



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.

- Adderall XR (amphetamine salts extended-release) – **PA < 3 years and PA > 60 units/month**
- Alphagan P (brimonidine 0.1%, 0.15% eye drops)
- Amicar (aminocaproic acid)
- Androgel (testosterone 1% gel packet) – **PA**
- Asacol HD (mesalamine high dose delayed-release)
- Azasite (azithromycin ophthalmic solution) – **PA**
- Biltricide (praziquantel)
- Buphenyl (sodium phenylbutyrate tablet)
- Butrans (buprenorphine transdermal) – **PA > 20 mcg/hr and PA > 4 patches/28 days**
- Byetta (exenatide)
- Carafate (sucralfate suspension)
- Catapres-TTS (clonidine patch) – **PA**
- Coly-Mycin S (colistin/neomycin/thonzonium/hydrocortisone)
- Concerta (methylphenidate extended-release) – **PA < 3 years and PA > 60 units/month**
- Copaxone (glatiramer 20 mg)
- Cuprimine (penicillamine)
- Delzicol DR (mesalamine capsule)
- Differin (adapalene) – **PA**
- Diclegis (doxylamine/pyridoxine delayed-release) – **PA**
- Efudex (fluorouracil 5% cream) – **PA**
- Elidel (pimecrolimus)
- Emend (aprepitant trifold pack) – **PA > 2 packs/28 days**
- Epclusa (sofosbuvir/velpatasvir) – **PA**
- Exjade (deferasirox 125 mg, 250 mg, 500 mg)
- Finacea (azelaic acid gel) – **PA**
- Flector (diclofenac topical patch) – **PA**
- Focalin XR (dexamethylphenidate extended-release) – **PA < 3 years and PA > 60 units/month**
- Forfivo XL (bupropion hydrochloride extended-release 450 mg tablet) – **PA**
- Gilenya (fingolimod) – **PA**
- Harvoni (ledipasvir/sofosbuvir) – **PA**
- Humalog (insulin lispro)
- Istalol (timolol)
- Kaletra (lopinavir/ritonavir)
- Letairis (ambrisentan) – **PA**
- Lexiva (fosamprenavir)
- Lotemax (loteprednol 0.5%) – **PA**
- Lyrica (pregabalin) – **PA**
- Mephyton (phytonadione)
- Namenda XR (memantine extended-release) – **PA**
- Norvir (ritonavir tablet)
- Noxafil (posaconazole) – **PA**
- Oxycontin (oxycodone extended-release tablet) – **PA**

- Prevacid Solutab (lansoprazole orally disintegrating tablet) – **PA ≥ 2 years**
- Proair HFA (albuterol inhaler)
- Protopic (tacrolimus topical)
- Proventil (albuterol inhaler)
- Rapaflo (silodosin) – **PA**
- Rapamune (sirolimus solution)
- Remodulin (treprostinil injection) – **PA**
- Renagel (sevelamer hydrochloride)
- Retin-A (tretinoin) – **PA ≥ 22 years**
- Revatio (sildenafil oral suspension) – **PA**
- Riomet (metformin solution) – **PA ≥ 13 years**
- Rozerem (ramelteon) – **PA > 30 units/month**
- Sabril (vigabatrin) – **PA**
- Sensipar (cinacalcet)
- Solodyn (minocycline extended-release 55 mg, 65 mg, 80 mg, 105 mg, 115 mg tablet)
- Sporanox (itraconazole solution)
- Suboxone (buprenorphine/naloxone film ≤ 24 mg/day)
- Suboxone (buprenorphine/naloxone film) – **PA > 90 days (> 24 mg/day and ≤ 32 mg/day)**
- Suboxone (buprenorphine/naloxone film) – **PA > 32 mg/day**
- 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)**
- Tarceva (erlotinib) – **PA**
- Tekturna (aliskiren) – **PA**
- Toviaz (fesoterodine) – **PA**
- Tracleer (bosentan) – **PA**
- Transderm-Scop (scopolamine transdermal patch) – **PA**
- Treximet (sumatriptan/naproxen) – **PA**
- Uceris (budesonide extended-release tablet) – **PA**
- Uloric (febuxostat) – **PA**
- Ventolin (albuterol inhaler) – **PA**
- Vesicare (solifenacin) – **PA**
- Voltaren Gel (diclofenac 1% gel)
- Vytorin (ezetimibe/simvastatin) – **PA > 30 units/month**
- Welchol (colesevelam)
- Xeloda (capecitabine)
- Xenazine (tetrabenazine) – **PA**
- Xopenex (levalbuterol inhaler)
- Zavesca (miglustat) – **PA**
- Zovirax (acyclovir cream) – **PA**
- Zytiga (abiraterone 250 mg, 500 mg) – **PA**