



MassHealth ACP/MCO Unified Pharmacy Product List Reference Table

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. 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 (UPPL) 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.

Regarding Unified Pharmacy Product List (UPPL) brand name products that have recently become available as generic product(s), MassHealth requires 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 Pharmacy Products
Amyloidosis Therapies	
Onpattro* – PA	Tegsedi – ST
Anticoagulants	
Eliquis enoxaparin fondaparinux Fragmin	Pradaxa – BP warfarin Xarelto 10mg, 15mg, 20mg, tablet, starter pack
	Savaysa – PA Xarelto 2.5mg – PA
Anticonvulsants	
Sabril – BP, PA	Vigadrone – PA

Antidiabetic Agents: Biguanides and Combination Products			
Invokamet	metformin ER	Duetact – BP, ST	Oseni – BP, ST
Invokamet XR	metformin solution	Glyxambi – ST	Qtern – ST
Janumet	Synjardy	Glumetza – BP, ST	repaglinide/metformin – ST
Janumet XR	Synjardy XR	Kazano – BP, ST	Riomet ER – ST
Jentadueto	Xigduo XR	metformin ER Osmotic (Fortamet) – ST	Segluromet – ST
Jentadueto XR			Steglujan – ST
Kombiglyze XR – BP metformin			Trijardy XR – ST
Antidiabetic Agents: DPP-4 Inhibitors			
Januvia	Tradjenta	Nesina – BP, ST	
Onglyza – BP			
Antidiabetic Agents: GLP-1 Agonists and Combination Products			
Bydureon	Trulicity*	Adlyxin – ST	Soliqua – ST
Byetta – BP	Victoza	Bydureon BCise – ST	Xultophy – ST
		Ozempic – ST	
		Rybelsus – ST	
Antidiabetic Agents: SGLT-2 Inhibitors			
Farxiga	Jardiance	Steglatro – ST	
Invokana			
Anti-hypoglycemic Agent			
Baqsimi *		Gvoke – ST	
Antiretrovirals			
Biktarvy*	Odefsey*	Norvir powder	
Cabenuva*	Pifeltro*	Norvir solution	
Delstrigo*	Prezcobix*		
Descovy*	Prezista* – BP		
Dovato*	Rukobia* – PA		
emtricitabine/tenofovir	Symtuza*		
disoproxl fumarate	Triumeq*		
Genvoya*			
Juluca*			
Norvir tablet* – BP			
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 Daytrana	Focalin XR* – BP Vyvanse capsule	Adhansia XR – PA Adzenys ER – PA Adzenys XR ODT – PA Aptensio XR – PA Azstarys – PA Cotempla XR – ODT – PA Dyanavel XR – PA Jornay PM – PA	methylphenidate CD– PA Mydayis ER– PA QuilliChew ER– PA Quillivant XR– PA Relexxii ER– PA Vyvanse chewable tablet – PA
CFTR Modulators			
Kalydeco* – PA Orkambi* – PA	Symdeko* – PA Trikafta* – PA		
CGRP Inhibitors			
Ajovy [migraine prophylaxis] * – PA	Emgality [cluster headache] * – PA	Aimovig – ST Emgality [migraine prophylaxis] – ST	Vyepti – ST
Continuous Glucose Monitoring (CGM) Products			
Dexcom G6* – PA Freestyle Libre 14 day* – PA	Freestyle Libre 2* – PA	Dexcom G4 [†] Dexcom G5 [†] Enlite [†] Eversense [†] Freestyle Navigator [†] Guardian [†]	
Continuous Subcutaneous Insulin Infusion			
Omnipod* – PA Omnipod Dash* – PA	V-Go* – PA		
Diabetic Testing Supplies[‡]			
Freestyle* Freestyle InsuLinx*	Freestyle Lite* Freestyle Neo* - PA Precision Xtra*		
Erythropoiesis-Stimulating Agents			

Aranesp – PA	Procrit – PA		
Epogen – PA	Retacrit – PA		
Givlaari			
Givlaari* – PA			
Granulocyte-Stimulating Factors			
Fulphila	Nyvepria	Granix – ST	Zarxio – ST
Leukine	Udenyca	Nivestym – ST	
Neulasta	Ziextenzo		
Neupogen			
Growth Hormone			
Genotropin* – PA		Humatrope – ST	Serostim – ST
		Norditropin – ST	Zomacton – ST
		Nutropin AQ – ST	Zorbtive – ST
		Omnitrope – ST	
		Saizen – ST	
Hemophilia agents			
Benefix*		Xyntha*	
Hepatitis Antiviral Agents			
ledipasvir/sofosbuvir* – PA	sofosbuvir/velpatasvir* – PA	Vosevi – ST	Zepatier – ST
Mavyret* – PA			
Insulin Products			
insulin aspart	Lantus SoloSTAR	Admelog – ST	Semglee – ST
insulin lispro	Lantus vial	Basaglar – ST	
Kinase Inhibitors			
Ibrance* – PA	Jakafi – PA	Aliqopa – PA	Piqray – PA
		Balversa – PA	Retevmo – PA
		Braftovi – PA	Rozlytrek – PA
		Copiktra – PA	Stivarga – ST
		Cosela – PA	Tabrecta – PA
		Cotellic – PA	Tafinlar – PA
		Inrebic – ST	Tagrisso – PA
		Kisqali – PA	Tepmetko – PA
		Kisqali-Femara Co-Pack – PA	Verzenio – PA
		Koselugo – PA	Vitrakvi – PA
		Lorbrena – PA	Vizimpro – PA

