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**November 2025** **Billing Update HSN-ALL BU-17**

## Pharmacy Formulary Updates

Beginning January 12, 2026, The Health Safety Net is updating its Pharmacy Formulary.

The following key changes are effective January 12, 2026:

| **Generally reimbursable *without* prior authorization (PA):** | **Generally reimbursable *with* PA:** |
|---|---|
| • Generic medications (including unbranded biosimilars)<br>• Select brand medications on the MassHealth brand-over generic list (BOGL)<br>• Select non-drug products (i.e., alcohol swabs, ketone test strips, lancets, pen needles, syringes, urine glucose test strips)<br>• Preferred test strips within quantity limits<br>• Vaccines | • Preferred non-drug products (e.g., continuous glucose monitors, continuous subcutaneous insulin infusion devices)<br>• Brand medications not listed on the MassHealth BOGL<br>• Other medications when clinically necessary |

Effective January 12, 2026, PA will be required for most brand medications and all preferred non-drug products (see table above). All currently approved PAs will be terminated effective January 12, 2026.

Providers should work with patients to transition to covered therapies or access via a manufacturer patient-assistance program, where appropriate. Providers are encouraged to do so ahead of the upcoming HSN formulary change.

For more information, see the MassHealth Pharmacy Facts update and the MassHealth Drug List Upcoming HSN Formulary Changes page.

## Patient Assistance Programs

Please note that the Health Safety Net (HSN) is not insurance. Uninsured or underinsured HSN patients may be eligible to receive brand medications through manufacturer patient assistance programs, if available. The following table identifies some of the largest drug manufacturers and the link to their patient assistance programs. For manufacturers not listed below, please refer to the drug manufacturer's website for more information on patient-assistance programs. Providers should work with patients to transition to covered therapies or access via a manufacturer patient-assistance program, where appropriate. Providers are encouraged to do so ahead of the upcoming HSN formulary change.

| **Manafacturer** | **Link to Patient-Assistance Program*** |
|---|---|
| AbbVie | Available Programs \| AbbVie |
| Amgen | Resources \| Forms \| Amgen Safety Net Foundation |
| AstraZeneca | AstraZeneca Prescription Savings Program \| AZ&ME |
| Bayer | How we help eligible patients get Bayer medicines free |
| Boehringer Ingelheim | BI Cares Patient Assistance Portal \| Boehringer Ingelheim US |
| Bristol Myers Squibb | How to Apply - Patient Assistance Foundation |
| CSL Behring | CSL Behring USA Support & Assistance Programs \| CSL |
| Daiichi Sankyo | Patient Home - Access Central |
| Eli Lilly | What is Lilly Cares \| Lilly Cares |
| Genentech | Genentech: Apply for Help |
| GSK | GSK Patient Assistance for Prescription Medicine \| GSKPAF |
| Incyte | Patient Assistance Program \| IncyteCARES |
| Johnson & Johnson | Patient Assistance Program Application |
| Merck | Merck Programs to Help Those in Need - Programs |
| Novartis | Novartis Patient Assistance Foundation |
| Novo Nordisk | Novo Nordisk Patient Assistance Program (PAP) \| NovoCare® |
| Pfizer | For Healthcare Providers & Office Staff \| Pfizer RxPathways |
| Sanofi | Sanofi Patient Connection® \| Financial Support & Resources |
| Takeda | Takeda Help At Hand - Products |
| Teva | How to Apply |
| Vertex | Vertex Pharmaceuticals \| Medicines \| Patient Support |

*As of September 2025

## Highly Utilized Therapeutic Classes

With the changes to the Health Safety Net Formulary effective January 12, 2026, most generics and drugs on the MassHealth Brand Name Preferred Over Generic List will generally be available without prior authorization (PA). The following tables outline drugs available without PA for the most utilized therapeutic classes and are not inclusive of all covered products. Coverage without PA is subject to change.

Generally, branded drugs not listed in the tables below will require PA. Patients and providers should seek access through manufacturer patient-assistance programs, when available.

