



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 Jantoven	Pradaxa – BP warfarin Xarelto 10mg, 15mg, 20mg, tablet, starter pack	Savaysa – PA Xarelto 2.5mg tablet – PA	Xarelto suspension– 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			Trijardy XR – ST
metformin			
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 – BP	Bydureon BCise – ST	Xultophy – ST
		Ozempic – ST	
		Rybelsus – ST	
Antidiabetic Agents: SGLT-2 Inhibitors			
Farxiga	Jardiance	Steglatro – ST	
Invokana			
Anti-hypoglycemic Agent			
Baqsimi *			
Gvoke			
Antiretrovirals			
Biktarvy*	Odefsey*	Norvir powder	
Cabenuva*	Pifeltro*	Norvir solution	
Delstrigo*	Prezcobix*		
Descovy*	Prezista* – BP		
Dovato*	Rukobia* – PA		
emtricitabine/tenofovir	Symtuza*		
disoproxl fumarate	Triumeq*		
Genvoya*	Triumeq PD*		
Juluca*			
Norvir tablet* – BP			

Asthma and Allergy Monoclonal Antibodies			
Cinqair – PA Dupixent* – PA Fasenra – PA	Nucala – PA Tezspire – PA Xolair – PA		
Cerebral Stimulants and ADHD Agents			
Adderall XR – BP Concerta – BP Daytrana – BP	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 (Ritalin LA)– 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			
Aimovig – PA Ajovy* – PA Emgality* – PA	Nurtec*– PA Ubrelvy* – PA	Qulipta– ST	Vyepti – ST
Continuous Glucose Monitoring (CGM) Products			
Dexcom G6* – PA Freestyle Libre 14 day* – PA	Freestyle Libre 2* – PA Freestyle Libre 3*– PA	Dexcom G4 [†] Dexcom G5 [†] Enlite [†] Eversense [†] Freestyle Navigator [†] Guardian [†]	
Continuous Subcutaneous Insulin Infusion			
Omnipod 5* – PA Omnipod Classic* – 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	Epogen – PA	Procrit – PA	Retacrit – PA
Givlaari			
Givlaari* – PA			
Granulocyte-Stimulating Factors			
Fulphila Leukine Neulasta Neupogen	Nyvepria Udenyca Ziextenzo	Granix – ST Nivestym – ST	Zarxio – ST
Growth Hormone			
Genotropin* – PA		Humatrope – ST Norditropin – ST Nutropin AQ – ST Omnitrope – ST Saizen – ST	Serostim – ST Skytrofa – ST Zomacton – ST Zorbtive – ST
Hemophilia agents			
Benefix*		Xyntha*	
Hepatitis Antiviral Agents			
ledipasvir/sofosbuvir* – PA Mavyret * – PA	sofosbuvir/velpatasvir* – PA	Vosevi – ST	Zepatier – ST
Insulin Products			
insulin aspart insulin lispro	Lantus SoloSTAR – BP Lantus vial – BP	Admelog – ST Basaglar – ST	Semglee – ST
Kinase Inhibitors			
Ibrance* – PA	Jakafi – PA	Aliqopa – PA Balversa – PA Braftovi – PA Copiktra – PA Cosela – PA Cotellic – PA Inrebic – ST Kisqali – PA Kisqali-Femara Co-Pack – PA Koselugo – PA Lorbrena – PA Mekinist – PA	Piqray – PA Retevmo – PA Rozlytrek – PA Stivarga – ST Tabrecta – PA Tafinlar – PA Tagrisso – PA Tepmetko – PA Verzenio – PA Vitrakvi – PA Vizimpro – PA Zelboraf – PA

	Mektovi – PA Nerlynx – ST	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 – BP, 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 Hafyera* 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 – BP, 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 levalbuterol inhaler Proair HFA – BP	Proventil – BP Ventolin – BP	albuterol inhaler levalbuterol concentrate – ST levalbuterol solution – ST	ProAir Digihaler – ST Proair RespiClick – 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 Unbranded infliximab– 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).