MassHealth Pharmacy Operational Page

This page lists operational information related to the MassHealth Pharmacy Program.

Any drug that does not appear on the MassHealth Drug List (MHDL) requires prior authorization (PA).

Brand name (no substitution) drugs with FDA "A"-rated generic equivalents and non-preferred drug generic equivalents for drugs appearing on the MassHealth Brand Name Preferred Over Generic Drug List

Typically, the generic is preferred when available unless the brand-name drug appears on the MassHealth Brand Name Preferred Over Generic Drug List. In general, when requesting the non-preferred version, whether the brand or generic, 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.

- Documentation of all of the following is required:
  - individual drug PA criteria must be met first where applicable; **and**
  - medical records documenting one of the following:
    - an allergic response or adverse reaction to the preferred drug product or history of allergic reaction to the inactive ingredients used in the manufacturing process of a certain drug product; **or**
    - an inadequate response to the preferred drug product.

New-to-market drugs and biologics

FDA-approved new-to-market drugs and biologics that are not listed in the MHDL are under review and will be handled on a case-by-case basis until MassHealth has concluded its evaluation of the drug or biologic.

- Documentation of all of the following is required:
  - appropriate diagnosis; **and**
  - medical necessity based on diagnosis and existing treatment options.

New indications evaluation for oncology drugs and biologics

New FDA-approved indications for oncology drugs and biologics that are not listed in the MHDL are under review and will be handled on a case-by-case basis until MassHealth has concluded its evaluation of the new indication. Evaluation of a new indication includes a thorough review by physicians and pharmacists using medical literature and consulting with specialists, other physicians, or both. References used may include National Comprehensive Cancer Network (NCCN).

Non-FDA-approved drugs and biologics

Non-FDA-approved drugs and biologics require PA and will be evaluated for medical necessity.

- Documentation of all of the following is required:
  - appropriate diagnosis; **and**
  - trials of all clinically appropriate FDA-approved alternatives.

Non-Rebate drugs and biologics

MassHealth does not pay for drugs that are manufactured by companies that have not signed rebate agreements with the U.S. Secretary of Health and Human Services. Non-rebate drugs and biologics require PA and will be evaluated for medical necessity. Rebate status is subject to change and the MassHealth Drug List may be updated at a future rollout.

- Documentation of all of the following is required:
  - appropriate diagnosis; **and**
  - trials of all clinically appropriate alternatives whose manufacturers participate in the federal rebate program; **and**
  - clinical rationale for use of a drug whose manufacturer does not participate in the federal rebate program.

Cosmetic or Hair Growth Agents for Medical Necessity:

The MassHealth agency does not pay for any drug when used for cosmetic purposes or for hair growth, unless medically necessary. Requests must have documentation of a severe and persistent or widespread condition, rationale or documentation of no other available treatment options, and a provider attestation of a negative impact on the member's life.

Gender-affirming Care Requests:

For a member who has undergone gender transition or is in the process of a gender transition, requests for the following may be approved with documentation of a severe and persistent or widespread condition, and rationale or documentation of no other available treatment options (pharmacological or non-pharmacological) for either of the following:

- an agent for the reduction of hair growth in a person with male sex assigned at birth/biologic male (transgender male to female)
- Both of the following:
  - The provider attests the drug is necessary to the member's identity
  - Documentation that the condition to be treated is negatively affecting the member's life as a transgender individual