**MassHealth Drug List**

**Additions**
The following newly marketed drugs have been added to the MassHealth Drug List.

- Amitiza (lubiprostone) – PA
- Arranon (nelarabine) – PA
- Boniva IV (ibandronate) – PA
- Levetiracetam (levetiracetam) prefilled syringe – PA
- Levetiracetam (levetiracetam) vial
- Sutent (sunitinib)
- Tacrolimus (tacrolimus)
- Telzir (tacrolimus)
- Vivaglobin (immune globulin, subcutaneous) – PA
- Vusion (miconazole/zinc oxide) – PA

**Change in Prior Authorization Status**
MassHealth has changed the coverage of tobacco cessation products. Effective July 1, 2006, MassHealth includes coverage of the tobacco cessation products with the following restrictions.

- The following medications require PA for greater than 90 days per treatment regimen. PA is also required for greater than two treatment regimens per year.
  
  - nicotine gum (generics) – PA > 90 days/ treatment regimen and PA > two treatment regimen/year
  - nicotine lozenge (Commit) – PA > 90 days/ treatment regimen and PA > two treatment regimen/year
  - nicotine transdermal patch (generics) – PA > 90 days/ treatment regimen and PA > two treatment regimen/year

- The following medications require prior authorization for all quantities.
  
  - nicotine inhaler (Nicotrol) – PA
  - nicotine nasal spray (Nicotrol) – PA

- The following medication requires prior-authorization for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

  - bupropion sustained release (Zyban #)

Effective July 1, 2006, the following medication requires prior authorization.

- Rituxan (rituximab) – PA

MassHealth no longer requires prior authorization for members over the age of 21 for the following medication.

- MetroCream # (metronidazole)

MassHealth no longer requires prior authorization for the following generic medication.

- albuterol HFA

**Submitting Claims for All Prescriptions**
We would like to remind pharmacists that they should submit all claims for processing even if they think the claim might deny for various reasons such as a drug not being listed on the MassHealth Drug List. We receive many calls from members and their physicians telling us that a pharmacy informs them that a drug claim is being denied by MassHealth when in fact we see that a claim has never been submitted. Some drugs that are listed on the MassHealth Drug List as requiring prior authorization (PA) will adjudicate without PA if a member has a particular diagnosis or prior use of another medication. An example of this would be a claim for an angiotensin II receptor antagonist (ARB) not requiring prior authorization when the member has had a prior history of use of an angiotensin converting enzyme (ACE) inhibitor.

**Medicare Part D Prescription Drug Coverage Update**
Please remember that MassHealth has procedures in place that reduce a dual-eligible member’s copay from the $2.00 and $5.00 levels (as determined by the Part-D plan) to the standard MassHealth copay levels of $1.00 and $3.00. These procedures were described in detail in Pharmacy Facts #17.

- Immunosuppressive drugs - The pharmacist must bill Medicare Part B if the dual-eligible member had a Medicare-covered transplant. If Medicare did not cover the member’s transplant, bill the Medicare Part D plan.

- Erythropoietins are other drugs that must be billed to a member’s Part D plan if the claim is not covered by Part B.

**CoPays**
A reminder that a pharmacy cannot refuse service, or fail to fill a prescription as written based on a MassHealth member’s inability to pay a copay. This is also true for MassHealth members enrolled in a MassHealth managed care organization (MCO).

Please direct any questions or comments (or to be taken off of this fax distribution) to Victor Moquin of ACS at 617-423-9830.