

## MassHealth Unified Pharmacy Product List (UPPL)

**Note: Information may have changed. Please refer to the [Preferred Drug List \(PDL\)](#) effective on or after July 1, 2022 for the most updated coverage information.**

### Overview

- I. Asthma and Allergy Monoclonal Antibodies
- II. Behavioral health
  - a. ADHD CNS stimulants
  - b. Long-acting injectable antipsychotics
- III. Cardiovascular
  - a. Anticoagulants
- IV. Endocrine
  - a. Basal insulins
  - b. Growth hormone
- V. Immunology
  - a. Targeted immunomodulators: biologic agents
- VI. Neurology
  - a. Calcitonin gene-related peptide (CGRP) inhibitors
- VII. Respiratory
  - a. Short-acting beta-agonists

**I. ASTHMA AND ALLERGY MONOCLONAL ANTIBODIES**

- Effective July 1, 2022, MassHealth added Tezspire as a preferred product to the Unified Pharmacy Product List.

Medication Name	Current Coverage	Coverage Effective 7/1/2022
<b>UPPL - Preferred Drugs</b>		
Cinqair (reslizumab)	MB, PA	MB, PA
Dupixent (dupilumab)	PA, SP, QL	PA, SP, QL
Fasenra (benralizumab)	PA, SP, QL (auto-injector) MB, PA (prefilled syringe)	PA, SP, QL (auto-injector) MB, PA (prefilled syringe)
Nucala (mepolizumab)	PA, SP, QL (auto-injector, prefilled syringe) MB, PA (vial)	PA, SP, QL (auto-injector, prefilled syringe) MB, PA (vial)
Tezspire (tezepelumab-ekko)	MB, PA	MB, PA
Xolair (omalizumab)	PA, SP, QL (prefilled syringe) MB, PA (vial)	PA, SP, QL (prefilled syringe) MB, PA (vial)

## II. **BEHAVIORAL HEALTH**

### a. **ADHD CNS stimulants**

- Ahead of its generic launch, MassHealth has indicated that Daytrana will be brand preferred. As a result, when a generic becomes available it will require prior authorization while brand Daytrana will continue to be covered without prior authorization within the current quantity limit.
- PBHMI age and polypharmacy restrictions apply to all agents in this class. Additionally, THP requires prior authorization for all stimulants for members 25 years of age and older.
- **Note:** [As previously communicated](#), effective July 1, 2022, Vyvanse chewable tablet will require prior authorization.

Medication Name	Current Coverage	Coverage Effective Immediately
<b>UPPL - Preferred Drugs</b>		
Daytrana (methylphenidate transdermal)	QL	Brand Preferred, QL
Concerta (methylphenidate extended-release)	Brand Preferred, QL	
Adderall XR (amphetamine extended-release)	Brand Preferred, QL	
Focalin XR (dexamethylphenidate extended-release)	Brand Preferred, Preferred Drug, QL	Brand Preferred, Preferred Drug, QL
Vyvanse (lisdexamfetamine)	Preferred Drug, QL	Preferred Drug, QL
<b>UPPL - Nonpreferred Drugs</b>		
Adhansia XR (methylphenidate extended-release capsule)	PA, QL	PA, QL
Adzenys ER (amphetamine extended-release oral suspension)	PA	PA
Adzenys XR-ODT (amphetamine extended-release orally disintegrating tablet)	PA, QL	PA, QL
Azstarys (serdexmethylphenidate/dexamethylphenidate capsule)	PA, QL	PA, QL
Cotempla XR-ODT (methylphenidate extended-release orally disintegrating tablet)	PA, QL	PA, QL
Dyanavel XR (amphetamine extended-release oral suspension)	PA	PA
Jornay PM (methylphenidate extended-release capsule)	PA, QL	PA, QL
methylphenidate extended-release (XR) (generic Aptensio XR capsule)	PA, QL	PA, QL
Methylphenidate extended-release (CD) (generic Metadate CD capsule)	PA, QL	PA, QL
Methylphenidate extended-release 72 mg tablet	PA, QL	PA, QL
Methylphenidate extended-release (LA) (generic Ritalin LA capsule)	PA, QL	PA, QL
Mydayis (amphetamine extended-release capsule)	PA, QL	PA, QL
QuilliChew ER (methylphenidate extended-release chewable tablet)	PA	PA
Quillivant XR (methylphenidate extended-release oral suspension)	PA	PA

