



PHARMACY FACTS

*Current information for pharmacists about
the MassHealth Pharmacy Program*

www.mass.gov/masshealth-pharmacy-facts

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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 equivalents because 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 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 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 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.

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			

Preferred Unified Pharmacy Products		Non-Preferred Unified Pharmacy Products	
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 *		

Preferred Unified Pharmacy Products		Non-Preferred Unified Pharmacy Products	
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			

Preferred Unified Pharmacy Products		Non-Preferred Unified Pharmacy Products	
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