		Mekinist – PA Mektovi – PA Nerlynx – ST	Zelboraf – PA Zydelig – PA
Kinase Inhibitors: MTOR			
Afinitor – BP, PA Afinitor Disperz – BP, PA	everolimus temsirolimus		
Kinase Inhibitors: Tyrosine			
Bosulif* – PA imatinib Inlyta* – PA Sprycel Sutent* – BP, PA Tasigna Tykerb– BP		Ayvakit – PA Alecensa – PA Alunbrig – PA Brukinsa – PA Cabometyx – ST Calquence – PA Caprelsa – PA Cometriq – PA erlotinib – PA Fotivda – PA Gavreto – PA Gilotrif – PA Iclusig – ST Imbruvica – PA	Iressa – PA Lenvima – ST Nexavar – PA Qinlock – PA Rydapt – PA Tukysa – PA Turalio – PA Votrient – PA Xalkori – PA Xospata – PA Zykadia – PA
Miscellaneous Oncology Agent			
		Venclexta – PA	
Long-acting Injectable Antipsychotics			
Aristada* Aristada Initio* Invega Sustenna*	Invega Trinza* Risperdal Consta Zyprexa Relprevv	Abilify Maintena – ST	Perseris – ST
Long-acting Medication-Assisted Treatment Agents			
Sublocade*			
Medication-Assisted Treatment Agents			
Suboxone film * – BP		Bunavail– ST buprenorphine SL tablet– ST	buprenorphine-naloxone SL tablet– ST Zubsolv– ST
Multiple Sclerosis Agents			

Aubagio – PA Copaxone – BP	Gilenya – PA Tecfidera* – BP, PA	Bafiertam – ST Glatopa – PA Mavenclad – ST	Mayzent – ST Ponvory – ST Vumerity – ST Zeposia [§] – ST
Opioid and Alcohol Treatment Agent			
		Vivitrol	
Prescription Digital Therapeutics			
Reset*	Reset-O*		
Respiratory Agents (beta adrenergic and glucocorticoids combination inhalers)			
Advair Diskus– BP Advair HFA	Dulera – BP Symbicort – BP	AirDuo Digihaler – ST AirDuo RespiClick – ST Breo Ellipta – ST	Wixela – ST
Respiratory Agents (inhaled glucocorticoids)			
Asmanex HFA Asmanex Twisthaler budesonide inhalation suspension	Flovent Diskus Flovent HFA – BP Pulmicort Flexhaler	Alvesco – ST ArmonAir Digihaler – ST Arnuity Ellipta – ST	Qvar RediHaler – ST
Respiratory Agents (inhaled long acting anticholinergics)			
Incruse Ellipta Spiriva HandiHaler – BP	Spiriva Respimat Tudorza	Lonhala – PA	
Respiratory Agents (inhaled SABA)			
albuterol inhalation solution Proair HFA – BP	Xopenex HFA – BP	levalbuterol concentrate – ST levalbuterol solution – ST ProAir Digihaler – ST	Proair RespiClick – ST Proventil – ST Ventolin – ST
Spinal Muscular Atrophy Agents			
Zolgensma* – PA			
Targeted Immunomodulators: Anti-TNF Agents			
Enbrel* – PA	Humira* – PA	Avsola – ST Cimzia – ST Inflectra – ST Remicade – ST	Renflexis – ST Simponi – ST Simponi Aria – ST
Targeted Immunomodulators: Interleukin Antagonists			

Taltz* – PA	Stelara* – PA	Actemra – PA Cosentyx – PA Ilumya – PA Kevzara – PA Kineret – PA	Siliq – PA Skyrizi – ST Tremfya – ST
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	tacrolimus topical		

* – 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.

† – These products not available through the MassHealth pharmacy benefit

‡ – All other test strips products will require prior authorization for medical necessity

§ – Please note Zeposia is also indicated for ulcerative colitis.

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