***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

***Office of Medicaid***

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MassHealth

# All Provider Bulletin 340

March 2022

**TO**: All Providers Participating in MassHealth

**FROM**: Amanda Cassel Kraft, Assistant Secretary for MassHealth [signature of Amanda Cassel Kraft]

RE: MassHealth Pharmacy Coverage of Prescription Digital Therapeutics and Formula

## Background

Through this bulletin, MassHealth is providing information about the coverage of prescription digital therapeutics and pediatric enteral special formula and thickening agents through the pharmacy program. In each case, a prescription is required before the product can be dispensed by the pharmacy.

## Digital Therapeutics reSET and reSET-O

reSET and reSET-O are the first FDA-approved prescription digital therapeutics (PDTs) authorized in the United States for people with substance use disorder and opioid use disorder. When combined with outpatient treatment, PDTs have been shown to increase abstinence from substance use and increase retention in outpatient therapy. reSET and reSET-O are 12-week, on demand cognitive behavioral therapy applications downloaded to the patient’s smartphone and are indicated for adult patients being treated in an outpatient treatment program for substance use disorder and opioid use disorder, respectively. Patients being treated with reSET-O should also receive concomitant therapy with transmucosal buprenorphine.

In order to expand access to substance use disorder and opioid use disorder treatment for MassHealth members, reSET and reSET-O are covered for MassHealth members without prior authorization (PA) or copayment through the pharmacy listed below. This coverage extends to all MassHealth members, including members enrolled in a managed care plan or in the Program of All-inclusive Care for the Elderly (PACE).

The manufacturer, Pear Therapeutics, has contracted with TruePill Pharmacy (NPI: 1295182590| NCPDP: 566009) to dispense the products and ensure access for MassHealth fee-for-service and managed care members. Pear Therapeutics offers three prescribing options:

* PearConnect clinician–facing prescribing portal available on the Pear Therapeutics website at <https://resetforrecovery.com/support>;
* eRx direct from the prescriber’s electronic health record system sent directly to TruePill; and
* PDF enrollment form downloaded from the Pear Therapeutics website and faxed to TruePill at the number listed on the form.

## Pediatric Enteral Special Formula and Thickening Agents

MassHealth covers pediatric enteral special formula and thickening agents provided by Durable Medical Equipment and Supplies (DME) providers. Due to concerns about the supply chain for formula and thickening agents, MassHealth now also covers pediatric enteral special formula and thickening agents dispensed at pharmacies. MassHealth requires PA for these products.

Prescribers can request PA for these products using the General Drug Prior Authorization Form found on the MassHealth Drug List page. This change was effective December 16, 2021, and will remain in effect unless MassHealth provides alternative guidance.

Pharmacies may process and dispense pediatric enteral special formula and thickening agents with a valid prescription from the member’s prescriber through MassHealth’s Pharmacy Online Processing System (POPS).

Pharmacies are paid the lower of the Wholesale Acquisition Cost or the submitted Usual and Customary Charge. MassHealth expects to codify this rate methodology in forthcoming amendments to Executive Office of Health and Human Services rate regulations. This change applies to MassHealth Standard, CommonHealth, CarePlus, Family Assistance, and Children’s Medical Security Plan (CMSP) members whose pharmacy claims are paid through POPS, including members enrolled in MassHealth fee-for-service and the Primary Care Clinician (PCC) plan or in a Primary Care Accountable Care Organization (PCACO). This change also applies to Health Safety Net patients effective February 25, 2022. This coverage does not apply to MassHealth Limited members. Information about coverage through other MassHealth managed care entities and PACE will be issued in a forthcoming MCE bulletin.

Pediatric enteral special formula and thickening agents have been added to the MassHealth Non-Drug Product List. For more information, please see [Pharmacy Facts 175](https://www.mass.gov/doc/pharmacy-facts-175-december-16-2021-0/download).

## MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](http://www.mass.gov/masshealth-provider-bulletins) web page.

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Phone: (844) 368-5184 (toll free)

Email: [support@masshealthltss.com](mailto:support@masshealthltss.com)

Portal: [www.MassHealthLTSS.com](http://www.MassHealthLTSS.com)

Mail: MassHealth LTSS, PO Box 159108, Boston, MA 02215

Fax: (888) 832-3006

### All Other Provider Types

Phone: (800) 841-2900; TTY: (800) 497-4648

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