



MassHealth Brand Name Preferred Over Generic Drug List

This is the list of brand name drugs that MassHealth prefers over their generic equivalents because the net cost of the brand name drugs adjusted for rebates is lower than the net cost of the generic equivalents.

Please note that MassHealth may still require prior authorization (PA) for clinical reasons. Drugs that require additional PA requirements are noted with “PA” on this list.

In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.

This list may be updated often and is subject to change at any time.

- Aczone (dapsona gel) – **PA**
- Adcirca (tadalafil) – **PA**
- Adderall XR (amphetamine salts extended-release) – **PA < 3 years and PA > 60 units/month**
- Advair (fluticasone/salmeterol inhalation aerosol, powder) – **PA**
- Albenza (albendazole)
- Androgel (testosterone 1.62% gel packet, pump) – **PA**
- Androgel (testosterone 1% gel packet) – **PA**
- Asacol HD (mesalamine high dose delayed-release)
- Biltricide (praziquantel)
- Buphenyl (sodium phenylbutyrate tablet)
- Butrans (buprenorphine transdermal) – **PA > 20 mcg/hr and PA > 4 patches/28 days**
- Byetta (exenatide)
- Canasa (mesalamine suppository)
- Concerta (methylphenidate extended-release) – **PA < 3 years and PA > 60 units/month**
- Copaxone (glatiramer 20 mg)
- Differin (adapalene) – **PA**
- Efudex (fluorouracil 5% cream) – **PA**
- Emend (aprepitant trifold pack) – **PA > 2 packs/28 days**
- Eplclusa (sofosbuvir/velpatasvir) – **PA**
- Estrace (estradiol cream)
- Finacea (azelaic acid gel) – **PA**
- Focalin XR (dexmethylphenidate extended-release) – **PA < 3 years and PA > 60 units/month**
- Forfivo XL (bupropion hydrochloride extended-release 450 mg tablet) – **PA**
- Gleevec (imatinib)
- Harvoni (ledipasvir/sofosbuvir) – **PA**
- Istalol (timolol)

- Kaletra (lopinavir/ritonavir)
- Latuda (lurasidone) – **PA**
- Lexiva (fosamprenavir)
- Lialda (mesalamine delayed-release)
- Makena (hydroxyprogesterone caproate injection) – **PA**
- Mephyton (phytonadione)
- Namenda XR (memantine extended-release) – **PA**
- Norvir (ritonavir tablet)
- Oxycontin (oxycodone extended-release tablet) – **PA**
- Prevacid Solutab (lansoprazole orally disintegrating tablet) – **PA ≥ 2 years**
- Proair HFA (albuterol inhaler)
- Protopic (tacrolimus topical)
- Pulmicort (budesonide inhalation suspension)
- Rapaflo (silodosin) – **PA**
- Remodulin (treprostinil injection) – **PA**
- Retin-A (tretinoin) – **PA ≥ 22 years**
- Riomet (metformin solution) – **PA ≥ 13 years**
- Sabril (vigabatrin) – **PA**
- Sensipar (cinacalcet)
- Sustiva (efavirenz)
- Syprine (trientine)
- Tamiflu (oseltamivir 30 mg) – **PA all quantities (June 1st to September 30th); PA > 20 capsules/season (October 1st to May 31st)**
- Tamiflu (oseltamivir 45 mg and 75 mg) – **PA all quantities (June 1st to September 30th); PA > 10 capsules/season (October 1st to May 31st)**
- Tamiflu (oseltamivir 6 mg/mL suspension) – **PA all quantities (June 1st to September 30th); PA > 180 mL/season (October 1st to May 31st)**
- Transderm-Scop (scopolamine transdermal patch) – **PA**
- Treximet (sumatriptan/naproxen) – **PA**
- Uceris (budesonide extended-release tablet) – **PA**
- Voltaren Gel (diclofenac 1% gel)
- Vytorin (ezetimibe/simvastatin) – **PA**
- Welchol (colesevelam) – **PA**
- Xeloda (capecitabine)
- Xenazine (tetrabenazine) – **PA**
- Zavesca (miglustat) – **PA**
- Zyclara (imiquimod 2.5%, 3.75% cream) – **PA**
- Zylflo CR (zileuton extended-release) – **PA**
- Zytiga (abiraterone) – **PA**