



PHARMACY FACTS

*Current information for pharmacists about
the MassHealth Pharmacy Program*

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

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MassHealth Drug List Update

Below are updates to the [MassHealth Drug List](#) (MHDL). See the MHDL for a complete listing of updates

Additions

Effective January 5, 2026, the following newly marketed drugs have been added to the MassHealth Drug List.

- bisoprolol 2.5 mg – **PA**; M90
- Boruzu (bortezomib) – **PA**; MB
- carbamazepine 200 mg chewable tablet – **PA**; A90
- Eliquis (apixaban sprinkle capsule) – **PA**
- Eliquis (apixaban tablet for oral suspension) – **PA**
- Harliku (nitisinone tablet) – **PA**
- Hemiclor (chlorthalidone 12.5 mg) – **PA**
- Ibtrozi (taletrectinib) – **PA**
- Imuldosa (ustekinumab-srlf prefilled syringe) ^{PD} – **PA**
- Imuldosa (ustekinumab-srlf vial) ^{PD} – **PA**; MB
- labetalol 400 mg tablet – **PA**; M90
- Leqselvi (deuruxolitinib) – **PA**
- Lynozyfic (linvoseltamab-gcpt) – **PA**; MB
- Otulfi (ustekinumab-aaaz 45 mg/0.5 mL vial) – **PA**
- topiramate 50 mg sprinkle capsule – **PA**; A90
- Tryptyr (acoltremon) – **PA**
- Tyzavan (vancomycin injection)
- Vykate XR (diazoxide tablet) – **PA**
- Yutrepia (treprostinil inhalation powder) – **PA**
- Zusduri (mitomycin intravesical solution) – **PA**; MB

Change in Prior Authorization Status

- Effective January 5, 2026, the following anticonvulsant will require PA.
 - topiramate extended-release sprinkle capsule – **PA**; A90
- 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
- Effective January 5, 2026, the following gastrointestinal 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 antimalarial agent will no longer require PA.
 - artesunate; MB
- e. Effective January 5, 2026, the following chemotherapy agent will require PA.
 - Velcade (bortezomib) – **PA**, MB
- f. Effective January 5, 2026, the following chemotherapy agents will no longer require PA.
 - Afinitor (everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg); #, A90
 - Afinitor Disperz (everolimus tablets for oral suspension); BP, A90
 - Arranon (nelarabine); MB
 - Etopophos (etoposide phosphate); MB
 - Faslodex (fulvestrant); MB
- g. Effective January 5, 2026, the following vaccine will no longer require PA within updated age limits.
 - Mresvia (respiratory syncytial virus vaccine suspension) – **PA < 18 years**
- h. 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**
- i. Effective January 5, 2026, the following erythropoiesis stimulating agent will no longer require PA.
 - Retacrit (epoetin alfa-epbx)
- j. Effective January 5, 2026, the following immunomodulating agent will no longer require PA.
 - Nulojix (belatacept)
- k. Effective January 5, 2026, the following antidiabetic agent will no longer require PA.
 - Glyxambi (empagliflozin/linagliptin) ^{PD}

Updated MassHealth Brand Name Preferred Over Generic Drug List

The MassHealth Brand Name Preferred Over Generic Drug List has been updated to reflect recent changes to the MassHealth Drug List.

- 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)^{PD}; 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**

Updated MassHealth 90-day Initiative

Effective November 17, 2025, the following agents will no longer be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- a. Effective January 5, 2026, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
 - Briviact (brivaracetam solution, tablet) – **PA**; A90
 - Farxiga (dapagliflozin); BP, A90
 - Premarin (estrogens, conjugated); #, A90
 - Rytary (carbidopa/levodopa extended-release capsule) – **PA**; BP, A90

- b. Effective January 5, 2026, the following agents will no longer be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
- Cleocin (clindamycin vaginal cream); #
 - metronidazole 0.75% vaginal gel

HSN Formulary Page

- a. The following Prior Authorization Request Form was added to the Health Safety Net Formulary page on December 18, 2025.
- Health Safety Net Prior Authorization Request
- b. The Health Safety Net Formulary page will be updated on January 5, 2026 to reflect changes effective January 12, 2026.
- Health Safety Net Formulary Changes
 - Patient Assistance Program Resource
 - Agents Reimbursable without PA for Highly Utilized Therapeutic Classes

Abbreviations, Acronyms, and Symbols

Designates a brand-name drug with FDA "A"-rated generic equivalents. Prior authorization is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA "A"-rated generic equivalent.

CO Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements. All requests for one-time cell and gene therapies (as listed on the Acute Hospital Carve-Out Drug List), including for members enrolled in an Accountable Care Partnership Plan (ACPP) or Managed Care Organization (MCO), will be reviewed by the MassHealth Drug Utilization Review (DUR) Program.

MB This drug is available through the healthcare professional who administers the drug or in an outpatient or inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy. If listed, PA does not apply through the hospital outpatient and inpatient settings. Please refer to 130 CMR 433.408 for PA requirements for other healthcare professionals. Notwithstanding the above, this drug may be an exception to the unified pharmacy policy; please refer to respective MassHealth Accountable Care Partnership Plans (ACPPs) and Managed Care Organizations (MCOs) for PA status and criteria, if applicable.

PA Prior authorization is required. The prescriber must obtain PA for the drug in order for the provider to receive reimbursement. Note: PA applies to both the brand-name and the FDA "A"-rated generic equivalent of listed product.

A90 Allowable 90-day supply. Dispensing in up to a 90-day supply is allowed. May not include all strengths or formulations. Quantity limits and other restrictions may apply.

BP Brand Preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.

M90 Mandatory 90-day supply. After dispensing up to a 30-day supply initial fill, dispensing in a 90-day supply is required. May not include all strengths or formulations. Quantity limits and other restrictions may also apply.

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

1 Product may be available through the Massachusetts Department of Public Health (DPH). Please check with DPH for availability. MassHealth does not pay for immunizing biologicals (i.e., vaccines) and tubercular (TB) drugs that are available free of charge through local boards of public health or through the Massachusetts Department of Public Health without PA (130 CMR 406.413(C)). In cases where free vaccines are available to providers for specific populations (e.g. children, high risk, etc.), MassHealth will reimburse the provider only for individuals not eligible for the free vaccines. Notwithstanding the above, MassHealth will pay pharmacies for seasonal flu vaccine serum without PA, if the vaccine is administered in the pharmacy.