



## MassHealth ACP/MCO Unified Pharmacy Product List Reference Table (effective 1/1/22)

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	
<b>Amyloidosis Therapies</b>			
Onpattro* – PA		Tegsedi – ST	
<b>Anticoagulants</b>			
Eliquis enoxaparin fondaparinux Fragmin	Pradaxa – BP warfarin Xarelto 10mg, 15mg, 20mg, starter pack	Savaysa – PA	Xarelto 2.5mg – PA
<b>Anticonvulsants</b>			

Sabril – BP, PA		Vigadrone – PA	
<b>Antidiabetic Agents: Biguanides and Combination Products</b>			
Invokamet	metformin ER	Duetact – BP, ST	Oseni – BP, ST
Invokamet XR	metformin solution	Glyxambi – ST	Qtern – ST
Janumet	Synjardy	Glumetza – BP, ST	repaglinide/metformin – ST
Janumet XR	Synjardy XR	Kazano – BP, ST	Riomet ER – ST
Jentadueto	Xigduo XR	metformin ER Osmotic (Fortamet) – ST	Segluromet – ST
Jentadueto XR			Steglujan – ST
Kombiglyze XR			Trijardy XR – ST
metformin			
<b>Antidiabetic Agents: DPP-4 Inhibitors</b>			
Januvia	Tradjenta	Nesina – BP, ST	
Onglyza			
<b>Antidiabetic Agents: GLP-1 Agonists and Combination Products</b>			
Bydureon	Trulicity*	Adlyxin – ST	Soliqua – ST
Byetta – BP	Victoza	Bydureon BCise – ST	Xultophy – ST
		Ozempic – ST	
		Rybelsus – ST	
<b>Antidiabetic Agents: SGLT-2 Inhibitors</b>			
Farxiga	Jardiance	Steglatro – ST	
Invokana			
<b>Anti-hypoglycemic Agent</b>			
Baqsimi *		Gvoke – ST	
<b>Antiretrovirals</b>			
Biktarvy*	Odefsey*	Norvir powder	
Cabenuva*	Pifeltro*	Norvir solution	
Delstrigo*	Prezcobix*		
Descovy*	Prezista* – BP		
Dovato*	Rukobia* – PA		
emtricitabine/tenofovir disoproxil fumarate	Symtuza*		
Genvoya*	Triumeq*		
Juluca*			
Norvir tablet* – BP			

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 Daytrana	Focalin XR* – BP Vyvanse*	Adhansia XR – PA Adzenys ER – PA Adzenys XR ODT – PA Aptensio XR – PA Azstarys – PA Cotempla XR – ODT – PA Dyanavel XR – PA Jornay PM – PA	methylphenidate CD– PA Mydayis ER– PA QuilliChew ER– PA Quillivant XR– PA Relexxii ER– PA Ritalin LA– PA
CFTR Modulators			
Kalydeco* – PA Orkambi* – PA	Symdeko* – PA Trikafta* – PA		
CGRP Inhibitors			
Ajovy [migraine prophylaxis] * – PA	Emgality [cluster headache] * – PA	Aimovig – ST Emgality [migraine prophylaxis] – ST	Vyepti – ST
Continuous Glucose Monitoring (CGM) Products			
Dexcom G6* – PA Freestyle Libre 14 day* – PA	Freestyle Libre 2* – PA	Dexcom G4 <sup>†</sup> Dexcom G5 <sup>†</sup> Enlite <sup>†</sup> Eversense <sup>†</sup> Freestyle Navigator <sup>†</sup> Guardian <sup>†</sup>	
Continuous Subcutaneous Insulin Infusion			
Omnipod* – PA Omnipod Dash* – PA	V-Go* – PA		
Diabetic Testing Supplies <sup>†</sup>			
Freestyle* Freestyle InsuLinx*	Freestyle Lite* Freestyle Neo* - PA Precision Xtra*		
Erythropoiesis-Stimulating Agents			

Aranesp – PA Epogen – PA	Procrit – PA Retacrit – PA		
<b>Givlaari</b>			
Givlaari* – PA			
<b>Granulocyte-Stimulating Factors</b>			
Fulphila Leukine Neulasta Neupogen	Nyvepria Udenyca Ziextenzo	Granix – ST Nivestym – ST	Zarxio – ST
<b>Growth Hormone</b>			
Genotropin* – PA		Humatrope – ST Norditropin – ST Nutropin AQ – ST Omnitrope – ST	Saizen – ST Serostim – ST Zomacton – ST Zorbtive – ST
<b>Hemophilia agents</b>			
Benefix*	Xyntha*		
<b>Hepatitis Antiviral Agents</b>			
ledipasvir/sofosbuvir* – PA Mavyret* – PA	sofosbuvir/velpatasvir* – PA	Vosevi – ST	Zepatier – ST
<b>Insulin Products</b>			
insulin aspart insulin lispro	Lantus SoloSTAR Lantus vial	Admelog – ST Basaglar – ST	Semglee – ST
<b>Kinase Inhibitors</b>			
Ibrance* – PA	Jakafi – PA	Aliqopa – PA Balversa – PA Braftovi – PA Copiktra – PA Cosela – PA Cotellic – PA Inrebic – ST Kisqali – PA Kisqali-Femara Co-Pack – PA	Piqray – PA Retevmo – PA Rozlytrek – PA Stivarga – ST Tabrecta – PA Tafinlar – PA Tagrisso – PA Tepmetko – PA Verzenio – PA Vitrakvi – PA

