




MassHealth
Managed Care Entity Bulletin 3
February 2018

TO: MassHealth Accountable Care Partnership Plans and Managed Care Organizations

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: **MassHealth Accountable Care Partnership Plan (ACPP) and Managed Care Organization (MCO) Coverage of Drugs Subject to MassHealth Supplemental Rebate Agreements**

Summary

The purpose of this bulletin is to clarify and consolidate previous communications between MassHealth and its ACPPs and MCOs concerning recent changes to the MassHealth Supplemental Rebate/Preferred Drug List in the MassHealth Drug List (MHDL) (available at <https://masshealthdruglist.ehs.state.ma.us/MHDL/>) and corresponding actions that must be taken by MassHealth ACPPs and MCOs pursuant to Section 2.6.B.4 of their respective ACPP and MCO contracts with MassHealth.

Effective March 1, 2018, all MassHealth ACPPs and MCOs must update their respective drug lists or formularies within the therapeutic classes listed in the table below to align the preferred drugs within those categories with the preferred drugs set forth in the MHDL. Specifically, MassHealth ACPPs and MCOs must utilize the following preferred drugs in the following therapeutic classes:

Therapeutic Class	New Preferred Drug(s)/(Manufacturer)
HIV Therapy Combination Drugs & Protease Inhibitors	Descovy, Genvoya, and Odefsey (Gilead)
	Norvir tablets (AbbVie)
Growth Hormone	Genotropin (Pfizer)
Long Acting Cerebral Stimulants (methylphenidate XR and amphetamine XR)	Concerta (J&J Products); Focalin XR (Novartis)
	Adderall XR (Shire); Vyvanse (Shire)
Buprenorphine-Naloxone Drugs	Suboxone Film (Indivior)
Aripiprazole Injectable	Aristada (Alkermes)
Anti-TNF-Alpha Drugs	Humira (Abbvie); Enbrel (Amgen)
Hepatitis C Combination Drugs	Harvoni, Epclusa, Sovaldi, and Vosevi (Gilead); Mavyret (AbbVie) - 8 week treatment only

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Summary (cont.)

Beginning March 1, 2018, MassHealth ACPPs and MCOs must also utilize the utilization management criteria set forth in the MHDL for the evaluation and adjudication of prior authorization requests for the preferred drugs and non-preferred drugs within these designated therapeutic classes. These criteria have been previously distributed to the ACPPs and MCOs and provided guidelines for the implementation of this policy and any conditions or exceptions to the preferred drug status within the therapeutic class.

Any questions concerning the above preferred drugs or utilization management criteria can be directed to Dr. Kimberly Lenz, MassHealth Clinical Pharmacy Manager:
kimberly.lenz@state.ma.us.

Finally, effective March 1, 2018, MassHealth ACPPs and MCOs must also terminate any plan-specific rebate agreements (or similar arrangements) the plan may have with its Pharmacy Benefit Manager (PBM) or the manufacturer(s) of the preferred drugs listed above (or any competing products where the terms of the arrangement would preclude alignment with the MHDL).

MassHealth is requiring these actions in order to maximize value to the Commonwealth. In the event any ACPP or MCO believes an alternative arrangement would better maximize value to the Commonwealth, the ACPP or MCO must, **NO LATER THAN February 23, 2018, contact in writing** Dr. Paul Jeffrey, MassHealth Pharmacy Director:
paul.jeffrey@state.ma.us.

Any other questions concerning these actions may also be directed to Dr. Jeffrey.