Pharmacy

The following topics are outlined in this chapter:

- Pharmacy Benefit
  - Formularies and Drug Lists
  - Over-the-Counter Drug List
  - Prescription Information
  - 90-Day Supply Pharmacy Programs for Tufts Health RITogether and Tufts Health Together
  - Medication Therapy Management Program for Tufts Health One Care
- Pharmacy Prior Authorization
  - Requests for Prior Authorization
  - Prior authorization review and response
  - Requests for Step Therapy Agents
  - Step Therapy Program for Continuity of Coverage for Tufts Health Direct Members
  - Requests for Drugs Not Listed on the Preferred Drug List
- Limitations
  - Exclusions
  - Generic Substitutions
  - New-to-Market Drugs
  - Quantity Limitations
- Medicare Part D
- Specialty Pharmacy

To meet members' therapeutic needs, Tufts Health Plan welcomes clinician, pharmacist and ancillary medical provider input on our pharmacy program. Please contact the pharmacy team with any suggestions or comments by calling Provider Services at 888-257-1985 (Massachusetts) or 844-301-4093 (Rhode Island).

Pharmacy Benefit

Pharmacies should bill Tufts Health Public Plans' pharmacy benefit manager, Optum Rx, for pharmacy services.

Tufts Health Plan manages the pharmacy program by evaluating the safety, efficacy and cost-effectiveness of drugs. A Pharmacy and Therapeutics (P&T) Committee — comprised of pharmacists and physicians from a range of clinical specialties — reviews the clinical appropriateness of drugs or products for inclusion in the formulary. The P&T Committee also establishes criteria documented in Pharmacy Medical Necessity Guidelines, including prior authorization (PA), step therapy (ST), quantity limits (QL), and specialty pharmacy (SP) programs.

A Drug Coverage Committee (DCC) is responsible for final clinical and financial decisions related to drug coverage and formulary management. The DCC considers recommendations from the P&T Committee when making these decisions.

Formularies and Drug Lists

- **Tufts Health Direct and Tufts Health One Care** use formularies—lists of preferred drugs covered under the pharmacy benefit. These formularies are developed by providers and clinical pharmacists and include medications within selected therapeutic classes that offer comparable safety and effectiveness at a lower cost.
- **Tufts Health RITogether** uses a Preferred Drug List (PDL), which promotes appropriate and cost-effective outpatient prescription drug use. The PDL applies to medications dispensed through retail and specialty pharmacies (if applicable) but does not apply to drugs administered in direct-care settings.
- **Tufts Health Together** follows the MassHealth Drug List (MHDL). Coverage and criteria generally align with MassHealth, with limited exceptions (such as certain quantity limit variations).

Updates to formularies and PDLs are published in the monthly provider newsletter. Current versions are available on the provider website, where users can:

- Download PDFs of drug lists
- Search by generic or brand name
- View coverage details and requirements (e.g., PA, ST, QL)

Refer to the Pharmacy page for the most current formulary or PDL applicable to each plan.

Over-the-Counter Coverage

Tufts Health Plan covers select over-the-counter (OTC) drugs or products for Tufts Health Together, Tufts Health RITogether, and Tufts Health One Care members. If a member needs a covered OTC drug or product, write a prescription for the drug or product for the member to fill at a pharmacy so that the drug or product is covered under the member's pharmacy benefit. To confirm OTC coverage:

- Tufts Health One Care: refer to the MassHealth Over-the-Counter Drug List
- Tufts Health RITogether: refer to the Tufts Health RITogether over-the-counter drugs coverage information
- Tufts Health Together: refer to the MassHealth Over-the-Counter Drug List

Prescription Information

Tufts Health Direct

Providers may prescribe:

- Up to a 90-day supply of maintenance medications or products may be prescribed for Tufts Health Direct members when members fill their prescription at a retail pharmacy or a mail-order pharmacy
- Up to a 60-day supply of dextroamphetamine or methylphenidate for the treatment of ADHD or narcolepsy
- Up to a 365-day supply of prescription contraceptives following an initial fill of the same contraceptive medication

Tufts Health One Care

Providers may prescribe:

- Up to a 90-day supply of most medications or products
- Up to a 60-day supply of dextroamphetamine or methylphenidate for the treatment of ADHD or narcolepsy
- Up to a 365-day supply of prescription contraceptives, including for an initial fill

Tufts Health RITogether

Providers may prescribe:

