



THE PRESCRIBER e-LETTER

Unified Pharmacy Product List Overview

In order to provide the most cost-effective, sustainable pharmacy benefit, MassHealth maintains the Unified Pharmacy Product List (UPPL), which identifies the therapeutic classes for which preferred products have been designated and describes the obligations of the MassHealth Accountable Care Partnership Plans (ACPPs) and Managed Care Organizations (MCOs) with respect to those classes. The List specifies which drugs need prior authorization (PA) when prescribed for MassHealth members, including those with Primary Care Clinician/Fee-For-Service/Accountable Care Organization Model B coverage.

Effective January 1, 2021, the MassHealth ACPP/MCO UPPL list will be expanded to include medications in 32 therapeutic classes (Appendix A). MassHealth has been working closely with MCOs over the past year to expand the UPPL and ensure uniform management for members with respect to included therapeutic classes.

The UPPL has designated preferred and non-preferred products within certain therapeutic classes. Preferred UPPL products are associated with lower costs to the state compared to non-preferred alternatives. Please note that a preferred product may still require PA for clinical reasons. The clinical criteria are set forth in the relevant therapeutic class tables (www.mass.gov/druglist). The tables have taken grandfathering rules and stability into consideration and clinical exceptions may be made for medically complex situations.

Non-preferred UPPL products may require a step through preferred alternative(s) and may have additional requirements compared to preferred products. In general, prescribers requesting a non-preferred product must provide documentation of an inadequate response or adverse reaction to the preferred drug.

At this time there will be no changes to billing practices. Claims for medications billed via buy-and-bill or through outpatient hospital settings (i.e., medical benefit drugs) can continue to be submitted in the same manner that is consistent with the current practice.

The UPPL is subject to change at any time and may be updated frequently. Other classes and/or medications

may be added to UPPL to promote lower net costs to the state or to promote consistency of care across all MassHealth plan members.

MCO plans are developing processes to aid in the transition of members to preferred products. Clinical criteria for products and grandfathering rules are outlined in the therapeutic class tables. For individual medications, please refer to the UPPL list and the therapeutic class tables for specifics. Additional information can be found on the MassHealth Drug List (MHDL) website (www.mass.gov/druglist).

Brand Name Preferred Over Generic

In some cases, MCO plans will now be required to prefer brand name drugs over their generic equivalents because of the lower net cost to the state. MassHealth prefers certain brand name drugs over their generic equivalent as listed on the MassHealth Brand Name Preferred Over Generic Drug List. If a prescription is submitted for a generic drug and the brand name is preferred, the pharmacy can resubmit the claim for the preferred brand name. A new prescription from the provider is not needed nor should the prescription be marked “Brand Name Medically Necessary, No Substitutions” when resubmitting for the preferred brand.

Emergency Overrides

To ensure MassHealth members do not experience gaps in care, pharmacists may initiate an emergency override if they encounter a rejected claim for a medication requiring PA. Prescribers may contact the pharmacy and request that an override be provided. MassHealth will pay the pharmacy for at least a 72-hour, non-refillable supply of the drug.

Recent MassHealth Drug List Updates

MassHealth ACP/MCO Unified Pharmacy Product List (effective 01/01/2021)

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 (together, 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 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.

In regard to Unified Pharmacy Product List (UPPL), brand name products that have recently become available as generic product(s), MassHealth will generally require 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.

Legend:

- * – 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 PA for the drug in order for the pharmacy to receive payment. Note: PA 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). PA is required for these products.
- A dash denotes that there are no drugs listed.

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

Drug Class	Preferred Unified Pharmacy Products	Non-Preferred Unified Pharmacy Products
Antidiabetic Agents: DPP-4 Inhibitors	Januvia Onglyza Tadjenta	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
Preferred Unified Pharmacy Products	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 Vyepiti – ST
Colony-Stimulating Factors	Fulphila Leukine Neulasta Neupogen Udenyca Ziextenzo	Granix – ST Nivestym – ST Zarxio – ST

Drug Class	Preferred Unified Pharmacy Products	Non-Preferred Unified Pharmacy Products
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 Lenvima – ST Lorbrena – PA Mekinist – PA Mektovi – PA Nerlynx – ST Piqray – PA Rozlytrek – PA Stivarga – ST Tafinlar – PA Tagrisso – PA Verzenio – PA Vitrakvi – PA Vizimpro – PA Zydelig – PA
Kinase Inhibitors: MTOR for Breast Cancer	Afinitor – BP, PA	Afinitor Disperz – PA

Drug Class	Preferred Unified Pharmacy Products	Non-Preferred Unified Pharmacy Products
Kinase Inhibitors: Tyrosine	Bosulif * – PA imatinib Inlyta * – PA Sprycel Sutent * – PA Tasigna Tykerb – BP	Alecensa – PA Alunbrig – PA Brukinsa – PA Cabometyx – ST Calquence – PA Caprelsa – PA Cometriq – PA Iclusig – ST Imbruvica – PA Inrebic – ST
Miscellaneous Oncology Agent	–	Venclexta – PA
Long-acting Injectable Antipsychotics	Aristada * Invega Trinza *	Abilify Maintena – ST Invega Sustenna
Medication-Assisted Treatment Agents	Suboxone film * – BP	Sublocade
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, PA Advair HFA– PA albuterol inhalation solution Asmanex HFA Asmanex Twisthaler Atrovent HFA Dulera – PA Flovent Incruse Ellipta ipratropium inhalation solution Proair HFA – BP Proair Respiclick Pulmicort Flexhaler Seebri Spiriva HandiHaler Spiriva Respimat Symbicort – BP, PA Tudorza Xopenex HFA – BP	AirDuo RespiClick – ST Alvesco – ST Arnuity Ellipta – ST Breo Ellipta – ST budesonide inhalation suspension – PA Lonhala – PA ProAir Digihaler – ST Qvar RediHaler – ST Ventolin – ST Wixela – ST Yupelri – PA
Spinal Muscular Atrophy Agents	Zolgensma * – PA	–
Targeted Immunomodulators: Anti-TNF Agents	Enbrel * – PA Humira * – PA	Cimzia – ST Simponi – ST Simponi Aria – ST

Drug Class	Preferred Unified Pharmacy Products	Non-Preferred Unified Pharmacy Products
<p align="center">Targeted Immunomodulators: Interleukin Antagonists</p>	<p>Taltz * – PA</p>	<p>Actemra – PA Cosentyx – PA Ilumya – PA Kevzara – PA Kineret – PA Siliq – PA Skyrizi – PA Stelara – PA Tremfya – PA</p>
<p align="center">Targeted Immunomodulators: Janus Kinase Inhibitors</p>	<p>Xeljanz * – PA Xeljanz XR * – PA</p>	<p>Olumiant – ST Rinvoq ER – ST</p>
<p align="center">Targeted Immunomodulators: Other</p>	<p>Orencia – PA Otezla – PA</p>	<p align="center">–</p>
<p align="center">Topical Immune Suppressants</p>	<p>Elidel – BP Eucrisa * – PA Protopic – BP</p>	<p align="center">–</p>

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 PA 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 PA 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 PA 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 PA requirements for the preferred brand name drug and its generic equivalent(s).

The *Prescriber e-Letter* is an update designed to enhance the transparency and efficiency of the MassHealth drug PA process and the MassHealth Drug List. Each issue **highlights** key clinical **information and updates** to the **MassHealth Drug List**. The Prescriber E-Letter was prepared by the MassHealth Drug Utilization Review Program and the MassHealth Pharmacy Program.

Please send any **suggestions** or **comments** to: PrescriberELetter@state.ma.us.