



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 (dapson 7.5% gel) – **PA**
- Adderall XR (amphetamine salts extended-release) – **PA < 3 years and PA > 60 units/month**
- Afinitor (everolimus) – **PA**
- Aggrenox (aspirin/extended-release dipyridamole)
- Alphagan P (brimonidine 0.1%, 0.15% eye drops)
- Amicar (aminocaproic acid)
- Androgel (testosterone 1% gel packet) – **PA**
- Apriso (mesalamine extended-release)
- 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)
- Cuprimine (penicillamine capsule)
- Dexilant (dexlansoprazole) – **PA > 30 units/month**
- Diclegis (doxylamine/pyridoxine delayed-release) – **PA**
- Differin (adapalene) – **PA**
- Efudex (fluorouracil 5% cream) – **PA**
- Elidel (pimecrolimus)
- Emend (aprepitant trifold pack) – **PA > 2 packs/28 days**
- Exjade (deferasirox 125 mg, 250 mg, 500 mg)
- Finacea (azelaic acid gel) – **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**
- Humalog (insulin lispro)
- Isordil (isosorbide dinitrate 40 mg tablet) – **PA**
- Istalol (timolol)
- Kaletra (lopinavir/ritonavir)
- Lexiva (fosamprenavir)
- Lotemax (loteprednol 0.5% gel, ointment) – **PA**
- Lotemax (loteprednol 0.5% suspension)
- Mephyton (phytonadione)

- Namenda XR (memantine extended-release) – **PA**
- Norvir (ritonavir tablet)
- Novolog (insulin aspart 70/30)
- Novolog (insulin aspart)
- 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)
- Rapaflo (silodosin) – **PA**
- Rapamune (sirolimus solution)
- Remodulin (treprostinil injection) – **PA**
- Renagel (sevelamer hydrochloride)
- Restasis (cyclosporine 0.05% ophthalmic emulsion)
- 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)
- Silenor (doxepin tablet) – **PA**
- 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)
- Symbicort (budesonide/formoterol) – **PA**
- Syprine (trientine)
- Tarceva (erlotinib) – **PA**
- Tekturna (aliskiren) – **PA**
- Toviaz (fesoterodine)
- Tracleer (bosentan) – **PA**
- Transderm-Scop (scopolamine transdermal patch) – **PA**
- Travatan Z (travoprost 0.004% eye drop)
- Treximet (sumatriptan/naproxen) – **PA**
- Uceris (budesonide extended-release tablet) – **PA**
- Uloric (febuxostat) – **PA**
- Vytorin (ezetimibe/simvastatin) – **PA > 30 units/month**
- Welchol (colesevelam)
- Xopenex (levalbuterol inhaler)
- Zavesca (miglustat) – **PA**
- Zovirax (acyclovir cream) – **PA**