: Forms Distribution  
P.O. Box 9101  
Somerville, MA 02145  
Fax: (617) 576-4087

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**Questions**

If you have any questions about the information in this bulletin, please contact the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.

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