



THE PRESCRIBER e-LETTER

Overview of More Restrictive Coverage Changes Effective January 5, 2026

MassHealth evaluates the prior authorization (PA) status for drugs on an ongoing basis and updates the MassHealth Drug List accordingly. The list below outlines changes to the MassHealth Drug List for the rollout effective January 5, 2026, that have been identified as more restrictive in nature.

Change in Prior Authorization Status

- a. Effective January 5, 2026, the following anticonvulsant will require PA.
 - topiramate extended-release sprinkle capsule – **PA**; A90
- b. Effective January 5, 2026, the following lipid lowering agents will require PA.
 - fenofibrate 130 mg capsule – **PA**; M90
 - fenofibric acid tablet – **PA**; M90
 - Lipofen (fenofibrate 50 mg, 150 mg capsule) – **PA**; M90
- c. Effective January 5, 2026, the following proton pump inhibitor agents will require PA when exceeding quantity limits.
 - omeprazole/sodium bicarbonate capsule – **PA > 1 unit/day**; M90
 - Prevacid Solutab (lansoprazole orally disintegrating tablet) – **PA > 1 unit/day**; BP, M90
- d. Effective January 5, 2026, the following chemotherapy agent will require PA.
 - Velcade (bortezomib) – **PA**, MB
- e. Effective January 5, 2026, the following antiretroviral agents will require PA.
 - Complera (emtricitabine/rilpivirine/ tenofovir disoproxil fumarate) – **PA**; BP
 - Genvoya (elvitegravir/ cobicistat/emtricitabine/ tenofovir alafenamide) – **PA**
 - Odefsey (emtricitabine/rilpivirine/ tenofovir alafenamide) – **PA**
 - Stribild (elvitegravir/cobicistat/ emtricitabine/tenofovir disoproxil fumarate) – **PA**

Change in MassHealth Brand Name Preferred Over Generic Drug List Status

- a. Effective January 5, 2026, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Colestid (colestipol tablet); BP, M90
 - Eliquis (apixaban tablet); BP
 - Korlym (mifepristone 300 mg) – **PA**; BP, A90
 - Savella (milnacipran); BP
- b. Effective January 5, 2026, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Copaxone (glatiramer 40 mg); #
 - Humira (adalimumab) ^{PD} – **PA**

Deletions

The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.

- Aciphex (rabeprazole delayed-release tablet) – **PA > 1 unit/day**; #, M90
- Blenrep (belantamab mafodotin-blmf) – **PA**
- Fusilev (levoleucovorin powder for injection) – **PA**
- Glumetza (metformin extended-release, gastric tablet) – **PA**; M90
- Kisqali-Femara Co-Pack (ribociclib/letrozole) – **PA**
- Nexium IV (esomeprazole sodium IV) – **PA**
- Prehevbrio (hepatitis B recombinant vaccine); 1
- Prevnar 13 (pneumococcal 13-valent conjugate vaccine); 1
- Qudexy XR (topiramate extended-release sprinkle capsule) – **PA**; A90
- Sandimmune (cyclosporine solution) – **PA**
- Trilipix (fenofibric acid); #, M90
- Zegerid (omeprazole/sodium bicarbonate powder for oral suspension) – **PA**; M90
- Zegerid (omeprazole/sodium bicarbonate capsule); #, M90

The [MassHealth Drug List's Upcoming and Recent Updates](#) page summarizes changes that will become effective on January 5, 2026. Please refer to the updated summary for more information (including other important upcoming changes). Additional information about coverage status and Prior Authorization requirements can be found on the [MassHealth Drug List website](#).

The Prescriber e-Letter is an update designed to enhance the transparency and efficiency of the MassHealth drug prior-authorization (PA) process and the MassHealth Drug List. Each issue highlights key clinical information and updates to the MassHealth Drug List. The Prescriber E-Letter was prepared by the MassHealth Drug Utilization Review Program and the MassHealth Pharmacy Program.