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PHARMACY FACTS

Current information for pharmacists about the MassHealth Pharmacy Program

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Continued Access to Care and MassHealth Drug List Update

This Pharmacy Facts describes continued access to care for MassHealth members transitioning from Managed Care to fee-for-service (FFS), and upcoming updates to the MassHealth Drug List.

Continued Access to Care for MassHealth Members Transitioning from Managed Care to Fee-For-Service

MassHealth has updated its managed care enrollment rules. Please see All Provider Bulletin 417. Because of this update, there will be members transitioning from a MassHealth managed care plan to MassHealth's FFS program beginning in the second half of 2026.

Any MassHealth members who transition from a MassHealth managed care plan to MassHealth's FFS program, including those who transition to FFS in the second half of 2026, may continue to see their providers if their provider is a MassHealth fee-for-service provider. These changes will not affect MassHealth members' eligibility. Additional information regarding managed care enrollment is available at 130 CMR 508.000.

Members who transition to FFS should present their MassHealth ID card at the pharmacy, not their managed care plan card. If they do not have their MassHealth ID card or are waiting for a replacement, they may present a photo ID and their MassHealth ID number. Members can request a new MassHealth ID card by calling the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711.

For impacted members who have received prior approval from a managed care plan for MassHealth covered services that require prior authorization (PA) and/or pre-admission screening (PAS), MassHealth intends to transfer managed care plan approvals into MassHealth's FFS system. These PAs will be effective for up to 90 days post transition. As impacted members may be selecting providers in the FFS network after their approved PAs/PASs have been transferred into the FFS system, notifications for such PAs/PASs will not be sent to providers serving these members. Providers looking to confirm whether a pharmacy service subject to PA is approved may contact the MassHealth Drug Utilization Review Unit at (800) 745-7318 to check PA status.

To ensure MassHealth members do not experience gaps in care, pharmacists may initiate an emergency override if they encounter a rejected claim for a medication requiring prior authorization. MassHealth will pay the pharmacy for at least a 72-hour, non-refillable supply of the drug.

To obtain an emergency override, pharmacies should contact the Drug Utilization Review Unit at (800) 745-7318 during normal business hours.

Outside of business hours, pharmacies may submit an emergency override claim with a value of "03" for Level of Service (field 418). After the prescription is adjudicated, the pharmacy should remove the "03" from the level of service field before the next fill.

MassHealth Drug List Update

Updates to the MassHealth Drug List (MHDL) appear in the following lists. See the MHDL for a complete listing of updates.

Additions

Effective August 10, 2026, the following newly marketed drugs have been added to the MassHealth Drug List.

- Aqvesme (mitapivat) – **PA**
- Cardamyst (etripamil) – **PA**
- Contepo (fosfomycin injection) – **PA**
- Lymphir (denileukin diftitox-cxdl) – **PA**; MB
- Myqorzo (aficamten) – **PA**
- Sdamlo (amlodipine powder for oral solution) – **PA**
- Yuviwel (navepegritide) – **PA**
- Zycubo (copper histidinate) – **PA**

Change in Prior Authorization Status

Effective August 10, 2026, the following constipation agents will no longer require PA within newly established quantity limits.

- Amitiza (lubiprostone) – **PA > 2 units/day**; #, M90
- Motegrity (prucalopride) – **PA > 1 unit/day**; #, M90

Updated MassHealth Brand Name Preferred Over Generic Drug List

Effective August 10, 2026, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Condylox (podofilox gel); #, A90
- Farxiga (dapagliflozin); #
- Rowasa (mesalamine enema); #, A90

Updated MassHealth 90-day Initiative

Effective August 10, 2026, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated in the following list.

- Edarbi (azilsartan); BP, M90
- Motegrity (prucalopride) – **PA > 1 unit/day;** #, M90

Updated MassHealth Non-Drug Product List

a. Effective August 10, 2026, the following non-drug product has been added to the Non-Drug Product list. Payment will be calculated as the lower of the Wholesale Acquisition Cost (WAC) and the usual and customary charge as set forth in EOHHS regulations 101 CMR 322.03(20).
   - Blood ketone test strips

b. Effective August 10, 2026, the following non-drug product has been added to the Non-Drug Product list.
   - Urine ketone test strips

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.

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.