



MassHealth ACP/MCO Unified Pharmacy Product List Reference Table

In order to provide the most cost effective, sustainable pharmacy benefit, MassHealth has designated MassHealth ACP/MCO Unified Pharmacy Products within certain therapeutic classes that includes both drug and non-drug pharmacy products. These are divided into preferred and non-preferred pharmacy products. Preferred pharmacy products are associated with lower costs to the State compared to non-preferred alternatives. Non-preferred pharmacy products may require a step through preferred alternative(s) and may have additional restrictions compared to preferred drugs. MassHealth ACP/MCO Unified Pharmacy Product List (UPPL) identifies the therapeutic classes for which select pharmacy products have been designated and the obligations of MassHealth Accountable Care Partnership Plans (ACPPs) and Managed Care Organizations (MCOs) with respect to those classes. This list is subject to change.

Regarding Unified Pharmacy Product List (UPPL) brand name products that have recently become available as generic product(s), MassHealth requires the brand name product continue to be preferred over the generic product(s). Please note, there may be exceptions to this policy. Any exceptions will be communicated to the MCO/ACPPs plans on a case-by-case basis.

Preferred Unified Pharmacy Products		Non-Preferred Pharmacy Products	
Anticoagulants			
Eliquis Pradaxa – BP	Xarelto 10mg, 15mg, 20mg, starter pack	Savaysa – PA	Xarelto 2.5mg – PA
Antidiabetic Agents: Biguanides and Combination Products			
Invokamet Invokamet XR Janumet Janumet XR Jentadueto	metformin ER Riomet IR – BP Synjardy Synjardy XR Xigduo XR	Glyxambi – ST Kazano – ST metformin ER Osmotic (Fortamet) – ST metformin ER (Glumetza) – ST	Segluromet – ST

Jentaduetto XR Kombiglyze XR metformin		Riomet ER – ST	
Antidiabetic Agents: DPP-4 Inhibitors			
Januvia Onglyza	Tradjenta	Alogliptin – ST	
Antidiabetic Agents: GLP-1 Agonists and Combination Products			
Bydureon Byetta – BP	Trulicity * Victoza	Bydureon Bcise – ST Ozempic – ST Rybelsus – ST	Soliqua – ST Xultophy – ST
Antidiabetic Agents: SGLT-2 Inhibitors			
Farxiga Invokana	Jardiance	Steglatro – ST	
Anti-hypoglycemic Agent			
Baqsimi *		Gvoke – ST	
Antiretrovirals			
Biktarvy * Delstrigo* Descovy * Dovato * Genvoya * Juluca * Norvir tablet * – BP	Odefsey * Pifeltro* Prezcobix* Prezista* Symtuza* Triumeq *		
Asthma and Allergy Monoclonal Antibodies			
Cinqair – PA Dupixent – PA Fasenra – PA	Nucala – PA Xolair – PA		
Cerebral Stimulants and ADHD Agents			
Adderall XR * – BP Concerta – BP	Focalin XR * – BP Vyvanse *		
CGRP inhibitors			

Ajovy [migraine prophylaxis] * – PA	Emgality [cluster headache] * – PA	Aimovig – ST Emgality [migraine prophylaxis] – ST	Vyepti – ST
Colony-Stimulating Factors			
Fulphila Leukine Neulasta	Neupogen Udenyca Ziextenzo	Granix – ST Nivestym – ST	Zarxio – ST
Diabetic Testing Supplies			
Freestyle* Freestyle InsuLinx*	Freestyle Lite* Precision Xtra*		
Erythropoiesis-Stimulating Agents			
Aranesp – PA Epogen – PA	Procrit – PA Retacrit – PA		
Growth Hormone			
Genotropin * – PA			
Hemophilia agents			
Benefix *	Xyntha *		
Hepatitis Antiviral Agents			
ledipasvir/sofosbuvir * – PA Mavyret * – PA	sofosbuvir/velpatasvir * – PA	Vosevi – ST	Zepatier – ST
Insulin Products			
Humalog – BP Novolog – BP	Lantus SoloSTAR Lantus vial	Admelog – ST Basaglar – ST	Semglee – ST
Kinase Inhibitors			
Ibrance * – PA Jakafi – PA	temsirolimus Zortress#	Aliqopa – PA Balversa – PA Braftovi – PA Copiktra – PA Cotellic – PA Gilotrif – PA Kisqali – PA Kisqali-Femara Co-Pack – PA	Mektovi – PA Nerlynx – ST Piqray – PA Rozlytrek – PA Stivarga – ST Tafinlar – PA Tagrisso – PA Verzenio – PA Vitrakvi – PA

