

Brand Preferred over Generic Drug
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 Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
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. ONE of the following:
 - a. The member has tried the brand therapeutically equivalent to the non-preferred generic product requested
 - b. MD is requesting medication due to a drug shortage (Must document drug shortage)
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

- Approvals based on drug shortage will be approved for 2 months

Review History

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

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

Effective 5/1/2023