| Agents Covered Without PA for Common Therapeutic Classes | | |
|---|---|---|
| **Anticoagulant and Antiplatelet Agents** | | |
| **Subclass (if applicable)** | **Generic Agents** | **Brand Name Preferred Over Generics** |
| | anagrelide<br>aspirin<br>clopidogrel<br>dabigatran capsule<br>dipyridamole<br>enoxaparin<br>fondaparinux<br>prasugrel<br>warfarin | Xarelto (rivaroxaban)<br>Eliquis (apixaban) |
| **Anticonvulsants** | | |
| **Subclass (if applicable)** | **Generic Agents** | **Brand Name Preferred Over Generics** |
| | benzodiazepines<br>carbamazepine<br>divalproex<br>eslicarbazepine<br>ethosuximide<br>felbamate<br>lacosamide tablet, solution<br>lamotrigine<br>levetiracetam solution, tablet<br>methsuximide<br>oxcarbazepine tablet<br>phenobarbital<br>phenytoin<br>primidone<br>tiagabine<br>topiramate<br>valproic acid | Banzel (rufinamide)<br>Depakote Sprinkle (divalproex delayed-release capsule)<br>Fycompa (perampanel)<br>Oxtellar XR (oxcarbazepine extended release)<br>Sabril (vigabatrin powder packet, tablet)<br>Tegretol XR (carbamazepine extended release)<br>Trileptal (oxcarbazepine suspension)<br>Trokendi XR (topiramate extended-release capsule) |
| **Antidiabetic Agents (non-insulin)** | | |
| **Subclass (if applicable)** | **Generic Agents** | **Brand Name Preferred Over Generics** |
| Alpha-glucosidase inhibitors | acarbose<br>miglitol | |
| Biguanides | metformin | |
| DPP4 Inhibitors | saxagliptin | Tradjenta (linagliptin)<br>Zituvio (sitagliptin) |
| GLP-1 agonists | exenatide | Victoza (liraglutide) |
| Meglitinides | nateglinide<br>repaglinide | |
| SGLT2 Inhibitors | | Fargixa (dapagliflozin) |
| Sulfonylureas | glimepiride<br>glipizide<br>glyburide | |
| Thiazolidinediones | pioglitazone | |
| **Constipation Agents** | | |
| **Subclass (if applicable)** | **Generic Agents** | **Brand Name Preferred Over Generics** |

| Agents Covered Without PA for Common Therapeutic Classes | | |
|---|---|---|
| | bisacodyl<br>lactulose<br>magnesium salts<br>methylcellulose<br>polyethylene glycol<br>psyllium<br>sennosides | Motegrity (prucalopride) |
| **Glaucoma Agents** | | |
| **Subclass (if applicable)** | **Generic Agents** | **Brand Name Preferred Over Generics** |
| | apraclonidine<br>betaxolol<br>bimatoprost<br>brimonidine 0.2% eye drops<br>carteolol<br>dorzolamide<br>latanoprost<br>levobunolol<br>pilocarpine<br>timolol ophthalmic solution | Alphagan P (brimonidine 0.1%, 0.15% eye drops)<br>Azopt (brinzolamide)<br>Betimol (timolol)<br>Combigan (brimonidine/timolol, ophthalmic)<br>Cosopt PF (dorzolamide/timolol, preservative free)<br>Istalol (timolol)<br>Timoptic Ocudose (timolol 0.5% ophthalmic unit dose solution)<br>Travatan Z (travoprost 0.004% eye drop)<br>Zioptan (tafluprost) |

| Agents Covered Without PA for Common Therapeutic Classes | | |
|---|---|---|
| **Headache and Migraine Agents** | | |
| **Subclass (if applicable)** | **Generic Agents** | **Brand Name Preferred Over Generic** |
| | almotriptan<br>dihydroergotamine<br>elatriptan<br>naratriptan<br>rizatriptan<br>sumatriptan<br><br>Most generic analgesics (e.g., ibuprofen, acetaminophen, etc.) | Frova (frovatriptan) |
| **Inhaled Respiratory Agents** | | |
| **Subclass (if applicable)** | **Generic Agents** | **Brand Name Preferred Over Generic** |
| Anticholinergics | tiotropium inhalation powder | |
| Antimuscarinics: SAMA | | Atrovent HFA (ipratropium inhalation aerosol) |
| Antimuscarinics: LAMA | | Spiriva HandiHaler (tiotropium inhalation powder) |
| Inhaled Corticosteroids | budesonide inhalation suspension<br>fluticasone propionate | Arnuity Ellipta (fluticasone furoate) |
| LABA | arformoterol<br>formoterol | |
| SABA | albuterol<br>levalbuterol solution | Ventolin (albuterol) HFA<br>Xopenex (levalbuterol) HFA |

