

Pharmacy

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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).

Refer to the [Tufts Health One Care](#) chapter for specific pharmacy information regarding Tufts Health One Care.

Pharmacy Benefit

Tufts Health Plan manages the pharmacy program by evaluating the safety, efficacy and cost-effectiveness of drugs. A pharmacy and therapeutics (P&T) Committee, consisting of pharmacists and physicians who represent various clinical specialties, reviews the clinical appropriateness of drugs or products for inclusion in the formulary and approves the criteria ([Pharmacy Medical Necessity Guidelines](#)) for drugs or products in a pharmacy program, such as prior authorization (PA), step therapy (ST), quantity limitations (QL) and designated specialty pharmacy (SP) programs. A drug coverage committee (DCC) is responsible for clinical and financial decision-making and makes drug coverage and formulary management decisions with consideration to the information provided by the P&T Committee.

Tufts Health RITogether uses a [Preferred Drug List](#) (PDL). The PDL promotes appropriate and cost-effective prescription outpatient drug products. The PDL applies to medications or products members receive through retail and specialty pharmacies (if applicable) and does not apply to medications or products used in direct-care settings.

Tufts Health Together ACPPs and Tufts Health Together MCO use the [MassHealth Drug List \(MHDL\)](#). Coverage and criteria for all pharmacy products mirror that of MassHealth with a few exceptions (e.g., quantity limit exceptions).

Tufts Health Direct and Tufts Health One Care use formularies. Formularies are a listing of drugs that are considered preferred therapy for members within the pharmacy benefit of a managed health plan. Tufts Health Plan formularies are developed by a panel of providers and clinical pharmacists. The formularies include key agents within selected therapeutic classes. These agents offer comparable safety and efficacy yet are more cost-effective than similar agents. Complete lists of covered drugs or products, including specialty drugs included in the SP program, are available on Tufts Health Plan's [website](#).

PDL and formulary updates are communicated via the monthly provider newsletter. PDLs and formularies can be searched on the public Provider website by generic name or brand name to find information about coverage and limitations (prior authorization, quantity limits and step therapy). Refer to the following PDLs or formularies listed on the [Pharmacy](#) page for the member's coverage information:

- Tufts Health RITogether
- Tufts Health Direct (Qualified Health Plan)
- Tufts Health One Care

Refer to the [MassHealth Drug List](#) for member's coverage information for the following plans:

- Tufts Health Together Accountable Care Organizations for:
 - Tufts Health Together with Cambridge Health Alliance
 - Tufts Health Together with UMass Memorial Health
- Tufts Health Together Managed Care Organization (MCO)

Note: PDF versions of Tufts Health Direct formularies can be downloaded from the public Provider website.

Prescription Information

For Tufts Health RITogether members, 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.

For Tufts Health Together members, 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.

For Tufts Health Direct members, providers may prescribe:

- Up to a 60-day supply of dextroamphetamine or methylphenidate for the treatment of ADHD or narcolepsy.
- 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 365-day supply of prescription contraceptives following an initial fill of the same contraceptive medication.

Voluntary 90-Day Supply Pharmacy Program for Tufts Health RITogether Members

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.

90-Day Supply Pharmacy Program for Tufts Health Together Members

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.

Over-the-Counter Drug List

Tufts Health Plan covers select over-the-counter (OTC) drugs or products for Tufts Health Together MCO, Tufts Health Together ACPPs and Tufts Health RITogether members. Tufts Health Together follows the MassHealth OTC list, which can be found at the [MassHealth Drug List](#) home page. If a member needs a covered OTC drug or product, write a prescription for the product for the member to fill at a pharmacy and obtain the drug or product under the pharmacy benefit. For Tufts Health RITogether refer to the over-the-counter medication [coverage information](#) for more details. For select OTC drugs or products covered for Tufts Health One Care members, refer to the [One Care formulary](#).

Pharmacy Prior Authorization

The P&T Committee approves pharmacy medical necessity guidelines for drugs that require prior authorization.

Request for Prior Authorization

Some drugs or products listed in the [PDL and formulary](#) (Tufts Health RITogether, Tufts Health Direct, Tufts Health One Care) or MassHealth Drug List (Tufts Health Together) require prior authorization.

To request a pharmacy prior authorization, refer to the [Pharmacy Medical Necessity Guidelines](#) (Tufts Health RITogether, Tufts Health Direct, Tufts Health One Care) or MassHealth Drug List (Tufts Health Together) for the specific drug prior authorization requirements. Requests may be submitted electronically through PromptPA through 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:

- Tufts Health One Care: Fax to 617-673-0956
- Tufts Health Together (MCO and ACPP plans) and Tufts Health RITogether: Fax to 617-673-0939
- Tufts Health Direct: Fax to 617-673-0988
- Mail: Tufts Health Plan
Attn: Pharmacy Utilization Management Department
1 Wellness Way
Canton, MA 02021-1166

Tufts Health Plan clinicians review requests and make determinations regarding prior authorizations within 24 hours for Tufts Health Together (MCO and ACPPs) and Tufts Health RITogether. Tufts Health Direct determinations are made within 48 hours after receipt but no longer than 72 hours if additional information is needed from the provider for urgent requests. For standard requests, determinations are made within 2 business days after receipt but no longer than 15 days if additional information is needed. Notification of the decision to approve or deny the request will be made via 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.

