



## MassHealth Supplemental Rebate/ Preferred Drug List

This page lists those drugs for which MassHealth has entered into a supplemental rebate agreement with drug manufacturers, allowing MassHealth the ability to provide medications at the lowest possible costs.

The items are listed alphabetically by therapeutic class, then by the name of the drug or drug ingredients. Please note that MassHealth may still require prior authorization for clinical reasons. Drugs that require additional prior authorization requirements are noted with PA on this list.

In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class.

### Antidiabetic Agents

[See Therapeutic Class Table 26 on the MassHealth Drug List for Antidiabetic Agents](#)

- Lantus (insulin glargine)

### Anti-Hemophilia Agents:

[See Therapeutic Class Table 80 on the MassHealth Drug List for Anti-Hemophilia Agents.](#)

- Benefix (factor IX human recombinant)
- Hemlibra (emicizumab-kxwh)
- Jivi (antihemophilic factor, recombinant pegylated-aucl)
- Kogenate (antihemophilic factor, recombinant)
- Kovaltry (antihemophilic factor, recombinant)
- Xyntha (antihemophilic factor, recombinant)

### Anti-Hypoglycemic Agent:

[See Therapeutic Class Table 78 on the MassHealth Drug List for Diabetes Emergency Treatment Agents.](#)

- Baqsimi (glucagon nasal powder)

### Anti-Obesity Agent:

[See Therapeutic Class Table 81 on the MassHealth Drug List for Anti-Obesity Agents.](#)

- Saxenda (liraglutide) – PA
- Wegovy (semaglutide injection) – PA

### Antiretroviral/HIV Agents:

[See Therapeutic Class Table 38 on the MassHealth Drug List for Antiretroviral/HIV Agents.](#)

- Apretude (cabotegravir injection)
- Biktarvy (bictegravir/emtricitabine/tenofovir alafenamide)
- Cabenuva (cabotegravir/rilpivirine)
- Delstrigo (doravirine/lamivudine/tenofovir disoproxil fumarate)
- Descovy (emtricitabine/tenofovir alafenamide)
- Dovato (dolutegravir/lamivudine)
- Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)
- Juluca (dolutegravir/rilpivirine)
- Norvir (ritonavir tablet)
- Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide)
- Pifeltro (doravirine)
- Prezcobix (darunavir/cobicistat)
- Rukobia (fostemsavir) – **PA**
- Symtuza (darunavir/cobicistat/emtricitabine/tenofovir alafenamide)
- Triumeq (abacavir/dolutegravir/lamivudine)

### **Anti-TNF Agents:**

[See Therapeutic Class Table 5 on the MassHealth Drug List for Anti-TNF Agents.](#)

- Enbrel (etanercept) – **PA**
- Humira (adalimumab) – **PA**

### **Antipsychotic Agent oral Second Generation (Atypical):**

[See Therapeutic Class Table 24 on the MassHealth Drug List for oral Second Generation \(Atypical\) Antipsychotic Agents.](#)

- Vraylar (cariprazine) – **PA**

### **Asthma and Allergy Agent:**

[See Therapeutic Class Table 64 on the MassHealth Drug List for Asthma/Allergy Monoclonal Antibodies.](#)

- Dupixent (dupilumab) – **PA**

### **Beta Thalassemia Gene Therapy:**

[See Therapeutic Class Table 45 on the MassHealth Drug List for Beta Thalassemia Gene Therapies.](#)

- Zynteglo (betibeglogene autotemcel) – **PA**

### **Calcitonin Gene-Related Peptide Inhibitors:**

[See Therapeutic Class Table 14 on the MassHealth Drug List for Calcitonin Gene-Related Peptide Inhibitors.](#)

- Ajovy (fremanezumab-vfrm) – **PA**
- Emgality (galcanezumab-gnlm) – **PA**
- Nurtec (rimegepant) – **PA**
- Qulipta (atogepant) – **PA**

- Ubrelvy (ubrogepant) – **PA**

### **Cystic Fibrosis Agents:**

[See Therapeutic Class Table 21 on the MassHealth Drug List for Cystic Fibrosis Agents.](#)

- Kalydeco (ivacaftor) – **PA**
- Orkambi (lumacaftor/ivacaftor) – **PA**
- Symdeko (tezacaftor/ivacaftor) – **PA**
- Trikafta (elexacaftor/tezacaftor/ivacaftor) – **PA**

### **Drug and Alcohol Cessation Agents:**

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

- Sublocade (buprenorphine extended-release injection)
- Suboxone (buprenorphine/naloxone film  $\leq$  24 mg/day)
- Suboxone (buprenorphine/naloxone film) – **PA > 90 days (> 24 mg/day and  $\leq$  32 mg/day)**
- Suboxone (buprenorphine/naloxone film) – **PA > 32 mg/day**
- Vivitrol (naltrexone injection)

