



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**
- Adderall XR (amphetamine salts extended-release) – **PA < 3 years and PA > 60 units/month**
- Advair (fluticasone/salmeterol inhalation aerosol, powder) – **PA**
- Asacol HD (mesalamine high dose delayed-release)
- Buphenyl (sodium phenylbutyrate tablet)
- Butrans (buprenorphine transdermal) – **PA**
- Concerta (methylphenidate extended-release) – **PA < 3 years and PA > 60 units/month**
- Copaxone (glatiramer)
- Differin (adapalene) – **PA**
- Effient (prasugrel) – **PA**
- Focalin XR (dexmethylphenidate extended-release) – **PA < 3 years and PA > 60 units/month**
- Fosrenol (lanthanum)
- Gleevec (imatinib)
- Kaletra (lopinavir/ritonavir)
- Kapvay (clonidine extended-release) – **PA**
- Lexiva (fosamprenavir)
- Lialda (mesalamine delayed-release)
- Norvir (ritonavir)

- Oxycontin (oxycodone extended-release tablet) – **PA**
- Pataday (olopatadine 0.2% eye drops) – **PA**
- Prezista (darunavir)
- Proair HFA (albuterol inhaler)
- Protopic (tacrolimus topical) – **PA**
- Pulmicort (budesonide inhalation suspension)
- Relpax (eletriptan) – **PA**
- Renvela (sevelamer carbonate)
- Retin-A (tretinoin) – **PA ≥ 22 years**
- Reyataz (atazanavir)
- Sabril (vigabatrin) – **PA**
- Sustiva (efavirenz)
- 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)**
- Tazorac (tazarotene) – **PA**
- Truvada (emtricitabine/tenofovir disoproxil fumarate)
- Valcyte (valganciclovir tablet)
- Voltaren Gel (diclofenac 1% gel) – **PA >100 grams/month**
- Vytorin (ezetimibe/simvastatin) – **PA**
- Xeloda (capecitabine)
- Xenazine (tetrabenazine) – **PA**