



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

**MassHealth
Pharmacy Bulletin 67
February 2001**

TO: Pharmacies Participating in MassHealth
FROM: Wendy E. Warring, Commissioner
RE: **Injectable and Infusible Drugs and Devices**

Introduction

The purpose of this bulletin is to provide an updated list of injectable and infusible drugs and devices administered in a practitioner's office or community health center, or dispensed to a member for self-administration that require prior authorization (please refer to the attachment to this bulletin).

This bulletin also introduces options for supplying injectable and infusible drugs administered in a practitioner's office or a community health center. To ensure appropriate transport and dispensing of the drug or device, the pharmacy must not dispense the injectable or infusible drug or device directly to the member unless the item is for self-administration. This directive applies to all injectable and infusible drugs and devices, not just for those that require prior authorization.

***Supplying Injectable
or Infusible Drugs
and Devices***

The Division allows three options for payment of injectable and infusible drugs and devices.

- The MassHealth practitioner or community health center may bill for supplying these drugs and devices.
- The MassHealth pharmacy may bill for the drugs or devices delivered to the office of a MassHealth practitioner or community health center administering the drugs or devices.
- The MassHealth pharmacy may bill for the drugs or devices supplied to a member for self-administration.

***Prior-Authorization
Instructions for
Injectables and
Infusibles***

Prior authorization for drugs or devices supplied by a MassHealth pharmacy that supplies these items to a practitioner or a community health center or supplies these items to a member for self-administration must be requested by the prescribing provider.

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

The Request for Prior Authorization must contain the information required in the billing instructions in Subchapter 5 of the *Pharmacy Manual*. No other form, including letterhead, will be accepted for prior-authorization requests for drugs and devices dispensed and administered in the office or community health center, or supplied to a member for self-administration.

The request for prior authorization must include the name, address, and telephone number of the MassHealth pharmacy that will fill the prescription.

***Address for
Prior-Authorization
Requests***

Submit all prior-authorization requests for injectable and infusible drugs and devices to the following site.

University of Massachusetts Medical School
DUR Program Offices
11 Midstate Drive
Auburn, MA 01501

Telephone: 1-800-745-7318
Fax: 1-877-208-7428

***Drugs No Longer
Requiring
Prior Authorization***

The following drugs no longer require prior authorization.

Algucerase (Ceredase, Cerezyme)
Alph-1 proteinase inhibitor (Prolastin)
Dornase alpha inhalation solution (Pulmozyme)
Herceptin

***Supplies of
Prior-Authorization
Request Forms***

To obtain supplies of the Request for Prior Authorization Form send or fax a written request to the following site.

MassHealth
Forms Distribution
P.O. Box 9101
Somerville, MA 02145

Fax: (617) 576-4087

Questions

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

Injectable or Infusible Drugs and Devices Requiring Prior Authorization

The following is a list of drugs that require prior authorization when dispensed in a prescriber's office or supplied to a MassHealth member for self-administration. Each category includes all FDA and future approved FDA drugs.

- **antirheumatic injectables** (for example, Enbrel)
- **botulinum toxin** (for example, Botox, Mylobloc)
- **colony stimulating factors** (for example, Leukine, Neupogen)
- **compounded medications for infusion** (for example, active medication containing more than one ingredient)
- **gonadotropin-releasing hormone analog** (for example, Lupron)
- **hyaluronic acid derivatives** (for example, Hyalgan, Synvisc)
- **immune globulin intravenous (IGIV)** (for example, Sandoglobulin, Venoglobulin)
- **injectable muscle relaxants** (for example, Lioresal)
- **monoclonal antibodies** (for example, Remicade, Synagis)
- **recombinant human erythropoietin** (for example, Epogen, Procrit)
- **recombinant human growth hormone (HGH)** (for example, Geref, Humatrope)

Billing

Practitioners and community health centers are reminded that all claims submitted for drugs and devices require the name, strength, total dose administered, and total number of units administered (such as mg and cc) to appear on the necessary claim form. A copy of the current invoice showing the actual acquisition cost must be attached to the claim form.

Practitioners and community health centers must refer to Subchapter 6 of their provider manual to find the appropriate service codes when billing for injectable and infusible drugs dispensed in the office or clinic.

In addition, oral drugs dispensed in a practitioner's office or a community health center, with the exception of oral vaccines, also require prior authorization.

Pharmacies may no longer dispense injectable or infusible drugs and devices directly to members unless the item is for self-administration.

Notice to MassHealth Members

Beginning February 15, 2001, there will be two changes to how you, your doctor, or your clinic get certain medications that your doctor then gives you by injection (a shot) or intravenously (I.V.)

1. Your doctor will need to get prior authorization before he or she can give you the following medications.
 - baclofen (Lioresal);
 - botulinum toxin (Botox; Mylobloc);
 - hylan G-F 20 (Synvisc).
 - leuprolide acetate (Lupron)
2. You will no longer be able to get the following medications and others like them from your pharmacy. Your doctor or clinic will have to get these medications before your appointment.
 - sodium hyaluronate (Hyalgan)
 - Infliximab (Remicade)
 - Immune Globulin Intravenous (Sandoglobulin, Venoglobulin, Gammar-P, Gammagard S/D, Gamimune, Panglobulin, Iveegam, Polygam S/D)

We will also your doctor or clinic and your pharmacy about these changes before February 15, 2001.

Please call your doctor if you have any questions about this notice.