

**Mandatory Generic
Effective 05/01/2023**

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		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

N/A

Coverage Guidelines

Authorization may be granted for brand name products when ONE of the following criteria has been met:

1. The member has tried the generic formulation of the requested drug for the current indication and experienced an inadequate response or an adverse reaction.
2. MD is requesting medication due to a drug shortage (Must document drug shortage)

Limitations

1. Approvals are granted for the lifetime of plan.
 - a. Approvals for drug shortage will be granted for 2 months
2. If applicable, any medication specific criteria must also be met.
3. Any quantity limits applicable to the generic formulation will also apply to the brand name.

References

N/A

Review History

04/06/16 – Reviewed

04/17/19 – Reviewed

09/22/2021 – Reviewed Sept P&T; no clinical changes.

 02/08/2023 – Reviewed and Updated for Feb P&T; added drug shortage language and duration of approval.
 Effective 5/1/2023