| | | |
|---|---|---|
| Combination products: ICS/LAMA | | Anoro Ellipta (umeclidinium/vilanterol) |
| Combination products: ICS/LABA | fluticasone/salmeterol inhalation powder | Advair (fluticasone/salmeterol)<br>Breo Ellipta (fluticasone/vilanterol)<br>Dulera (mometasone/formoterol)<br>Symbicort (budesonide/formoterol) |
| **Insulin** | | |
| **Subclass (if applicable)** | **Generic Agents** | **Brand Name Preferred Over Generic** |
| Rapid-acting | insulin aspart<br>insulin lispro | |
| Long-acting | | Lantus (insulin glargine)<br>Toujeo (insulin glargine)<br>Tresiba (insulin degludec) |

| **Agents Covered Without PA for Common Therapeutic Classes** | | |
|---|---|---|
| **Lipid-Lowering Agents** | | |
| **Subclass (if applicable)** | **Generic Agents** | **Brand Name Preferred Over Generic** |
| Statins | atorvastatin<br>fluvastatin<br>lovastatin<br>pitavastatin<br>pravastatin<br>rosuvastatin<br>simvastatin | |
| Other agents | colesevelam<br>colestipol<br>ezetimibe<br>fenofibrate<br>gemfibrozil | |
| **Substance Use Disorder Agents** | | |
| **Subclass (if applicable)** | **Generic Agents** | **Brand Name Preferred Over Generic** |
| All agents | acamprosate<br>buprenorphine/naloxone tablets, films*<br>disulfiram<br>naltrexone<br>naloxone<br><br>*covered within quantity limits | |
| **Immunological Agents** | | |
| **Subclass (if applicable)** | **Generic Agents** | **Brand Name Preferred Over Generic** |
| Anti-TNF | unbranded adalimumab biosimilars<br>unbranded infliximab biosimilars | Humira (adalimumab) |
| Anti-interleukin | unbranded ustekinumab biosimilars | |
| Amino salicylates | balsalazide<br>mesalamine enema, | Pentasa (mesalamine 250 mg, 500 mg controlled-release capsule) |

| Agents Covered Without PA for Common Therapeutic Classes | | |
|---|---|---|
| | suppository<br>mesalamine 0.375 g ER capsule<br>mesalamine 1.2 g DR tablet<br>sulfasalazine<br>olsalazine | |
| JAK Inhibitors | | Xeljanz (tofacitinib)<br>Xeljanz XR (tofacitinib extended release) |
| Immunosuppressants | azathioprine<br>cyclosporine<br>methotrexate<br>mycophenolate mofetil<br>mycophenolic acid<br>sirolimus<br>tacrolimus | Zortress (everolimus) |
| Corticosteroids | dexamethasone<br>hydrocortisone<br>fludrocortisone<br>methylprednisolone<br>prednisolone | Emflaza (deflazacort) |
| Topical immune suppressants | tacrolimus ointment | |

*Abbreviations: DPP4=dipeptidyl peptidase 4, DR=delayed release, ER=extended release, GLP1=glucagon-like peptide-1, ICS=inhaled corticosteroid, JAK=Janus kinase, LABA=long-acting beta agonist, LAMA=long-acting muscarinic antagonist, SABA=short-acting beta agonist, SAMA=short-acting muscarinic antagonist, SGLT2=sodium-glucose transport protein 2, TNF=tumor necrosis factor*

## Health Safety Net Partial Deductible

Health Safety Net recipients with income over 150% of the Federal Poverty Level (FPL) are responsible for a deductible, as specified in 101 CMR 613.00. Each year, the deductible is equal to the greater of:

a) the lowest cost Premium Assistance Payment Program Operated by the Health Connector premium, adjusted for the size of the PBFG proportionally to the MassHealth FPL income standards, as of the beginning of the calendar year; or
b) 40% of the difference between the lowest MassHealth MAGI Household income or Medical Hardship Family Countable Income, as described in 101 CMR 613.04(2), in the applicant's Premium Billing Family Group (PBFG) and 200% of the FPL.

For Calendar Year 2026, a) is calculated at $636 for a family size of 1.

## PHI Reminder

Health Safety Net has been receiving non-secure data transmissions, emails and other communications containing Protected Health Information (PHI). Health Safety Net considers the protection of personal information to be of the utmost importance. Any request or data -- transmission that is considered non-secure will be returned to the sender and may delay the processing of the request.

## HSN Provider List

Health Safety Net has updated the lists of Community Health Centers, Acute Care Hospitals, Pharmacies and Dental Centers that are active and are able to submit claims to HSN for reimbursement. These lists are located on the HSN website linked below:

Information For Patients | Mass.gov

**For any questions about this billing update, please contact the HSN Customer Service line at 800-609-7232 or by email at HSNHelpdesk@state.ma.us.**

**Information about HSN Provider Guides and Billing Updates | Mass.gov**
**HSN claims and payment information | Mass.gov**