




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MassHealth
Pharmacy Bulletin 72
June 2003

TO: All Pharmacies Participating in MassHealth
FROM: Douglas S. Brown, Acting Commissioner 
RE: **Controlled Substances Management Program**

Background

Over the next few months, the Division will begin the process of enrolling certain MassHealth members into the Controlled Substances Management Program. The provisions of the Program are detailed within the MassHealth pharmacy regulations at 130 CMR 406.442. This Program is designed to enhance coordination among caregivers and pharmacies to deter members from obtaining controlled substances at a frequency or amount that is not medically necessary.

**Notification of
Selection for Enrollment
into the Program**

The Division will notify a MassHealth member that he or she has met the criteria for the Program when the Division determines that the member has obtained 11 or more prescriptions, including refills, for controlled substances from four or more prescribers and/or from four or more pharmacies within a three-month period.

The initial notice to the member will include a printout that lists the member's claims for controlled substances for the period under review. The member will have the opportunity to ask his or her primary care clinician (PCC) to write to MassHealth's Drug Utilization Review (DUR) Program if the PCC believes that the member should not participate in the Program. Members will also have the opportunity to appeal the Division's decision before the member is actually enrolled.

How the Program Works

The Program restricts enrolled members to one designated primary pharmacy for all prescriptions except emergencies. The member and the member's PCC and primary pharmacy are notified of the member's enrollment into the Program. When an enrolled member presents his or her MassHealth card to a MassHealth provider, the Recipient Eligibility Verification System (REVS), or for pharmacies other than the primary

continued on back

***How the Program works
(cont.)***

pharmacy, the Pharmacy On-line Processing System (POPS), will alert the provider that the member is participating in the Program. All providers that issue prescriptions, including physicians, nurse practitioners, dentists, community health centers, and emergency departments, should ensure that the information about a member's participation in the Program is conveyed to the medical staff who make treatment decisions for the member.

***Primary Care Clinician
Information***

If a member asks you to write a letter requesting an exemption from enrollment into the Program, please ask the member to see a copy of the claims history of controlled substances that was sent with the member's notice. If you decide to request an exemption, the letter must be written on your letterhead stationery, contain an original signature, and be received within three weeks of the date of the member's letter. Only the member's primary care clinician should write such a letter of exemption.

Mail or fax the letter to the DUR Program at:

MassHealth Drug Utilization Review Program
P.O. Box 2586
Worcester, MA 01613-2586

1-877-208-7428 (fax)

Pharmacy Information

Primary Pharmacy

The Division will notify a pharmacy when it has been selected as the primary pharmacy for a member enrolled in the Program. The notice will include the name of the member and the member's PCC. The primary pharmacy should add this information to the member's automated client file.

Other Pharmacy

If a member who is enrolled in the Program presents a pharmacy other than the member's primary pharmacy with a prescription, the pharmacy will receive an error message from POPS stating that the member is restricted to another pharmacy. If the pharmacist from the non-primary pharmacy determines that the member's health or safety would be jeopardized without immediate access to that drug, the pharmacist may contact the DUR Program at 1-800-745-7318. Payment is still subject to all other conditions of payment under MassHealth.

MCO Programs

The managed care organizations (MCOs) that contract with the Division to provide health care to certain MassHealth members have or are developing similar programs. Contact the member's individual health plan for details.

Members' Questions

The MassHealth Customer Service Center is available to respond to member questions. Members may call 1-800-841-2900 (TTY: 1-800-497-4648 for people who have partial or total hearing loss). Enclosed is a general information sheet about the Program. This sheet may be photocopied and given to any member who has questions about the Program.

Questions

To address your questions, we have also enclosed a preliminary list of Frequently Asked Questions (FAQs) about the Controlled Substance Management Program. We will maintain an updated FAQ list on the Pharmacy page of our Web site at www.mass.gov/dma. The Web version of the FAQs about the Program also includes a link to an e-mail address so that you can e-mail a question if it is not already addressed by the FAQs.

If you have questions about the Program, you may contact the DUR Program at 1-800-745-7318.

Controlled Substances Management Program Frequently Asked Questions for the Pharmacist

To the Pharmacist: MassHealth has created this list of frequently asked questions to help you understand the Controlled Substances Management Program and to help you answer questions from MassHealth members about the Program. The questions are asked from the member's perspective.

1. Why have I been chosen for this Program?

You have met the rules for enrollment in the Program. MassHealth reviewed claims it has paid for your pharmacy services. MassHealth found that you received 11 or more prescriptions and/or refills for controlled drugs. These prescriptions were filled over a three-month period. In addition, these prescriptions were written by four or more prescribers or filled by four or more pharmacies.

2. I believe that my pattern of use of controlled drugs was justified. What do I need to do so that I am not put into the Program?

If it is three weeks or less from the date that MassHealth first contacted you about this Program, you may ask your primary care clinician (PCC) to write a letter to MassHealth. The letter must explain why your use of controlled drugs is medically necessary. The letter must be written on your PCC's stationery and include an original signature. Your PCC may mail or fax the letter to the MassHealth Drug Utilization Review Program. The address and fax number are listed at the bottom of this page.

If you have received an enrollment letter that identifies your primary pharmacy, you may file an appeal within 30 days from the date you received the letter. More information about filing a request for an appeal is described in the letter.

3. What does it mean to be enrolled in the Program?

MassHealth will pay for your prescriptions only if they are filled at your primary pharmacy. Your primary pharmacy will have the name of your PCC. If the pharmacist has any questions or concerns about your prescriptions, he or she may call your PCC. In addition, the MassHealth computer systems will show all of your MassHealth providers that you are enrolled in this Program. Our computer systems also give out your PCC's name and phone number.

4. How was my primary pharmacy picked?

MassHealth picked the last pharmacy that you used, based on claims information. You have 30 days from the date that you received your letter to pick a different primary pharmacy if you do not want to use the one that you have been assigned to. You may also request a new pharmacy only once a year, unless your primary pharmacy can no longer address your pharmacy needs because of a change in your residence, medical condition, or primary pharmacy's business practices. To request a new pharmacy, send a request in writing to the MassHealth Drug Utilization Review Program. Make sure to include the name of your requested pharmacy.

5. How long will I be enrolled in the CSMP?

You will be enrolled in the program for one year from the date that you were originally enrolled. After a year you can request that you become disenrolled. The request must be made in writing and sent to the MassHealth Drug Utilization Review Program.

6. How do I find out who my PCC is?

Call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who have partial or total hearing loss).

Send correspondence about the Controlled Substances Management Program to:

MassHealth Drug Utilization Review Program
P.O. Box 2586
Worcester, MA 01613-2586
Fax: 1-877-208-7428