Overview
AllWays Health Partners 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: AllWays Health Partners 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. The member has tried the brand therapeutically equivalent to the non-preferred generic product requested
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

References
1. https://masshealthdruglist.ehs.state.ma.us/MHDL/pubdownloadpa.do?id=4847
Review History
11/18/2020 – Created brand preferred over generic criteria. Effective 01/01/21.

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.