



# THE PRESCRIBER e-LETTER

## MassHealth Management of Antipsychotic Medications

MassHealth covers most generic antipsychotic medications without prior authorization (PA) within quantity limits. Several injectable brand antipsychotic medications are also available without PA, within quantity limits. MassHealth requires PA for all oral brand antipsychotic and non-preferred injectable brand antipsychotics. Approval criteria generally include appropriate diagnosis, trials of less costly alternatives, and dosing within quantity limits. MassHealth also requires PA for concomitant use of two or more antipsychotic medications. MassHealth also requires prior authorization with documentation of medical necessity for certain specific dosage formulations (e.g., select oral solutions, orally disintegrating tablets).

### MassHealth Management of Oral Antipsychotic Medications - Effective January 5, 2026

#### No PA\*

aripiprazole solution, tablet  
 chlorpromazine  
 clozapine tablet  
 fluphenazine  
 haloperidol  
 loxapine capsule  
 lurasidone tablet  
 molindone  
 olanzapine ODT, tablet  
 paliperidone tablet  
 perphenazine  
 pimozide  
 quetiapine tablet, ER tablet  
 risperidone ODT 0.25 mg, 0.5 mg, 1 mg, 2 mg  
 risperidone solution, tablet  
 thioridazine  
 thiothixene  
 trifluoperazine  
 ziprasidone capsule

#### PA Required

amitriptyline/perphenazine  
 aripiprazole ODT  
 Opipza® (aripiprazole film)  
 Abilify Mycite® (aripiprazole tablet with sensor)  
 Saphris® (asenapine sublingual tablet)  
 Rexulti® (brexpiprazole)<sup>PD</sup>  
 Vraylar® (cariprazine)<sup>PD</sup>  
 clozapine ODT  
 Versacloz® (clozapine suspension)  
 Fanapt® (iloperidone)  
 Caplyta® (lumateperone)<sup>PD</sup>  
 olanzapine/fluoxetine  
 Lybalvi® (olanzapine/samidorphan)  
 Nuplazid® (pimavanserin)  
 risperidone ODT 3 mg, 4 mg  
 Cobenfy® (xanomeline/trospium)

\*PA not required for claims within quantity limits and age restrictions

ER=extended release, ODT=orally disintegrating tablet, PD=preferred drug

Please see Therapeutic Class **Table 24** on the [MassHealth Drug List](#) for more information regarding MassHealth management of antipsychotic medications.

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.

Please send any **suggestions** or **comments** to [prescribereletter@massmail.state.ma.us](mailto:prescribereletter@massmail.state.ma.us)