Mass General Brigham
Health Plan

Non-Formulary Medications
Effective 04/01/2026

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ 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	Coverage for GLP-1s indicated for weight management or obesity may vary depending on the member's plan. Refer to the member's plan documents for additional details or exclusions.		

Overview
N/A

Coverage Guidelines
Authorization of a non-formulary medication may be approved when all of the following criteria have been met:

1. Documentation of ONE of the following:
    a. Member has tried and failed adequate trial duration of or has contraindications or intolerance to at least three equivalent formulary drugs. If only one or only two equivalents are available, the member 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. Member has tried and failed adequate trial duration of or has contraindications or intolerance to 3 OTC equivalents. If only one or only two equivalents are available, the member 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 member's condition.
2. Documentation of ONE of the following:
    a. BOTH of the following:
        i. Requested medication 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.

<u>Continuation of Therapy</u>
Requests for reauthorization will be approved when ALL of the following criteria are met:

1. Initial criteria are met.
2. Documentation the member requires continuation of therapy

3. Documentation demonstrating the member has had a positive clinical response to therapy

Limitations

1. Initial approvals will be granted for:
    a. Non-formulary medications: up to 6 months, or up to a complete course of therapy if treatment duration is less than 6 months
    b. Drug shortage medications: up to 2 months, or up to a complete course of therapy if treatment duration is less than 2 months
2. Reauthorizations will be granted for:
    a. Non-formulary medications: 12 months, or up to a complete course of therapy if treatment duration is less than 12 months
    b. Drug shortage medications: 2 months
3. GLP-1s indicated for the treatment of type 2 diabetes will not be approved for non-FDA approved indications (e.g., weight management, prediabetes, type 1 diabetes).

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.
08/13/2025 – Reviewed and updated at August P&T. Updated Limitations section to specify that GLP-1s indicated for the treatment of type 2 diabetes will not be approved for non-FDA approved indications (e.g., prediabetes, type 1 diabetes, weight management). Updated Exceptions to clarify that coverage of GLP-1s indicated for weight management may vary depending on the member's plan and to revie the member's plan documents for more information. Effective 1/1/2026.
01/14/2026 – Reviewed and updated at January P&T. Updated previous trial language to require adequate duration of trial. Effective 04/01/2026.