- Up to a 30-day supply of most medications or products when Tufts Health RITogether members fill their prescription at a retail pharmacy
  - See "Voluntary 90-Day Supply Pharmacy Program for Tufts Health RITogether Members" section below for information on exceptions to the 30-day prescribing limitation
- Up to a 365-day supply of prescription contraceptives, including for an initial fill

Tufts Health Together

Providers may prescribe:

- Up to a 30-day supply of most medications or products, except for those that are part of MassHealth's 90-day supply program
  - See "90-Day Supply Pharmacy Program for Tufts Health Together" section below for information on exceptions to the 30-day prescribing limitation.
- Up to a 60-day supply of dextroamphetamine or methylphenidate for the treatment of ADHD or narcolepsy.
- Up to a 365-day supply of prescription contraceptives, including for an initial fill.

90-Day Supply Pharmacy Programs for Tufts Health RITogether and Tufts Health Together

Tufts Health RITogether has a voluntary 90-day supply pharmacy program. The program allows for select generic maintenance medications used to treat common chronic conditions to be filled at a retail pharmacy for a 90-day supply. Refer to the appropriate PDL to see if a medication or product can be filled for a 90-day supply.

Tufts Health Together follows MassHealth's 90-day supply program that includes mandatory and allowable dispense of certain medications. Please refer to the MassHealth Drug List for additional information as well as which drugs can be filled for a 90-day supply and which drugs must be filled for a 90-day supply.

Medication Therapy Management Program for Tufts Health One Care

Tufts Health One Care members may be eligible for the Medication Therapy Management (MTM) Program. Eligible members are automatically enrolled in the program and are offered a one-to-one telephone consultation with a clinical pharmacist. Information gathered during this process, along with pharmacy claims, are used to develop clinical recommendations where appropriate. Pharmacist recommendations are faxed to the provider for consideration. Members will receive an individualized written summary of the consultation and comprehensive medication review (CMR).

In addition, targeted medication reviews (TMRs) are done to assess medication use, monitor unresolved issues, and identify new drug therapy problems. These TMRs are performed on a quarterly basis with any recommendations sent to the provider. Participation in the program is voluntary, and a member can disenroll at any time.

For additional information refer to the Medication Therapy Management Program.

Pharmacy Prior Authorization

Some covered drugs or products require prior authorization.

For Tufts Health Direct, Tufts Health One Care, and Tufts Health RITogether, the P&T Committee approves pharmacy medical necessity guidelines for drugs that require prior authorization. To determine if a drug or a product listed in the PDL/formulary requires prior authorization, refer to the Pharmacy Medical Necessity Guidelines.

For Tufts Health Together, refer to the MassHealth Drug List for the specific drug prior authorization requirements.

Request for Prior Authorization

Prior authorization requests may be submitted electronically through PromptPA via the provider portal or by visiting https://point32health.promptpa.com.

You can also submit requests via electronic Prior Authorization (ePA), fax or by mail with the appropriate request form to the Pharmacy Utilization Management Department. Use this link to find fax and mailing address details.

Prior authorization review and response

Tufts Health Plan clinicians review requests and make determinations regarding prior authorizations within the timeframes set forth below:

- **Tufts Health Direct**:
  - Standard – Within 2 business days of receipt but no longer than 15 days if additional information is needed
  - Urgent requests - Within 48 hours of receipt, but no longer than 72 hours if addition information is needed
- **Tufts Health One Care**:
  - Standard - Within 72 hours of receipt but may take up to 14 calendar days if supporting statements are needed.
  - Expedited - Within 24 hours after receipt but may take up to 14 calendar days if a supporting statement is needed

- **Tufts Health RITogether**:
  - Standard - Within 24 hours of receipt
  - Emergency – 72-hour supply of outpatient drug may be dispensed
- **Tufts Health Together**:
  - Standard - Within 24 hours of receipt
  - Emergency –72-hour supply of outpatient drug may be dispensed

Notification of the decisions to approve or deny the request will be made via ePA, mail or fax.

If the request is denied because it does not meet Tufts Health Plan's pharmacy medical necessity guidelines, an alternate therapy may be recommended. Providers may appeal denied requests. Refer to the Rights and Responsibilities chapter for additional information on the appeals process.

Requests for Step Therapy Agents

Step therapy is an automated form of prior authorization, which uses claims history for approval of a drug or product at the point of sale. Step therapy programs help encourage the clinically proven use of first-line therapies and are designed so that the most therapeutically appropriate and cost-effective agents are used first, before other treatments may be covered. Step therapy protocols are based on current medical findings, FDA-approved drug labeling and drug costs.

