



**Brand Preferred over Generic Drug  
Effective 01/15/21**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**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.