

**Infant Formula through Medical Benefit - MH All Provider Bulletin 358
Extension of Flexibilities for Prior Authorization of Formula**

Prior Authorization suspension applies to Enteral and Parenteral nutrition, and Prescription Medical formula (this excluded over the counter infant formula for commercial plans)

Service	Plan Type	Prior Authorization (PA) lift Effective Date	Is PA Notification Required?	Is Review Required?	Requirements
In-network	MassHealth	5/17/2022-6/30/2023	Yes	Suspended	Suspended for initial and concurrent review through the Medical Benefit