Drugs or products are placed in a step therapy program when one or more of the following criteria are met:

- The drug or product is not considered to be first-line therapy by medically accepted clinical practice guidelines.
- The drug or product has a disproportionate cost when compared to other agents used to treat the same disease or medical condition.

Members who are currently on drugs that meet the initial step therapy criteria will automatically be able to fill their prescriptions for a step therapy medication. If the member does not meet the initial step therapy criteria, the prescription will deny at the point of sale with a message indicating that prior authorization is required. Providers may submit prior authorization requests to Tufts Health Plan using the utilization review process for members who do not meet the step therapy criteria at the point of sale or who do not have claims history in the system.

For more information, including which drugs are currently included in a step therapy program, go to the Formulary lookup & Preferred Drug Lists page to refer to the PDL, formulary or drug list that corresponds to the member's plan.

Step Therapy Program for Continuity of Coverage for Tufts Health Direct

In accordance with Massachusetts state law, when a Tufts Health Direct member has already been prescribed and is stable on a drug subject to step therapy requirements, Tufts Health Plan will allow a one-time transition fill for up to 30-day supply of the requested drug while an exception to the step therapy request is being reviewed. Please contact Provider Services at 888-257-1985 to request the one-time transition fill.

Health plans are required to process step therapy exceptions and appeals within 3 business days following the receipt of all necessary information needed to make a medical necessity determination. For urgent requests, health plans are required to respond back within 24 hours following the receipt of all necessary information if additional delay would result in significant risk to the member's health or well-being. For expedited step therapy appeals, please mark the subject line as "24 hours – Expedited".

Request for Drugs or Products Not Listed on the Preferred Drug List or Formulary

For Tufts Health Direct, Tufts Health One Care, and Tufts Health RITogether, Tufts Health Plan considers any drug or product not listed in the current PDL or formulary to be non-covered unless it falls under a benefit exclusion listed below.

Non-covered drugs or products have safe, comparably effective and less expensive alternatives available. In most cases, alternatives are approved by the FDA for the treatment of the particular diagnosis and are widely used and accepted by the medical community to treat the same condition. If a provider believes there is a medical necessity for a member to

continue on a non-covered drug or product, a prior authorization request can be submitted under the utilization review process.

Limitations

Exclusions

Tufts Health Plan does not cover the following drugs or products as part of the pharmacy benefit:

- Medications used for cosmetic purposes, unless medically necessary [12]
- Medications used for sexual dysfunction[12] for Tufts Health Together, Tufts Health RITogether and Tufts Health One Care members
- Cough and cold medications[1] for Tufts Health Together
- Contraceptive implants[3] for Tufts Health Direct and Tufts Health RITogether
- Experimental and/or investigational drugs[12]
- New-to-market medications for Tufts Health RITogether members until the P&T Committee has reviewed and a coverage determination has been finalized.
- Infertility agents[1] for Tufts Health Together, Tufts Health RITogether and Tufts Health One Care members[3]
- Over-the-counter medications not listed on the Tufts Health Direct formulary
- Medical supplies[3]
- Digital therapeutics and prescription digital therapeutics (PDTs), unless indicated otherwise for Tufts Health RITogether, Tufts Health Direct, and Tufts Health One Care
- Drugs not approved by the United States Food and Drug Administration (FDA)[2]
- Drug Efficacy Study Implementation (DESI) drugs [12]
- Medications used for the treatment of obesity or overweight[1] for Tufts Health Together and Tufts Health One Care

For Tufts Health Together, drugs that are not approved by the U.S. Food and Drug Administration or drugs whose manufacturer does not participate in the federal drug rebate program are subject to review for prior authorization. Coverage of digital therapeutics and prescription digital therapeutics (PDTs) is limited to that which is covered on the MassHealth Drug List.

Contact Provider Services at 888-257-1985 (Massachusetts) or 844-301-4093 (Rhode Island) with any questions about coverage.

Generic Substitutions

Consistent with state law, members who are prescribed a brand-name drug will receive the generic substitution, when applicable, at the pharmacy and will pay the applicable tier co-payment for that generic.

However, when the prescriber writes a “no substitutions” (Massachusetts) or “brand-name necessary” (Rhode Island) prescription for a brand-name drug or product when generic drugs are available, Tufts Health Plan may not cover the brand-name drug or product without approving a provider-submitted request for the non-covered brand-name drug or product. If members need a brand-name drug or product, submit a request for medical necessity.

