

Non-Formulary and Excluded Medications
Effective 01/01/2024

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 checked="" 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 of a non-formulary or excluded medication may be approved when the following criteria has been met:

1. ONE of the following:
 - a. Patient has failed or has contraindications or intolerance to at least three equivalent formulary drugs. If only one or only two equivalents are available, the patient must have failed or had contraindications or intolerance to all available equivalent formulary drugs.
 - b. BOTH of the following:
 - i. Only over-the-counter (OTC) equivalents are available.
 - ii. Patient has tried and failed or has contraindications or intolerance to 3 OTC equivalents. If only one or only two equivalents are available, the patient must have failed or had contraindications or intolerance to all available OTC equivalents [document drug(s), dose, duration of trial].
 - c. No formulary or OTC drug is appropriate to treat the patient's condition.
2. ONE of the following:
 - a. BOTH of the following:
 - i. Requested drug is FDA-approved for the condition being treated.
 - ii. Additional requirements listed in the "Indications and Usage" sections of the prescribing information (or package insert) have been met (e.g., first line therapies have been tried and failed, any testing requirements have been met, etc.)
 - b. If requested for an off-label indication, the off-label guidance approval criteria have been met.

Limitations

Initial approvals and reauthorizations will be granted for:

- Non-formulary medications: 12 months
- Drug shortage medications: 2 months

References

N/A

Review History

04/17/2019 – Reviewed/updated

05/20/2020 – Reviewed May P&T; no clinical updates

06/22/2022 – Reviewed and Updated for Jun P&T. Added duration of approval. 09/01/2022.

03/08/2023 – Reviewed and Updated for Feb P&T; added drug shortage language and duration of approval.
Effective 5/1/2023

01/10/2024 – Reviewed/updated for Jan P&T; adopted Optum criteria. Effective 01/01/2024.