Emergency Situations

For Tufts Health RITogether, Tufts Health Together MCO and Tufts Health Together ACPP members in emergency situations, Tufts Health Plan clinicians respond to requests for prior authorization for a covered outpatient drug by fax, mail or ePA within 24 hours of the request. In addition, Tufts Health Plan allows for a 72 hour supply of the requested outpatient drug to be dispensed in emergency situations.

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.

For more information, including which drugs are currently included in a step therapy program, refer to the PDL or formulary or [MassHealth Drug List](#) (for Tufts Health Together). 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.

Step Therapy Program for Continuity of Coverage for Tufts Health Direct Members

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

Tufts Health Plan considers any drug or product not listed in the current [PDL or formulary](#) for Tufts Health RITogether, Tufts Health Direct, or Tufts Health One Care to be new-to-market or 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

¹ For Tufts Health Together MCO and 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.

- Medications used for sexual dysfunction¹² for Tufts Health Together MCO, Tufts Health Together ACPP, Tufts Health RITogether and Tufts Health One Care members
- Cough and cold medications¹ for Tufts Health Together MCO, and Tufts Health Together ACPP
- Contraceptive implants³ for Tufts Health Direct, and Tufts Health RITogether
- Experimental and/or investigational drugs¹²
- New-to-market medications for Tufts Health RITogether members until the P&T Committee has reviewed and a coverage determination has been finalized
- Infertility agents¹ for Tufts Health Together MCO, Tufts Health Together ACPPs, Tufts Health RITogether and Tufts Health One Care members³
- Over-the-counter medications not listed on the Tufts Health Direct formulary
- Medical supplies³
- 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) drugs¹²

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 for Tufts Health Together members. 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 (Massachusetts)

Consistent with Massachusetts law, which mandates that individuals receive the generic equivalent of a medication when one is available, members who are prescribed a brand-name drug will receive the generic drug or product at the pharmacy and will pay the applicable tier co-payment for that generic.

However, when the prescriber writes a “no substitutions” 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.

Note: The brand-name drug or product may be preferred over the interchangeable generic in some instances. Please refer to the [MassHealth Drug List](#) when prescribing.

Generic Substitutions (Rhode Island)

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

Note: When the prescriber writes “brand-name necessary” on a prescription for a brand-name drug when a generic version is available, Tufts Health Plan will not cover the brand-name drug without approving a provider-submitted request for the non-covered brand name drug. If the member needs a brand-name drug, submit a request for medical necessity.

Certain drugs or products where blood-level maintenance is crucial, or with complex pharmacokinetics, dosage forms or narrow therapeutic efficacy, are not subject to substitution.

³ May be covered under the medical benefit.

These products for Tufts Health RITogether are:

- Dilantin
- Neoral oral solution
- Premarin
- Prograf
- Synthroid

New-to-Market Drugs (Massachusetts)

Tufts Health Plan reviews new drugs or products for safety and efficacy before adding them to the PDL or formulary for Tufts Health RITogether, Tufts Health Direct, and Tufts Health One Care. For Tufts Health Together, new drugs or products remain as new to market until MassHealth adds them to the [MassHealth Drug List](#). The coverage determination of new-to-market (NTM) drugs or products are delayed until the P&T Committee has reviewed them. In the interim, if a provider believes a Tufts Health Together MCO, Tufts Health Together ACPP, Tufts Health Direct or Tufts Health One Care 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** (Massachusetts) 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 (Massachusetts)

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.

Tufts Health Plan offers members a SP program through Optum Rx Specialty pharmacy (UMass Memorial Health ACO members must fill through UMass Memorial Specialty Pharmacy). For medications included in the designated SP program, providers may prescribe up to a 30-day supply of medication through Optum Rx Specialty pharmacy. Use the [Optum Rx Specialty Enrollment form](#) to request specialty medications. 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

Please send prescriptions for specialty medications to Optum Rx Specialty pharmacy. Members should contact Optum Rx Specialty pharmacy to set up delivery of their specialty medications.

- Optum Rx Specialty pharmacy phone: 844-265-1705
- Optum Rx Specialty Pharmacy fax: 877-342-4596

For specialty pharmacy medications that require prior authorization, refer to the [Pharmacy Medical Necessity Guidelines](#) for that drug on the public Provider website. Provider can submit the prior authorization request via electronic prior authorization (ePA), fax or mail to:

- Tufts Health Together (MCO and ACPP) and Tufts Health RITogether: Fax to 617-673-0939
- Tufts Health Direct: Fax to 617-673-0988
- Tufts Health One Care: Fax to 617-673-0956
- Mail: Tufts Health Plan
Attn: Pharmacy Utilization Management Department
1 Wellness Way
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Note: The specialty pharmacy program is optional for Tufts Health One Care and Tufts Health RITogether members. UMass Memorial Health ACO members must fill specialty drugs through UMass Memorial Specialty Pharmacy. Contact the Specialty Pharmacy at 1-888-639-3988.

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.