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**Pharmacy Facts provides pharmacists with information and updates about the MassHealth Pharmacy Program. 
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**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 (see Appendix A). MassHealth has been working closely with MCOs over the past year to expand the UPPL and ensure uniform management for members.

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. 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. 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 Drug**

In some cases, MCO plans will now be required to prefer brand name drugs over their generic equivalentsbecause of lower net cost to the state. MassHealth prefers certain brand name drugs over generics as listed on the MassHealth Brand Name Preferred Over Generic Drug List. When submitting a claim for the generic version of a brand name drug that appears on the MassHealth Brand Name Preferred Over Generic List, a pharmacy may see a claim rejection. If a pharmacy encounters a rejection, the pharmacy should resubmit the claim for the preferred brand name drug using a DAW 9.

# A new prescription from the provider is not needed nor should it be marked “Brand Name Medically Necessary, No Substitutions” when resubmitting for the preferred brand.

# When submitting a claim where MassHealth is the secondary payer and the primary payer prefers a generic, the pharmacy should submit the claim as the generic.

# Emergency Overrides

# To ensure that 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. A listing of emergency overrides can be found in Appendix B for ACPPs and MCOs.

**Appendix A**

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

In order to provide the most cost-effective, sustainable pharmacy benefit, MassHealth has designated MassHealth ACPP/MCO Unified Pharmacy Products within certain therapeutic classes that include 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 ACPP/MCO Unified Pharmacy Product Listidentifies 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.

Concerning the 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.

| **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 | |
| **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 |  | |
| 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 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 | |  |
| **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 | | Iressa – PA Nexavar – PA Rydapt – PA Tarceva – BP, 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 | | |  | 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 |
| **Targeted Immunomodulators: Interleukin Antagonists** | | | | | | |
| Taltz \* – PA | | |  | Actemra – PA Cosentyx – PA Ilumya – PA Kevzara – PA Kineret – PA | | Siliq – PA Skyrizi – PA Stelara – 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 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).

**Appendix B**

**Emergency Override Codes for Plans**

|  |  |
| --- | --- |
| **Primary Care Partnership Plans** | **Emergency Override Code** |
| Be Healthy Partnership (HNE) | Call (800) 918-7545 (Optum Rx) for override |
| Berkshire Fallon Health Collaborative | 11112222333 |
| BMC HealthNet Plan Community Alliance | PA Type 1, Code 1111 |
| BMC HealthNet Plan Mercy Alliance | PA Type 1, Code 1111 |
| BMC HealthNet Plan Signature Alliance | PA Type 1, Code 1111 |
| BMC HealthNet Plan Southcoast Alliance | PA Type 1, Code 1111 |
| Fallon 365 Care | Value of “03” in field 418 (claims processed through POPS) |
| My Care Family | 11112222333 |
| Reliant (Fallon) | 11112222333 |
| Tufts Health Together with Atrius Health | 11112222333 |
| Tufts Health Together with BIDCO | 11112222333 |
| Tufts Health Together with Boston Children’s ACO | 11112222333 |
| Tufts Health Together with CHA | 11112222333 |
| Wellforce Care Plan (Fallon) | 11112222333 |
| **MassHealth Primary Care ACOs and PCC Plan** | |
| Community Care Cooperative (C3) | Value of “03” in field 418 (claims processed through POPS) |
| Partners Healthcare Choice | Value of “03” in field 418 (claims processed through POPS) |
| Steward Health Choice | Value of “03” in field 418 (claims processed through POPS) |
| Primary Care Clinician (PCC) plan | Value of “03” in field 418 (claims processed through POPS) |
| **MCOs** | |
| BMC HealthNet Plan | PA Type 1, Code 1111 |
| Tufts Health Together | 11112222333 |

Please direct any questions or comments (or to be removed from this fax distribution) to

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