[1] For Tufts Health Together ACPPs, in accordance with guidelines found in 130 CMR 406.413(B)

[2] For Tufts Health RITogether, in accordance with the Rhode Island Medicaid Managed Care Services Pharmacy Benefit Plan Protocols.

[3] May be covered under the medical benefit.

New-to-Market Drugs

Tufts Health Plan reviews new drugs or products for safety and efficacy before adding them to the PDL or formulary.

For Tufts Health Direct, the coverage determination of new-to-market (NTM) drugs or products is delayed until the P&T Committee has reviewed them. A new drug product will be excluded from coverage until this process is completed which will be the earlier of Dec. 31 of the following calendar year or as required by law.

For Tufts Health Together, new drugs or products remain as new to market until MassHealth adds them to the MassHealth Drug List.

For Massachusetts plans, if a provider believes a member has a medical need for the drug or product, a request can be submitted under the utilization review process. Contact Provider Services at 888-257-1985 with any questions regarding the coverage status of a drug or product.

Quantity Limits

The quantity limitations program restricts the quantity of a drug or product covered in a given time period. These quantities are based on recognized standards of care, such as FDA recommendations for use. If a provider believes a member needs a quantity greater than the program limitation, a request can be submitted under the utilization review process.

Medicare Part D

If members have Medicare prescription drug coverage (Part D), the Part D plan will cover most of the prescription drugs. Even so, Tufts Health Plan will cover some drugs, such as select excluded drugs. Some co-payment amounts may still apply to these covered drugs. Contact Provider Services at 888-257-1985 for additional information. Members can also find out more about their Medicare prescription drug coverage by calling Medicare at 800-633-4227 (TTY: 711), visiting Medicare's website or referring to their Medicare and You Handbook.

Specialty Pharmacy

Tufts Health Plan's designated specialty pharmacy (SP) program supplies a select number of drugs used to treat complex disease states. Specialty pharmacies specialize in providing these medications and are staffed with nurses, coordinators, and pharmacists to provide support services for members. Medications include, but are not limited to, those used to treat hepatitis C, growth hormone deficiency, multiple sclerosis, rheumatoid arthritis, and cancers. When appropriate, additional medications are identified and added to this program.

For medications included in the designated SP program, providers may prescribe up to a 30-day supply of medication through Optum Rx Specialty pharmacy. Medications that Optum Rx Specialty pharmacy provides for members are not covered through retail pharmacies, other specialty pharmacies or mail-order pharmacies.

In addition to providing specific specialty medications, Optum Rx Specialty pharmacy will:

- Deliver medications to a member's home, designated delivery address (except for a P.O. Box), or clinician's office
- Provide pharmaceutical expertise and counseling to answer members' and/or clinicians' questions and offer medication assistance
- Offer education and wellness programs that provide clinicians and members with information, materials, and ongoing support to help members manage their health conditions and improve medication compliance
- Provide access to staff pharmacists, available to support members 24 hours a day, seven days a week

Use the Optum Rx Specialty Enrollment form to request specialty medications. You can also fax prescriptions for specialty medications to Optum Rx Specialty pharmacy at 877-342-4596. Members should contact Optum Rx Specialty pharmacy to set up home delivery of their specialty medications.

For specialty pharmacy medications that require prior authorization, refer to the *Pharmacy Prior Authorization* section of this chapter.

Tufts Health Plan offers members a specialty pharmacy program through Optum Rx Specialty pharmacy for all plans except Tufts Health Together with UMass Memorial Health ACO, who must fill through UMass Memorial Specialty Pharmacy. Contact the Specialty Pharmacy at 888-639-3988 for these members. The Optum Rx specialty pharmacy program is optional for Tufts Health One Care and Tufts Health RITogether members.

PUBLICATION HISTORY

01/01/24	Updated plan name to Tufts Health One Care
03/01/24	Added Step Therapy for Continuity of Coverage for Tufts Health Direct Members and updated links
03/13/24	Reviewed, administrative edits.
03/12/25	Updated links; administrative edits
01/01/26	Updated to remove all Tufts Health Together MCO references
06/01/26	Updated New-to-Market section with changes to business process for Tufts Health Direct; added Tufts Health One Care content and made non-material revisions to clarify policy by product.
07/01/26	Added One Care pharmacy content included in the One Care chapter of the manual; revised language for consistency across all products
08/10/26	Updated Exclusions section per MassHealth regulatory updates regarding medications used for the treatment of obesity or overweight