

Brand Preferred over Generic Drug
Effective 01/15/2021

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Mass General Brigham Health Plan prefers certain brand name medications over their generic equivalents. In general, when requesting the non-preferred version, the prescriber must provide medical records documenting an inadequate response or adverse reaction to the preferred version, in addition to satisfying the criteria for the drug itself.

Please note: Mass General Brigham Health Plan may still require prior authorization (PA) for clinical reasons. Drugs that require additional PA requirements will be noted with "PA" on Drug Look Up.

Coverage Guidelines

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member has tried the brand therapeutically equivalent to the non-preferred generic product requested
2. The provider documents drug name, dose and frequency, and if member had adverse reaction, intolerance and/or contraindication to the BRAND medication

Limitations

Approvals will be granted for 12 months

References

1. <https://masshealthdruglist.ehs.state.ma.us/MHDL/pubdownloadpa.do?id=4847>

Review History

11/18/2020 – Created brand preferred over generic criteria.