		Lenvima – ST Lorbrena – PA Mekinist – PA	Vizimpro – PA Zydelig – PA
Kinase Inhibitors: MTOR for Breast Cancer			
Afinitor – BP, PA	Afinitor Disperz – BP, PA		
Kinase Inhibitors: Tyrosine			
Bosulif * – PA imatinib Inlyta * – PA Sprycel Sutent * – BP, PA Tasigna Tykerb– BP		Alecensa – PA Alunbrig – PA Brukinsa – PA Cabometyx – ST Calquence – PA Caprelsa – PA Cometriq – PA erlotinib – PA Iclusig – ST Imbruvica – PA	Inrebic – ST Iressa – PA Nexavar – PA Rydapt – PA Tabrecta – PA Turalio – PA Votrient – PA Xalkori – PA Xospata – PA Zykadia – PA
Miscellaneous Oncology Agent			
		Venclexta – PA	
Long-acting Injectable Antipsychotics			
Aristada *	Invega Trinza *	Abilify Maintena – ST	Invega Sustenna
Medication-Assisted Treatment Agents			
Suboxone film * – BP			
Multiple Sclerosis Agents			
Copaxone – BP Gilenya – BP, PA	Tecfidera * – BP, PA	Aubagio – PA Glatopa – PA	Mayzent – ST Zeposia – ST
Opioid and Alcohol Treatment Agent			
		Vivitrol	
Respiratory Agents			
Advair Diskus– BP Advair HFA albuterol inhalation solution Asmanex HFA Asmanex Twisthaler	ipratropium inhalation solution Proair HFA – BP Proair Respiclick Pulmicort Flexhaler	AirDuo RespiClick – ST Alvesco – ST Arnuity Ellipta – ST Breo Ellipta – ST Lonhala – PA	ProAir Digihaler – ST Qvar RediHaler – ST Ventolin – ST Wixela – ST Yupelri – PA

Atrovent HFA budesonide inhalation suspension Dulera Flovent Incruse Ellipta	Seebri Spiriva HandiHaler Spiriva Respimat Symbicort – BP Tudorza Xopenex HFA – BP		
Spinal Muscular Atrophy Agents			
Zolgensma * – PA			
Targeted Immunomodulators: Anti-TNF Agents			
Enbrel * – PA	Humira * – PA	Cimzia – ST Simponi – ST	Simponi Aria – ST
Targeted Immunomodulators: Interleukin Antagonists			
Stelara * – PA	Taltz * – PA	Actemra – PA Cosentyx – PA Ilumya – PA Kevzara – PA Kineret – PA	Siliq – PA Skyrizi – PA Tremfya – PA
Targeted Immunomodulators: Janus Kinase Inhibitors			
Xeljanz * – PA	Xeljanz XR * – PA	Olumiant – ST	Rinvoq ER – ST
Targeted Immunomodulators: Other			
Orencia – PA	Otezla – PA		
Topical Immune Suppressants			
Elidel – BP Eucrisa * – PA	Protopic – BP		

* – Supplemental rebate/preferred pharmacy product. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred pharmacy product within a therapeutic class. See below for broader description.

– This is a brand-name drug with FDA "A"-rated generic equivalents. PA is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

BP – Brand Preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent. See below for broader description.

PA – Prior authorization is required. The prescriber must obtain prior authorization for the drug in order for the pharmacy to receive payment. Note: Prior authorization applies to both the brand-name and the FDA "A"-rated generic equivalent of listed product.

ST – Step Therapy, designated drug(s) will require a step through one or more Preferred Unified Drug(s). Prior Authorization is required for these products.

SUPPLEMENTAL REBATE/ PREFERRED PHARMACY PRODUCTS

The therapeutic classes listed within the table contain one or more preferred pharmacy products (including both drugs and non-drug pharmacy products) covered by a rebate agreement or supplemental rebate agreement. The preferred pharmacy products within each class are also identified by a * symbol.

Please note that a preferred pharmacy product may still require prior authorization for clinical reasons. Clinical criteria are set forth in the relevant Therapeutic Class Tables.

In general, prescribers requesting a non-preferred pharmacy product within the following therapeutic classes must provide medical records documenting an inadequate response or adverse reaction to the pharmacy product.

MassHealth ACPPs and MCOs must align their pharmacy product lists with the MHDL's preferred status designations and prior authorization requirements for the preferred and non-preferred pharmacy products in these therapeutic classes.

BRAND OVER GENERIC PREFERRED DRUGS

MassHealth designates certain brand name drugs as preferred over their generic equivalents because the net cost of the brand name drugs, inclusive of rebates, is lower than the net cost of the generic equivalents. These drugs are identified with a BP footnote.

Please note that a drug may still require prior authorization for clinical reasons. Clinical criteria are set forth in the relevant Therapeutic Class Tables.

In general, prescribers requesting a non-preferred drug within the following therapeutic classes must provide medical records documenting an inadequate response or adverse reaction to the preferred drug.

MassHealth ACPPs and MCOs must align their drug lists with the MHDL's preferred status designations and prior authorization requirements for the preferred brand name drug and its generic equivalent(s).