Mass General Brigham
Health Plan

# Massachusetts Step Therapy Protocol Exception
# Effective 10/01/2023

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| **Plan** | ☐ MassHealth UPPL<br>☒Commercial/Exchange | **Program Type** | ☒ Prior Authorization<br>☐ Quantity Limit<br>☒ Step Therapy |
| **Benefit** | ☒ Pharmacy Benefit<br>☒ Medical Benefit | | |
| **Specialty Limitations** | N/A | | |
| **Contact Information** | **Medical and Specialty Medications**<br>All Plans \| Phone: 877-519-1908 \| Fax: 855-540-3693 | | |
| | **Non-Specialty Medications**<br>All Plans \| Phone: 800-711-4555 \| Fax: 844-403-1029 | | |
| **Exceptions** | N/A | | |

**Overview**
These criteria were developed to meet state-specific regulatory requirements to determine drug coverage through a utilization management process that aligns with mandated legislation, Massachusetts Session Laws – Acts of 2022 Chapter 254.

**Coverage Guidelines**
Authorization and reauthorization may be granted for members when all the following criteria are met, and supporting documentation (e.g., medical charts, chart notes, lab work, etc.) is submitted:

1. The requested drug is being prescribed for an FDA-approved indication or an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines).
2. The prescribed dose and quantity fall within the FDA-approved labeling or within dosing guidelines found in the compendia of current literature.
3. **ONE** of the following:
    a. The alternate drug is contraindicated or will likely cause an adverse reaction in or physical or mental harm to the member.
    b. The alternate drug(s) is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics of the prescription drug regimen.
    c. The member has previously tried the alternate drug(s) while under the member's current or previous health benefit plan, or another prescription drug in the same pharmacological class or with the same mechanism of action and it was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.
    d. The member is stable on the requested drug, excluding samples and/or manufacturer patient assistance program, and switching drugs will likely cause an adverse reaction in or physical or mental harm to the member.

**Limitations**
Initial approvals and reauthorizations will be granted for 12 months.

**References**

1. State of Massachusetts House No. 4929. November 2022.

**Review History**

09/13/2023 - Created for P&T. Developed to align with Massachusetts St.2022, c.254, § 1. Effective 10/1/23