***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

***Office of Medicaid***

*www.mass.gov/masshealth*

 **MassHealth**

**Managed Care Entity Bulletin 19**

**November 2019**

**TO:** MassHealth Accountable Care Partnership Plans and Managed Care Organizations

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth [Signature of Daniel Tsai]

# RE: MassHealth ACPP/MCO Uniform Preferred Drug List

## Background

This bulletin communicates changes to the September 2019 version of the MassHealth Drug List, including the MassHealth ACPP/MCO Uniform Preferred Drug List, and corresponding actions that MassHealth Accountable Care Partnership Plans (ACPPs) and Managed Care Organizations (MCOs) must take pursuant to Section 2.6.B.4 of their respective ACPP and MCO contracts with MassHealth. The MassHealth Drug List (MHDL) can be found online at [www.masshealthdruglist.ehs.state.ma.us/MHDL/](http://www.masshealthdruglist.ehs.state.ma.us/MHDL/)

## Updates to HCV Preferred Drug Products

Effective October 1, 2019, MassHealth added Asegua’s authorized generic products, ledipasvir/sofosbuvir and sofosbuvir/velpatasvir as preferred products within the therapeutic class of Hepatitis C agents.

Effective October 1, 2019, MassHealth removed brand name Epclusa, Harvoni and Sovaldi from the preferred product drug list.

Within 90 days of the effective date, and no later than January 1, 2020, MassHealth ACPPs and MCOs must update their respective drug lists or formularies within the therapeutic class of Hepatitis C agents to align their preferred drug policies with the preferred drugs in the MHDL. However, MassHealth ACPPs and MCOs must allow any patients who initiated therapy prior to the implementation date of the formulary update to complete their course of treatment without a change in product.

The four preferred drugs in the class must be listed with preferred status on MassHealth ACPPs’ and MCOs’ respective drug lists and formularies and must not be disadvantaged relative to any other Hepatitis C agents, in accordance with MHDL requirements for the class.

As a reminder, all other Hepatitis C medications will require clinical rationale for use of a medication other than a preferred product.

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## Updates to HIV Preferred Drug Products

Effective October 1, 2019, MassHealth added Dovato (dolutegravir/lamivudine), Juluca (dolutegravir/rilpivirine), and Triumeq (abacavir/dolutegravir/lamivudine) as preferred products within the therapeutic class of antiretroviral/HIV agents, along with Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide), Descovy (emtricitabine/tenofovir alafenamide), Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide), Norvir (ritonavir tablet), and Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide).

Within 90 days of the effective date, and no later than January 1, 2020, MassHealth ACPPs and MCOs must update their respective drug lists or formularies within the therapeutic class of Antiretroviral/HIV agents to align their preferred drug policies with the preferred drugs in the MHDL. The preferred drugs in the class must be listed with preferred status on MassHealth ACPPs’ and MCOs’ respective drug lists and formularies and must not be disadvantaged relative to any other antiretroviral/HIV agents, in accordance with MHDL requirements for the class.

## MassHealth Website

This bulletin is available on the MassHealth website at [www.mass.gov/masshealth-provider-bulletins](http://www.mass.gov/masshealth-provider-bulletins).

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

## Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988‑8974.