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PHARMACY FACTS

Current information for pharmacists about the MassHealth Pharmacy Program

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Reminder about Changes to Prescription Drug Days' Supply Limitations, Effective December 19, 2022

In Pharmacy Facts 183 and All Provider Bulletin 347, MassHealth announced that effective September 19, 2022, MassHealth would begin implementing the days' supply limitations described in MassHealth pharmacy regulation 130 CMR 406.411(D) that became effective on January 24, 2022. These changes allow certain drugs to be dispensed in a 90-day supply. (See also Pharmacy Facts 178.) These drugs are designated on the MassHealth Drug List with a footnote of A90.

As announced in Pharmacy Facts 186 and All Provider Bulletin 356 and 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:

- in nursing facilities, assisted living facilities, rest homes, group home, and hospice;
- enrolled in Children's Medical Security Plan (CMSP); and
- with a primary insurance that does not require a 90-day supply to be dispensed and for whom MassHealth is a secondary payer.

Members receiving a prescription 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. A pharmacy should submit a claim with a value of "2" (starter dose) in the Submission Clarification Code field (NCPDP Field 420-DK). If the pharmacy submits a claim with the value of "2," the subsequent fill can be submitted with a Submission Clarification Code of "6" to submit a claim for the balance of quantity found on the original prescription. For example, a member might receive a prescription for a drug found on the M90 list in a quantity of 90 tablets with the directions to take one tablet daily. If the member has not used that drug in the past, the pharmacy may submit the claim for 30 tablets using the SCC "2," and then the subsequent fill can be submitted once in a quantity of 60 tablets, using the SCC "6."

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. To convey these situations, the pharmacy may submit an appropriate value in the Special Package Indicator field (NCPDP field 429-DT). Accepted values are 3 = Pharmacy unit dose, 4 = Custom packaging, and 5 = Multi-drug compliance packaging. Use of these codes will be closely monitored.

In situations where the pharmacist (or their prescriber) in their professional judgment thinks that it is dangerous or otherwise inappropriate 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 with a value of "03" for Level of Service (field 418). After the prescription is adjudicated, the pharmacy should remove the "03" from the level of service field before the next fill. The use of the Level of Service Code "03" will be limited to once per year per member and drug.

If an insufficient quantity of drug remains on an existing refill of a drug, the pharmacy is expected to obtain a new prescription from the prescriber to allow the dispensing of a 90-day supply. If the pharmacy is unable to timely receive a new prescription, the pharmacy may utilize the emergency override procedures.

Pharmacy claims will be closely monitored to ensure that 90-day supply claims are being processed when appropriate.

MassHealth notes that the Massachusetts Department of Public Health, through the Massachusetts Board of Registration in Pharmacy and the Drug Control Program, allows pharmacists to change the quantity being dispensed on a prescription in the circumstances described in Joint Policy 2018-01, the relevant portion of which follows:

> *If deemed appropriate in the pharmacist's professional judgement, the days' supply dispensed (e.g. 30-day supply with 11 refills vs. 90-day supply with 3 refills) may be changed without consultation only for drugs that do not require PMP reporting.*
>
> *In the case of drug classes where a change in days' supply may cause clinical concern, the Board [of Registration in Pharmacy] recommends that prescribers be consulted upon initiation of new therapy and for any changes. Examples of such drug classes include behavioral health drugs and narrow therapeutic index drugs.*

MassHealth Drug List (MHDL) Update

What follows are certain updates to the MHDL. See the MHDL for a complete listing of updates.

Additions

Effective December 12, 2022, the following newly marketed drugs have been added to the MassHealth Drug List.

