



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
TRANSMITTAL LETTER PHM-48
June 2003

TO: Pharmacies Participating in MassHealth
FROM: Douglas S. Brown, Acting Commissioner
RE: *Pharmacy Manual* (Technical Correction)

A handwritten signature in black ink, appearing to read "D. Brown", with a horizontal line extending to the right.

This letter transmits a technical correction to the pharmacy regulations. In 130 CMR 406.411(B), the Division has deleted the words "except as provided in 130 CMR 406.442(C)(3)." This subsection does not exist.

This revision is effective April 1, 2003.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Pharmacy Manual

Pages 4-5 and 4-6

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Pharmacy Manual

Pages 4-5 and 4-6 — transmitted by Transmittal Letter PHM-46

Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series PHARMACY MANUAL	SUBCHAPTER NUMBER AND TITLE 4 PROGRAM REGULATIONS (130 CMR 406.000)	PAGE 4-5
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406.411: Prescription Requirements

(A) Legal Prescription Requirements. The Division pays for legend drugs, nonlegend drugs, and those medical supplies listed at 130 CMR 406.412(B) only if the pharmacy has in its possession a prescription that meets all requirements for a legal prescription under all applicable federal and state laws and regulations. Each prescription, regardless of drug schedule, must contain the prescriber's unique DEA number. For Schedule VI drugs, if the prescriber has no DEA registration number, the prescriber must provide the state registration number on the prescription.

(B) Emergencies. When the pharmacist determines that an emergency exists, the Division will authorize the pharmacy to dispense at least a 72-hour, nonrefillable supply of the drug in compliance with state and federal regulations.

(C) Refills.

- (1) The Division does not pay for prescription refills that exceed the specific number authorized by the prescriber.
- (2) The Division pays for a maximum of five monthly refills.
- (3) The Division pays for more than five refills within a six-month period if such refills are for less than a 30-day supply and have been prescribed and dispensed in accordance with 130 CMR 406.411(D).
- (4) The Division does not pay for any refill dispensed after six months from the date of the original prescription.
- (5) The absence of an indication to refill by the prescriber renders the prescription nonrefillable.

(D) Quantities.

- (1) Days' Supply Limitations. The Division requires that all drugs be prescribed and dispensed in at least a 30-day supply, but no more than a 90-day supply, unless the drug is available only in a larger minimum package size, except as specified in 130 CMR 406.411(D)(2).
- (2) Exceptions to Days' Supply Limitations. The Division allows exceptions to the limitations described in 130 CMR 406.411(D)(1) for the following products.
 - (a) drugs in therapeutic classes that are commonly prescribed for less than a 30-day supply, including but not limited to antibiotics and analgesics;
 - (b) drugs that, in the prescriber's professional judgement, are not clinically appropriate for the member in a 30-day supply;
 - (c) drugs that are new to the member, and are being prescribed for a limited trial amount, sufficient to determine if there is an allergic or adverse reaction or lack of effectiveness. The initial trial amount and the member's reaction or lack of effectiveness must be documented in the member's medical record;
 - (d) drugs packaged in such a way that the smallest quantity that may be dispensed is larger than a 90-day supply (for example, inhalers, ampules, vials, eye drops, and other sealed containers not intended by the manufacturer to be opened by any person other than the end user of the product);
 - (e) drugs in topical dosage forms that do not allow the pharmacist to accurately predict the rate of the product's usage (for example, lotions or ointments); and
 - (f) products generally dispensed in the original manufacturer's packaging (for example, fluoride preparations, prenatal vitamins, and over-the-counter drugs).

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(E) Prescription-Splitting. Providers must not split prescriptions by filling them for a period or quantity less than that specified by the prescriber. For example, a prescription written for a single 30-day supply may not be split into three 10-day supplies. The Division considers prescription-splitting to be fraudulent. (See 130 CMR 450.238(B)(6).)

406.412: Covered Drugs and Medical Supplies

(A) Drugs. The MassHealth Drug List specifies the drugs that are payable under MassHealth.

(1) Legend Drugs. The Division pays only for legend drugs that are approved by the U.S. Food and Drug Administration and manufactured by companies that have signed rebate agreements with the U.S. Secretary of Health and Human Services pursuant to 42 U.S.C. 1396r-8. Payment is calculated in accordance with 130 CMR 406.432.

(2) Nonlegend Drugs. The Division pays only for the nonlegend drugs listed in Appendix F of the *Pharmacy Manual* (Nonlegend Drug List). Payment is calculated in accordance with 130 CMR 406.433.

(B) Medical Supplies.

(1) The Division pays only for the following medical supplies through POPS:

- (a) blood and urine testing reagent strips used for the management of diabetes;
- (b) disposable insulin syringe and needle units;
- (c) insulin cartridge delivery devices and needles (for example, pens);
- (d) lancets; and
- (e) drug delivery systems for use with metered dose inhalers (for example, aerochambers).

(2) Payment and coverage for all other medical supplies are described in the Division's durable medical equipment regulations at 130 CMR 409.000.

406.413: Limitations on Coverage of Drugs

(A) Interchangeable Drug Products. The Division pays no more for a brand-name interchangeable drug product than its generic equivalent unless:

- (1) the prescriber has requested and received prior authorization from the Division for a nongeneric multiple-source drug (see 130 CMR 406.422); and
- (2) the prescriber has written on the face of the prescription in the prescriber's own handwriting the words "brand name medically necessary" under the words "no substitution" in a manner consistent with applicable state law. These words must be written out in full and may not be abbreviated.

(B) Drug Exclusions. The Division does not pay for the following types of drugs or drug therapy.

(1) Cosmetic. The Division does not pay for legend or nonlegend preparations for cosmetic purposes or for hair growth.

(2) Cough and Cold. The Division does not pay for legend or nonlegend preparations that contain an antitussive or expectorant as a major ingredient, or any drug used solely for the symptomatic relief of coughs and colds, when they are dispensed to a noninstitutionalized member.

(3) Fertility. The Division does not pay for any drug used to promote male or female fertility.

(4) Obesity Management. The Division does not pay for any drug used for the treatment of obesity.