**b. Long-acting injectable antipsychotics**

- Effective July 1, 2022, Invega Hayfera is being added to the UPPL as a preferred product with a quantity limit.
- Note:** Pediatric Behavioral Health Medication Initiative (PBHMI) age and polypharmacy limits will continue to apply for all agents.

Medication Name	Current Coverage	Coverage effective 7/1/2022
UPPL – Preferred Drugs		
Aristada (aripiprazole lauroxil) extended-release injectable suspension	MB/RX, QL, PBHMI, Preferred Drug	MB/RX, QL, PBHMI, Preferred Drug
Aristada Initio (aripiprazole lauroxil) extended-release injectable suspension		
Invega Sustenna (paliperidone) extended-release suspension		
Invega Trinza (paliperidone palmitate) extended-release suspension		
Invega Hayfera (paliperidone) extended-release 6-month injection	Not Covered, PBHMI	MB/RX, QL, PBHMI, Preferred Drug
Risperdal Consta (risperidone) extended-release injection	MB/RX, QL, PBHMI	MB/RX, QL, PBHMI
Zyprexa Relprevv (olanzapine) extended-release injection		
UPPL - Nonpreferred Drugs		
Abilify Maintena (aripiprazole) extended-release suspension	MB/RX, PA, QL, PBHMI	MB/RX, PA, QL, PBHMI
Perseris (risperidone) extended-release injection		

### III. CARDIOVASCULAR

#### a. Anticoagulants

- Effective July 1, 2022, Xarelto (rivaroxaban) suspension will be added to the UPPL as a nonpreferred product requiring prior authorization and having a quantity limit.
- Jantoven (warfarin) is also being added as a preferred product.

Medication Name	Current Coverage	Coverage effective 7/1/2022
<b>UPPL – Preferred Drugs</b>		
Eliquis (apixaban) tablet, starter pack	QL	QL
Xarelto (rivaroxaban) 10 mg, 15 mg, 20 mg tablet, starter pack		
Pradaxa (dabigatran) capsule	QL, Brand Preferred	QL, Brand Preferred
Enoxaparin (generic Lovenox) injection	Covered	Covered
Fondaparinux (generic Arixtra) injection		
Warfarin tablet		
Jantoven (warfarin) tablet	Not Covered	Covered
<b>UPPL - Nonpreferred Drugs</b>		
Savaysa (edoxaban) tablet	PA, QL	PA, QL
Xarelto (rivaroxaban) 2.5 mg tablet		
Xarelto (rivaroxaban) suspension	Not Covered	PA, QL

### IV. ENDOCRINE

#### a. Basal Insulin

- The Lantus-preferred strategy will remain in effect. No changes in coverage or criteria are being made, but Lantus vial and SoloStar are being denoted as brand preferred over the interchangeable formulations (Semglee and insulin glargine-ygfn).

Medication Name	Current Coverage	Coverage Effective Immediately
<b>UPPL – Preferred Drug</b>		
Lantus SoloStar (insulin glargine)	Covered	Covered, Brand Preferred
Lantus vial (insulin glargine)	Covered	Covered, Brand Preferred
<b>UPPL - Non-preferred Drugs</b>		
Basaglar KwikPen (insulin glargine)	PA	PA
Semglee pen (insulin glargine-ygfn)	PA	PA
Semglee vial (insulin glargine-ygfn)	PA	PA

**b. Growth Hormone**

- Effective July 1, 2022, Skytrofa (lonapegsomatropin-tcgd) will be added to the UPPL as a nonpreferred product requiring prior authorization.

