***Commonwealth of Massachusetts***

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

***Office of Medicaid***

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MassHealth

# All Provider Bulletin 356

November 2022

**TO**: All Providers Participating in MassHealth

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

RE: Changes to Prescription Drug Days’ Supply Limitations, Effective

December 19, 2022

## Background

In Pharmacy Facts [183](https://www.mass.gov/doc/pharmacy-facts-183-august-12-2022-0/download) and All Provider Bulletin [347](https://www.mass.gov/doc/all-provider-bulletin-347-changes-to-prescription-drug-days-supply-limitations-effective-september-19-2022-0/download) MassHealth announced that effective September, 19 2022, it would begin implementing the days’ supply limitations described in MassHealth pharmacy regulation 130 CMR 406.411(D) which became effective January 24, 2022, by allowing certain drugs to be dispensed in a 90-day supply. (See also Pharmacy Facts [178](https://www.mass.gov/doc/pharmacy-facts-178-january-24-2022-0/download).) These drugs are designated on the MassHealth Drug List with a footnote of A90.

Effective December 19,2022, MassHealth will make it mandatory for certain designated generic drugs, other designated low-net-cost drugs, and drugs listed as preferred in the Brand Name Preferred section of the MassHealth Drug List to be dispensed in a 90-day supply. These drugs will be designated on the MassHealth Drug List A-Z list with a footnote of M90.

This policy will apply to members enrolled in MassHealth fee-for-service, the Primary Care Clinician (PCC) plan, and Primary Care Accountable Care Organizations (Primary Care ACOs), as well as Health Safety Net (HSN) patients.

This requirement does not apply to members who:

* live in nursing facilities, assisted living facilities, rest homes, group homes, and hospice;
* are enrolled in the Children’s Medical Security Plan (CMSP); or
* have primary insurance that does not require a 90-day supply to be dispensed and MassHealth as the secondary payer.

Members receiving a prescription for a drug on the Mandatory 90-Day list for the first time will not be required to receive a 90-day supply on the first fill. Instead, the pharmacy can submit a claim with a starter dose and then later submit a claim for the remainder. For example, a member might receive a prescription for 90 tablets of a drug on the M90 list with directions to take one tablet daily. If the member has not used that drug before, the pharmacy may submit a claim for 30 tablets, and later submit a claim for the remaining 60 tablets.

Members receiving a drug on the Mandatory 90-Day list in special packaging, such as compliance packaging will not be required to receive a 90-day supply.

If the prescriber (or pharmacist) in their professional judgement thinks it is dangerous or otherwise inappropriate for the member to have a 90-day supply, the provider should contact the MassHealth Drug Utilization Review (DUR) at (800) 745-7318 during normal business hours to get an override. Outside business hours, pharmacies may submit an emergency override claim. The emergency override code can be used only once per year per member and drug.

If an insufficient quantity of drug remains on an existing refill, the pharmacy is expected to obtain a new prescription from the prescriber to allow the dispensing of a 90-day supply. If the pharmacy cannot receive a new prescription promptly, the pharmacy may use the emergency override procedures.

Further billing instructions for pharmacies appear in Pharmacy Facts 186.

## MassHealth Website

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## Questions

### Dental Services

Phone: (800) 207-5019; TTY: (800) 466-7566

### Long-Term Services and Supports

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

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

Portal: [MassHealthLTSS.com](https://www.masshealthltss.com/s/?language=en_US)

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

Email: [providersupport@mahealth.net](mailto:providersupport@mahealth.net)

Fax: (617) 988-8974