



PHARMACY FACTS

*Current information for pharmacists about
the MassHealth Pharmacy Program*

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Updates to Coverage of Enteral Nutrition Products and Continued Coverage of Gender-Affirming Care Services

Update to Coverage of Formula, Thickening Agents, and Enteral Products Covered through the Pharmacy Benefit

To address reported shortages through Durable Medical Equipment (DME) providers, [All Provider Bulletin 373](#) and [Pharmacy Facts 212](#) provided guidance on MassHealth's temporary coverage of medically necessary formula, thickening agents, and enteral nutritional liquid products through pharmacy providers without prior authorization.

Effective January 4, 2027, MassHealth will continue to allow formula, thickening agents, and enteral nutritional liquid products to be dispensed by pharmacy providers, but will begin to require prior authorization (PA). The MassHealth Non-Drug Product List will be updated to reflect this change, and the Pharmacy PA criteria will mirror the DME PA criteria for medical necessity and will be available in Table 81: Enteral Nutrition and Thickening Agents, on the MassHealth Drug List. There will be a new PA form, the Enteral Nutrition and Thickening Agents PA form, to assist providers in submitting the necessary information to determine medical necessity.

Pharmacies will continue to be paid for formula, thickening agents, and enteral nutritional liquid products billed through the MassHealth Pharmacy Online Processing System (POPS) at 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).

This change applies to MassHealth Fee-For-Service (FFS), the Primary Care Clinician (PCC) Plan, the Primary Care Accountable Care Organizations (PCACO), Accountable Care Partnership Plans (ACPP), and Managed Care Organizations (MCO).

Continued Coverage of Gender-Affirming Care Services for MassHealth Members

The Centers for Medicare & Medicaid Services (CMS) recently issued a Final Rule titled "Prohibition on Federal Medicaid and Children's Health Insurance Program Funding for Sex-Rejecting Procedures Furnished to Children" (CMS-2451-F) that prohibits the use of federal Medicaid funds for certain gender-affirming care services for youth, effective October 13, 2026.

MassHealth is not making changes to coverage of gender-affirming care services as a result of the Final Rule. Massachusetts will address any resulting loss of federal Medicaid funding through the state's Affirming Health Care Trust.

MassHealth will continue to cover gender-affirming care in accordance with current MassHealth rules and regulations, including but not limited to MassHealth medical necessity guidelines. Additional information about coverage of gender-affirming care services is available on the Gender-Affirming Care for MassHealth Members web page and [All Provider Bulletin 420](#).