### **Enzyme and Metabolic Disorder Therapy:**

[See Therapeutic Class Table 65 on the MassHealth Drug List for Enzyme and Metabolic Disorder Therapies.](#)

- Carbaglu (carglumic acid) – **PA**

### **Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist:**

[See Therapeutic Class Table 26 on the MassHealth Drug List for GLP-1 Receptor Agonists.](#)

- Trulicity (dulaglutide) – **PA > 2 mL/28 days**

### **Growth Hormone:**

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

- Genotropin (somatropin) – **PA**
- Skytrofa (lonapegsomatropin-tcgd) – **PA**

### **Hepatitis Antivirals:**

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

- ledipasvir/sofosbuvir\* – **PA**
- Mavyret (glecaprevir/pibrentasvir) – **PA**
- sofosbuvir/velpatasvir\* – **PA**
- Vemlidy (tenofovir alafenamide)

\* Please note, pediatric dosing formulations of Brand name Eplclusa and Harvoni are preferred. For all other strengths, generics are preferred.

### **Interleukin Antagonists:**

[See Therapeutic Class Table 5 on the MassHealth Drug List for Interleukin Antagonist.](#)

- Stelara (ustekinumab 45 mg/0.5 mL prefilled syringe, 90 mg/mL prefilled syringe, 45 mg/0.5 mL vial) – **PA**
- Taltz (ixekizumab) – **PA**

### **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) – **PA < 6 years and PA > 1 injection/28 days**
- Aristada (aripiprazole lauroxil 1,064 mg) – **PA < 6 years and PA > 1 injection/56 days**
- Aristada Initio (aripiprazole lauroxil 675 mg) – **PA < 6 years and PA > 1 injection/28 days**

### **Long-Acting Risperidone Agents:**

[See Therapeutic Class Table 24 on the MassHealth Drug List for Long-Acting Risperidone and Second Generation \(Atypical\) Antipsychotic Agents.](#)

- Perseris (risperidone 90 mg, 120 mg extended-release subcutaneous injection) – **PA < 6 years and PA > 1 injection/28 days**
- Uzedy (risperidone 50 mg, 75 mg, 100 mg, 125 mg extended-release subcutaneous injection) – **PA < 6 years and PA > 1 injection/28 days**
- Uzedy (risperidone 150 mg, 200 mg, 250 mg extended-release subcutaneous injection) – **PA < 6 years and PA > 1 injection/56 days**

### **Long-Acting Paliperidone Agents:**

[See Therapeutic Class Table 24 on the MassHealth Drug List for Long-Acting Paliperidone and Second Generation \(Atypical\) Antipsychotic Agents.](#)

- Invega Hafyera (paliperidone extended-release 6-month injection) – **PA < 6 years and PA > 1 injection/168 days**
- Invega Sustenna (paliperidone extended-release 1-month injection) – **PA < 6 years, PA > 2 injections/28 days within the first 28 days of therapy and PA > 1 injection/28 days after 28 days of therapy**
- Invega Trinza (paliperidone extended-release 3-month injection) – **PA < 6 years and PA > 1 injection/84 days**

### **Oncology Agents:**

[See Therapeutic Class Table 57 on the MassHealth Drug List for Oncology Agents.](#)

- Ibrance (palbociclib) – **PA**

### **Opioid Reversal Agent:**

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

- Kloxxado (naloxone 8 mg nasal spray)

### **Sickle Cell Disease Gene Therapy:**

[See Therapeutic Class Table 45 on the MassHealth Drug List for Sickle Cell Disease Agents Gene Therapies.](#)

- Casgevy (exagamglogene autotemcel for sickle cell disease) – **PA**

### **Small Interfering RNA Agents:**

[See Therapeutic Class Table 72 on the MassHealth Drug List for Agents not Otherwise Classified.](#)

- Amvuttra (vutrisiran) – **PA**
- Givlaari (givosiran) – **PA**
- Onpattro (patisiran) – **PA**
- Oxlumo (lumasiran) – **PA**

### **Spinal Muscular Atrophy Agent:**

[See Therapeutic Class Table 76 on the MassHealth Drug List for Spinal Muscular Atrophy Agents.](#)

- Zolgensma (onasemnogene abeparvovec-xioi) – **PA**

### **Topical Immune Suppressant:**

[See Therapeutic Class Table 42 on the MassHealth Drug List for Immune Suppressants – Topical.](#)

- Eucrisa (crisaborole) – **PA**