



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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February 2026 MassHealth Drug List Summary Update

MassHealth evaluates the prior authorization (PA) status for drugs on an ongoing basis and updates the MassHealth Drug List accordingly. This Summary Update document identifies changes to the MassHealth Drug List for the rollout effective February 17, 2026.

Additional information about these agents may be available within the MassHealth Drug List at www.mass.gov/druglist.

Additions

Effective February 17, 2026, the following newly marketed drugs have been added to the MassHealth Drug List.

- Anzupgo (delgocitinib) – **PA**
- Avmapki-Fakzynja Co-Pack (avutometinib/defactinib) – **PA**
- dicyclomine 40 mg tablet – **PA**
- Emblaveo (aztreonam/avibactam) – **PA**
- Emrelis (telisotuzumab vedotin-tllv) – **PA**; MB
- Hernexeos (zongertinib) – **PA**
- Hymovis One (hyaluronate, modified) – **PA**; MB
- Inlexzo (gemcitabine intravesical system) – **PA**; MB
- Keytruda Qlex (pembrolizumab/berahyaluronidase alfa-pmph) – **PA**; MB
- nilotinib d-tartrate capsule – **PA**; A90
- Pavblu (aflibercept-ayyh 2 mg); MB
- Phyrago (dasatinib) – **PA**
- Ryzneuta (efbemalenograstim)
- Sephience (sepiapterin) – **PA**
- Tyruko (natalizumab-sztn) – **PA**
- Zevtera (ceftobiprole medocaril) – **PA**

Change in Prior Authorization Status

- Effective February 17, 2026, the following gastrointestinal agent will require PA.
 - Linzess (linaclotide) – **PA**
- Effective February 17, 2026, the following cerebral stimulant agent will no longer require PA within the established age and quantity limit. Pediatric Behavioral Health Medication Initiative criteria will apply. For additional information, please see the Pediatric Behavioral Health Medication Initiative documents found at www.mass.gov/druglist.
 - Vyvanse (lisdexamfetamine chewable tablet)^{PD} – **PA < 3 years or ≥ 21 years and PA > 2 units/day**; BP

New or Revised Therapeutic Tables

- Table 5 – Immunological Agents
- Table 26 – Antidiabetic Agents
- Table 31 – Cerebral Stimulants and Miscellaneous Agents
- Table 41 – Antibiotics – Topical
- Table 42 – Immune Suppressants - Topical
- Table 44 – Hepatitis Antiviral Agents

- Table 48 – Antiparkinsonian Agents
- Table 50 – Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents
- Table 52 – Multiple Sclerosis Agents
- Table 57 – Oncology Agents
- Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
- Table 65 – Enzyme Replacement and Substrate Reduction Therapies
- Table 66 – Antibiotics and Anti-Infectives - Injectable
- Table 71 – Pediatric Behavioral Health
- Table 77 – Hyaluronan Injections
- Table 80 – Anti-Hemophilia Agents
- Table 81 – Anti-Obesity Agents
- Table 83 – Renal Disorder Agents

Updated and New Prior Authorization Request Forms

- Antidiabetic Agents Prior Authorization Request
- Anti-Hemophilia Non-Gene Therapy Agents Prior Authorization Request
- Anti-Obesity Agents Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request
- Constipation Agents Prior Authorization Request
- Health Safety Net Prior Authorization Request
- Hyaluronan Injections Prior Authorization Request
- Injectable Antibiotic Prior Authorization Request
- Lung Cancer Agents Prior Authorization Request
- Multiple Sclerosis Agents Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request

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 February 17, 2026, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Lotronex (alosetron) – **PA**; BP, A90
 - Premarin (estrogens, conjugated); BP, A90
- b. Effective February 17, 2026, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Adderall XR (amphetamine salts extended-release)^{PD} – **PA < 3 years or ≥ 21 years and PA > 2 units/day**
 - Byetta (exenatide injection) – **PA**
 - Hetlioz (tasimelteon capsule) – **PA**; A90
 - Motegrity (prucalopride) – **PA**

Updated MassHealth 90-day Initiative

The MassHealth 90-day Initiative has been updated to reflect recent changes to the MassHealth Drug List. Effective February 17, 2026, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- Yonsa (abiraterone 125 mg) – **PA**; A90

Updated HSN Formulary

The MassHealth Health Safety Net Formulary has been updated to reflect recent changes to the MassHealth Drug List.

- Agents Reimbursable without PA for Highly Utilized Therapeutic Classes
 - Health Safety Net Prior Authorization Request
 - Overview of HSN Formulary Changes
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Updated MassHealth Supplemental Rebate/Preferred Drug List

The MassHealth Supplemental Rebate/Preferred Drug List has been updated to reflect recent changes to the MassHealth Drug List.

- Effective February 17, 2026, the following cerebral stimulant agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Vyvanse (lisdexamfetamine) ^{PD} – **PA < 3 years or ≥ 21 years and PA > 2 units/day**; BP
 - Effective February 17, 2026, the following anti-hemophilia agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
 - Kogenate (antihemophilic factor, recombinant)
 - Effective February 17, 2026, the following diabetic agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
 - Lantus (insulin glargine); BP
 - Effective February 17, 2026, the following diabetic agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Ozempic (semaglutide injection) ^{PD} – **PA**
 - Effective February 17, 2026, the following anti-obesity agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Wegovy (semaglutide injection) ^{PD} – **PA**
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Updated MassHealth Quick Reference Guide

The MassHealth Quick Reference Guide has been updated to reflect recent changes to the MassHealth Drug List.

Updated MassHealth Acute Hospital Carve-Out Drugs List

The MassHealth Acute Hospital Carve-Out Drugs list has been updated to reflect recent changes to the MassHealth Drug List.

Deletions

The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.

- amphetamine extended-release 1.25 mg/mL oral suspension – **PA**
 - Byetta (exenatide injection) – **PA**
 - Evekeo ODT (amphetamine sulfate orally disintegrating tablet) – **PA**
 - Kynmobi (apomorphine film) – **PA**
 - Synribo (omacetaxine mepesuccinate) – **PA**
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Corrections/Clarifications

- The following drug has been added to the MassHealth Drug List. It was omitted in error. This change does not reflect any change in MassHealth policy.
 - Nextstellis (drospirenone/estetrol)
- The following listing has been clarified. This change does reflect a change in MassHealth policy.
 - amphetamine salts extended-release – **PA < 3 years or ≥ 21 years and PA > 2 units/day**
- The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
 - Danziten (nilotinib tartrate tablet) – **PA**
 - dicyclomine capsule, solution, 20 mg tablet; A90
 - Selarsdi (ustekinumab-aekn prefilled syringe, 45 mg/0.5 mL vial) – **PA**
 - Selarsdi (ustekinumab-aekn 130 mg vial) – **PA**; MB

- Sprycel (dasatinib); BP, A90
 - Tasigna (nilotinib hydrochloride capsule); BP
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Abbreviations, Acronyms, and Symbols

^{MB} This drug is available through the health care 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 health care 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 prior authorization 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.

^{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.