	<b>Koselugo – PA</b> Lorbrena – PA Mekinist – PA Mektovi – PA Nerlynx – ST	Vizimpro – PA <b>Zelboraf – PA</b> Zydelig – PA
<b>Kinase Inhibitors: MTOR</b>		
Afinitor – BP, PA Afinitor Disperz – BP, PA	<b>everolimus</b> <b>temsirolimus</b>	
<b>Kinase Inhibitors: Tyrosine</b>		
Bosulif* – PA imatinib Inlyta* – PA Sprycel Sutent* – BP, PA Tasigna Tykerb– BP	<b>Ayvakit – PA</b> Alecensa – PA Alunbrig – PA Brukinsa – PA Cabometyx – ST Calquence – PA Caprelsa – PA Cometriq – PA erlotinib – PA <b>Fotivda – PA</b> <b>Gavreto – PA</b> Gilotrif – PA Iclusig – ST Imbruvica – PA	Iressa – PA <b>Lenvima – ST</b> Nexavar – PA <b>Qinlock – PA</b> Rydapt – PA <b>Tukyza – PA</b> Turalio – PA Votrient – PA Xalkori – PA Xospata – PA Zykadia – PA
<b>Miscellaneous Oncology Agent</b>		
	Venclexta – PA	
<b>Long-acting Injectable Antipsychotics</b>		
Aristada* Invega Sustenna* Invega Trinza*	<b>Risperdal Consta</b> <b>Zyprexa Relprevv</b>	Abilify Maintena – ST <b>Perseris – ST</b>
<b>Long-acting Medication-Assisted Treatment Agents</b>		
Sublocade*		
<b>Medication-Assisted Treatment Agents</b>		

Suboxone film * – BP		Bunavail– ST buprenorphine SL tablet– ST	buprenorphine-naloxone SL tablet– ST Zubsolv– ST
<b>Multiple Sclerosis Agents</b>			
Aubagio – PA Copaxone – BP	Gilenya – BP, PA Tecfidera* – BP, PA	Bafiertam – ST Glatopa – PA Mavenclad – ST	Mayzent – ST Ponvory – ST Vumerity – ST Zeposia <sup>§</sup> – ST
<b>Opioid and Alcohol Treatment Agent</b>			
		Vivitrol	
<b>Prescription Digital Therapeutics</b>			
Reset*	Reset-O*		
<b>Respiratory Agents (beta adrenergic and glucocorticoids combination inhalers)</b>			
Advair Diskus– BP Advair HFA	Dulera – BP Symbicort – BP	AirDuo Digihaler – ST AirDuo RespiClick – ST Breo Ellipta – ST	Wixela – ST
<b>Respiratory Agents (inhaled glucocorticoids)</b>			
Asmanex HFA Asmanex Twisthaler budesonide inhalation suspension	Flovent Diskus Flovent HFA – BP Pulmicort Flexhaler	Alvesco – ST ArmonAir Digihaler – ST Arnuity Ellipta – ST	Qvar RediHaler – ST
<b>Respiratory Agents (inhaled long acting anticholinergics)</b>			
Incruse Ellipta Spiriva HandiHaler	Spiriva Respimat Tudorza	Lonhala – PA	
<b>Respiratory Agents (inhaled SABA)</b>			
albuterol inhalation solution Proair HFA – BP	Xopenex HFA – BP	levalbuterol concentrate – ST levalbuterol solution – ST ProAir Digihaler – ST	Proair RespiClick – ST Proventil – ST Ventolin – ST
<b>Spinal Muscular Atrophy Agents</b>			
Zolgensma* – PA			
<b>Targeted Immunomodulators: Anti-TNF Agents</b>			
Enbrel* – PA	Humira* – PA	Avsola – ST Cimzia – ST	Renflexis – ST Simponi – ST

		Inflectra – ST Remicade – ST	Simponi Aria – ST
<b>Targeted Immunomodulators: Interleukin Antagonists</b>			
Taltz* – PA	Stelara* – PA	Actemra – PA Cosentyx – PA Ilumya – PA Kevzara – PA Kineret – PA	Siliq – PA Skyrizi – PA Tremfya – PA
<b>Targeted Immunomodulators: Janus Kinase Inhibitors</b>			
Xeljanz* – PA	Xeljanz XR* – PA	Olumiant – ST	Rinvoq ER – ST
<b>Targeted Immunomodulators: Other</b>			
Orencia – PA	Otezla – PA		
<b>Topical Immune Suppressants</b>			
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.

† – These products not available through the MassHealth pharmacy benefit

‡ – All other test strips products will require prior authorization for medical necessity

§ – Please note Zeposia is also indicated for ulcerative colitis.

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 ACPs 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).