



MassHealth ACP/MCO Uniform Preferred Drug List

In order to provide the most cost effective, sustainable pharmacy benefit, MassHealth has designated preferred drugs within certain therapeutic classes. Preferred drugs are either subject to supplemental rebate agreements between the manufacturer and the State or brand name drugs preferred over their generic equivalents based on net costs to the State. This Uniform Preferred Drug List identifies the therapeutic classes for which preferred drugs have been designated and the obligations of MassHealth Accountable Care Partnership Plans (ACPPs) and Managed Care Organizations (MCOs) with respect to those classes. This list is subject to change at any time, and may be updated frequently.

SUPPLEMENTAL REBATE PREFERRED DRUGS

The following therapeutic classes contain one or more preferred drugs covered by a supplemental rebate agreement. The preferred drug or drugs within each class are also identified.

Please note that a preferred drug may still require prior authorization for clinical reasons. Clinical criteria are set forth in the relevant Therapeutic Class Tables.

In general, prescribers requesting a non-preferred drug within the following therapeutic classes must provide medical records documenting an inadequate response or adverse reaction to the preferred drug.

MassHealth ACPs and MCOs must align their drug lists with the MHDL's preferred status designations and prior authorization requirements for the preferred and non-preferred drugs in these therapeutic classes.

In addition, MassHealth ACPs and MCOs may not enter into rebate agreements, and must terminate any existing rebate agreements, with pharmacy benefit managers (PBMs) or drug manufacturers for preferred drugs in these therapeutic classes, and any rebate agreements for non-preferred drugs must allow for consistency with the MHDL's preferred status designations and prior authorization requirements for these therapeutic classes.

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)
- Humira (adalimumab)

Drug and Alcohol Cessation:

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

- Suboxone (buprenorphine/naloxone film)

Growth Hormone:

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

- Genotropin (somatropin)

Hepatitis Antiviral*:

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

Combination Agents

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

Single Agents

- Sovaldi (sofosbuvir)

* Note that for the drugs within this class MassHealth will not pay ACPPs and MCOs for drugs dispensed out of 340B inventory, virtual or otherwise.

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)
- Aristada (aripiprazole lauroxil 1,064 mg)
- Aristada Initio (aripiprazole lauroxil 675 mg)

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)
- Vyvanse (lisdexamfetamine)

Long-Acting Methylphenidate Agents

- Focalin XR (dexmethylphenidate extended-release)

BRAND OVER GENERIC PREFERRED DRUGS

MassHealth designates certain brand name drugs as preferred over their generic equivalents because the net cost of the brand name drugs, inclusive of rebates, is lower than the net cost of the generic equivalents.

Please note that a drug may still require prior authorization for clinical reasons. Clinical criteria are set forth in the relevant Therapeutic Class Tables.

In general, prescribers requesting a non-preferred drug within the following therapeutic classes must provide medical records documenting an inadequate response or adverse reaction to the preferred drug.

MassHealth ACPPs and MCOs must align their drug lists with the MHDL's preferred status designations and prior authorization requirements for the preferred brand name drug and its generic equivalent(s).

Unlike with Supplemental Rebate Preferred Drugs, MassHealth ACPPs and MCOs are not prohibited from entering into rebate agreements with PBMs or drug manufacturers for preferred drugs in these therapeutic classes, unless such agreements would not allow for consistency with the MHDL's preferred status designations and prior authorization requirements for a therapeutic class with one or more drugs covered by a supplemental rebate agreement.

Long-Acting Cerebral Stimulants*:

Long-Acting Methylphenidate Agents

- Concerta (methylphenidate extended-release)

*This therapeutic class contains one or more preferred drugs covered by a supplemental rebate agreement. MassHealth ACPPs and MCOs must therefore ensure that any rebate agreements with PBMs or drug manufacturers for the drugs in this therapeutic class allow for consistency with the MHDL's preferred status designations and prior authorization requirements.