



## MassHealth Supplemental Rebate/ Preferred Drug List

This page lists those drugs for which MassHealth has entered into a supplemental rebate agreement with drug manufacturers, allowing MassHealth the ability to provide medications at the lowest possible costs.

The items are listed alphabetically by therapeutic class, then by the name of the drug or drug ingredients. Please note that MassHealth may still require prior authorization for clinical reasons. Drugs that require additional prior authorization requirements are noted with PA on this list.

In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class.

### Antiretroviral/HIV Agents:

[See Therapeutic Class Table 38 on the MassHealth Drug List for Antiretroviral/HIV Agents](#)

- Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide)
- Descovy (emtricitabine/tenofovir alafenamide)
- Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)
- Norvir (ritonavir tablet)
- Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide)

### Anti-TNF Agents:

[See Therapeutic Class Table 5 on the MassHealth Drug List for Anti-TNF Agents](#)

- Enbrel (etanercept) – PA
- Humira (adalimumab) – PA

### Drug and Alcohol Cessation:

[See Therapeutic Class Table 36 on the MassHealth Drug List for Drug and Alcohol Cessation Agents](#)

- Suboxone (buprenorphine/naloxone film  $\leq$  16 mg/day)
- Suboxone (buprenorphine/naloxone film) – PA > 180/days (> 16 mg/day and  $\leq$  24 mg/day)
- Suboxone (buprenorphine/naloxone film) – PA > 90/days (> 24 mg/day and  $\leq$  32 mg/day)
- Suboxone (buprenorphine/naloxone film) – PA > 32 mg/day

### Growth Hormone:

[See Therapeutic Class Table 9 on the MassHealth Drug List for Growth Hormones](#)

- Genotropin (somatropin) – PA

## Hepatitis Antiviral:

[See Therapeutic Class Table 44 on the MassHealth Drug List for Hepatitis Antiviral Agents](#)

### *Combination Agents*

- Epclusa (sofosbuvir/velpatasvir) – **PA**
- Harvoni (ledipasvir/sofosbuvir) – **PA**
- Mavyret (glecaprevir/pibrentasvir) – **PA**
- Vosevi (sofosbuvir/velpatasvir/voxilaprevir) – **PA**

### *Single Agents*

- Sovaldi (sofosbuvir) – **PA**

## Long-Acting aripiprazole Agents:

[See Therapeutic Class Table 24 on the MassHealth Drug List for Long-Acting aripiprazole and Second Generation \(Atypical\) Antipsychotic Agents](#)

- Aristada (aripiprazole lauroxil 441 mg, 662 mg, 882 mg) – **PA < 6 years and PA > 1 injection/month**
- Aristada (aripiprazole lauroxil 1,064 mg) – **PA < 6 years and PA > 1 injection/2 months**
- Aristada Initio (aripiprazole lauroxil 675 mg) – **PA < 6 years and PA > 1 injection/month**

## Long-Acting Cerebral Stimulants:

[See Therapeutic Class Table 31 on the MassHealth Drug List for Cerebral Stimulants and Miscellaneous Agents](#)

### *Long-Acting Amphetamine Agents*

- Adderall XR (amphetamine salts extended-release) – **PA < 3 years and PA > 60 units/month**
- Vyvanse (lisdexamfetamine) – **PA < 3 years and PA > 60 units/month**

### *Long-Acting Methylphenidate Agents*

- Focalin XR (dexamethylphenidate extended-release) – **PA < 3 years and PA > 60 units/month**