- Alymsys (bevacizumab-maly) – **PA**
- Camcevi (leuprolide) – **PA**
- Hyftor (sirolimus gel) – **PA**
- Ryaltris (olopatadine/mometasone) – **PA**
- Tascenso ODT (fingolimod orally disintegrating tablet) – **PA**
- Verkazia (cyclosporine 0.1% ophthalmic emulsion) – **PA**
- Zoryve (roflumilast cream) – **PA**

Change in Prior-Authorization Status

a. Effective December 12, 2022, the following cerebral stimulants and miscellaneous agents will require prior authorization (PA) within the newly established age limit.
   - Adderall (amphetamine salts) – **PA < 3 years or ≥ 21 years and PA > 3 units/day**; #
   - Adderall XR (amphetamine salts extended-release-Adderall XR) – **PA < 3 years or ≥ 21 years and PA > 2 units/day**; BP
   - Concerta (methylphenidate extended-release-Concerta) – **PA < 3 years or ≥ 21 years and PA > 2 units/day**; BP
   - Daytrana (methylphenidate transdermal) – **PA < 3 years or ≥ 21 years and PA > 1 unit/day**
   - Dexedrine Spansule (dextroamphetamine 5 mg, 10 mg, 15 mg capsule) – **PA < 3 years or ≥ 21 years and PA > 3 units/day**; #
   - dextroamphetamine 5 mg, 10 mg tablet – **PA < 3 years or ≥ 21 years and PA > 3 units/day**
   - dextroamphetamine solution – **PA < 3 years or ≥ 21 years and PA > 40 mL/day**

- Focalin (dexmethylphenidate) – **PA < 3 years or ≥ 21 years and PA > 3 units/day**; #
- Focalin XR (dexmethylphenidate extended-release) – **PA < 3 years or ≥ 21 years and PA > 2 units/day**; BP, PD
- Methylin oral solution (methylphenidate oral solution) – **PA < 3 years or ≥ 21 years and PA > 30 mL/day**; #
- methylphenidate chewable tablet – **PA < 3 years or ≥ 21 years and PA > 3 units/day**
- methylphenidate sustained-release tablet – **PA < 3 years or ≥ 21 years and PA > 3 units/day**
- Ritalin (methylphenidate-Ritalin) – **PA < 3 years or ≥ 21 years and PA > 3 units/day**; #
- Vyvanse (lisdexamfetamine capsule) – **PA < 3 years or ≥ 21 years and PA > 2 units/day**

b. Effective December 12, 2022, the following phosphate binder and iron replacement agent will require PA.
   - Auryxia (ferric citrate) – **PA**

c. Effective December 12, 2022, the following iron replacement agents will no longer require PA.
   - Ferrlecit (sodium ferric gluconate complex); #
   - Infed (low molecular weight iron dextran)
   - Venofer (iron sucrose)

d. Effective December 12, 2022, the following topical anesthetic agent will no longer require PA.
   - lidocaine ointment; A90

e. Effective December 12, 2022, the following topical corticosteroids will no longer require PA.
   - clobetasol propionate gel; A90
   - Clobex (clobetasol propionate shampoo); BP, A90
   - Enstilar (betamethasone dipropionate/calcipotriene foam)

f. Effective December 12, 2022, the following oral antibiotic agent will no longer require PA.
   - tinidazole; A90

g. Effective December 12, 2022, the following oral antibiotic agent will require PA.
   - cefaclor suspension – **PA**; A90

h. Effective December 12, 2022, the following hepatitis antiviral agent will no longer require PA.
   - Vemlidy (tenofovir alafenamide) PD

Updated MassHealth Brand Name Preferred Over Generic Drug List

The MassHealth Brand Name Preferred Over Generic Drug List has been updated to reflect recent changes to the MassHealth Drug List.

a. Effective December 12, 2022, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
   - Airduo Respiclick (fluticasone/salmeterol inhalation powder) – **PA**; BP, A90
   - Clobex (clobetasol propionate shampoo); BP, A90
   - Humira (adalimumab) PD – **PA**; BP

b. Effective December 12, 2022, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
   - Durezol (difluprednate); #
   - Tecfidera (dimethyl fumarate) – **PA**; A90

Legend

PA Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment. Note: PA applies to both the brand-name and the FDA "A"-rated generic equivalent of listed product.

\# Designates a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required 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.

BP Brand preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the nonpreferred drug generic equivalent.

CO Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.

PD In general, MassHealth requires a trial of the preferred drug (PD) or a clinical rationale for prescribing a nonpreferred drug within a therapeutic class.