Medication Name	Current Coverage	Coverage effective 7/1/2022
<b>UPPL – Preferred Drugs</b>		
Genotropin	PA, SP	PA, SP
<b>UPPL - Nonpreferred Drugs</b>		
Humatrope	PA, SP	PA, SP
Norditropin	PA, SP	PA, SP
Nutropin AQ	PA, SP	PA, SP
Omnitrope	PA, SP	PA, SP
Saizen	PA, SP	PA, SP
Serostim	PA, SP	PA, SP
Zomacton	PA, SP	PA, SP
Zorbtive	PA, SP	PA, SP
Skytrofa	Not Covered, SP	PA, SP

**V. IMMUNOLOGY**
**a. Targeted Immunomodulators: Biologic Agents**

- Effective July 1, 2022, the infliximab products will be added to the UPPL requiring prior authorization. Avsola (infliximab-axxq) and unbranded Infliximab will be preferred products.
- Note:** Coverage of infliximab products falls on the medical benefit only.

Medication Name	Current Coverage	Coverage effective 7/1/2022
<b>UPPL – Preferred Drugs</b>		
Avsola	MB, PA	MB, PA
Infliximab	NTM	MB, PA
<b>UPPL - Nonpreferred Drugs</b>		
Inflectra	MB, PA	MB, PA
Remicade	MB, PA	MB, PA
Renflexis	MB, PA	MB, PA

## VI. NEUROLOGY

### a. **Calcitonin Gene-Related Peptide (CGRP) Inhibitors**

- Effective July 1, 2022, Aimovig, Ajovy, and Emgality 120 mg/mL will be managed at parity for the prevention of migraine headaches.
- Also effective July 1, 2022, the oral CGRP inhibitors Nurtec ODT, Qulipta, and Ubrelvy will be added to the UPPL, requiring prior authorization and quantity limits. Of the three oral CGRP inhibitors, Ubrelvy will be preferred.

Medication Name	Current Coverage	Coverage effective 7/1/2022
<b>UPPL – Preferred Drugs</b>		
Aimovig (erenumab-aooe) injection	PA, QL	PA, QL
Ajovy (fremanezumab-vfrm) injection	PA, QL, Preferred Drug	PA, QL, Preferred Drug
Emgality (galcanezumab-gnlm) injection		
Ubrelvy (ubrogepant) tablet	PA, QL	PA, QL
<b>UPPL - Nonpreferred Drugs</b>		
Nurtec ODT (rimegepant)	PA, QL	PA, QL
Qulipta (atogepant) tablet	Not Covered, QL	PA, QL
Vyepti (eptinezumab-jjmr) intravenous injection	MB, PA, QL	MB, PA, QL

**VII. RESPIRATORY**
**a. Short-Acting Beta-Agonists**

- Effective July 1, 2022, Xopenex HFA (levalbuterol tartrate inhalation aerosol) will no longer be brand preferred. On or after July 1<sup>st</sup>, members currently on brand Xopenex HFA should switch to the generic formulation, which will be covered without prior authorization starting at that time.

Medication Name	Current Coverage	Coverage Effective 7/1/2022
<b>UPPL – Preferred Drugs</b>		
Albuterol inhalation solution	Covered	Covered
Proair HFA (albuterol sulfate inhalation aerosol)	Brand Preferred	Brand Preferred
Levalbuterol inhalation aerosol (generic Xopenex HFA)	Not Covered	Covered
<b>UPPL - Non-preferred Drugs</b>		
Albuterol sulfate HFA (generic Proair HFA)	PA	PA
Albuterol sulfate HFA (generic Proventil)		
Albuterol sulfate HFA (generic Ventolin)		
Proair Digihaler (albuterol sulfate)		
Proair RespiClick (albuterol sulfate inhalation powder)		
Proventil HFA (albuterol sulfate inhaler)	Not Covered	Not Covered
Ventolin HFA (albuterol sulfate inhaler)		
Levalbuterol nebulization solution (generic Xopenex)	PA	PA
Xopenex HFA (levalbuterol tartrate inhalation aerosol)	Brand Preferred	Not Covered