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PHARMACY FACTS

Current information for pharmacists about the MassHealth Pharmacy Program

www.mass.gov/lists/masshealth-pharmacy-facts-2016-current

Editor: Ryan Bettencourt Contributors: Eliza Anderson, Rena Cui, Aimee Evers, Breeyn Green, Neha Kashalikar, Kim Lenz, Mckenzie McVeigh, Katelyn Meyer, Jennifer O'Keefe, Kyle Semmel.

Effective January 5, 2026 – Changes to MassHealth Management of Genvoya®, Stribild®, Odefsey®, and Complera®

Effective January 5, 2026, MassHealth will require prior authorization (PA) for use of the following medications for the treatment of human immunodeficiency virus (HIV).

- Genvoya® (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)
- Stribild® (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate)
- Odefsey® (emtricitabine/rilpivirine/tenofovir alafenamide)
- Complera® (emtricitabine/rilpivirine/tenofovir disoproxil fumarate).

In general, PA will require appropriate diagnosis and rationale for use of the agents over available alternatives including the commercially available separate agents, if applicable (see table below).

- For **Odefsey®** (emtricitabine/rilpivirine/tenofovir alafenamide) the same regimen is available without PA as **Descovy®** (emtricitabine/tenofovir alafenamide) plus **Edurant®** (rilpivirine).
- For **Complera®** (emtricitabine/rilpivirine/tenofovir disoproxil fumarate) the same regimen is available without PA as generic **emtricitabine/tenofovir disoproxil fumarate** plus **Edurant®** (rilpivirine).

Providers are encouraged to work with patients to determine appropriate alternatives, and should consider patient-specific factors like pregnancy, pill-burden, comorbidities, and treatment history.

A list of commonly used alternative antiretroviral therapies covered without PA, within quantity limits, is below. A full list of covered antiretrovirals is available on the MassHealth Drug List (MHDL).

If necessary, while a PA is being submitted, pharmacies may reach out to the member's health plan to request emergency supplies to ensure that treatment is not disrupted.

Alternative Antiretroviral Therapies Available Without PA Within Quantity Limits	
Drug Brand Name	**Drug Generic Name**
Combination products	
Triumeq	abacavir / dolutegravir / lamivudine
Epzicom	abacavir / lamivudine
Trizivir	abacavir / lamivudine / zidovudine
Evotaz	atazanavir / cobicistat

Alternative Antiretroviral Therapies Available Without PA Within Quantity Limits	
Drug Brand Name	**Drug Generic Name**
Combination products	
Biktarvy	bictegravir / emtricitabine / tenofovir alafenamide
Cabenuva	cabotegravir / rilpivirine
Prezcobix	darunavir / cobicistat
Symtuza	darunavir / cobicistat / emtricitabine / tenofovir alafenamide
Dovato	dolutegravir / lamivudine
Juluca	dolutegravir / rilpivirine
Delstrigo	doravirine / lamivudine / tenofovir disoproxil fumarate
Atripla	efavirenz / emtricitabine / tenofovir
Descovy	emtricitabine / tenofovir alafenamide
Truvada	emtricitabine / tenofovir disoproxil fumarate
Combivir	lamivudine / zidovudine
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)	
Pifeltro	doravirine
	efavirenz
Intelence	etravirine
	nevirapine
Edurant	rilpivirine
Nucleoside Reverse Transcriptase Inhibitors (NRTIs)	
Ziagen	abacavir
	didanosine
Emtriva	emtricitabine
Epivir	lamivudine 10 mg/mL solution
Epivir	lamivudine 150 mg, 300 mg tablet
	stavudine
Retrovir	zidovudine
Protease Inhibitors (PI)	
Reyataz	atazanavir
Prezista	darunavir
Kaletra	lopinavir / ritonavir
Viracept	nelfinavir
Norvir	ritonavir packet
Norvir	ritonavir tablet
Aptivus	tipranavir

The MassHealth Drug List is on the MassHealth Pharmacy Program website at www.mass.gov/masshealth/pharmacy.