



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
P.O. Box 2586, Worcester, MA 01613-2586  
**Fax:** (877) 208-7428      **Phone:** (800) 745-7318

## April 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 April 1, 2026.

Additional information about these agents may be available within the MassHealth Drug List at [www.mass.gov/druglist](http://www.mass.gov/druglist).

---

### Additions

Effective April 1, 2026, the following newly marketed drugs have been added to the MassHealth Drug List.

- Andembry (garadacimab-gxii) – **PA**
- Blujepa (gepotidacin) – **PA**
- Brinsupri (brensocatib) – **PA**
- Dawnzera (donidalorsen) – **PA**
- Ekterly (sebetralstat) – **PA**
- Ensacove (ensartinib) – **PA**
- Leqembi Iqlik (lecanemab-irmb) – **PA**
- Lynkuet (elinzanetant) – **PA**
- Modeyso (dordaviprone) – **PA**
- Orlynvah (sulopenem etzadroxil/probenecid) – **PA**
- Papzimeos (zopapogene imadenovec-drba) – **PA**; MB
- Rhapsido (remibrutinib) – **PA**
- tramadol 75 mg – **PA**
- ustekinumab-ttwe, unbranded 45 mg/0.5 mL vial – **PA**
- Vizz (aceclidine ophthalmic solution) – **PA**

---

### Change in Prior Authorization Status

- Effective April 1, 2026, the following acetylcholinesterase inhibitor will require PA.
    - pyridostigmine bromide solution – **PA**; A90
  - Effective April 1, 2026, the following drug cessation agent will no longer require PA within updated dose and duration limits.
    - buprenorphine sublingual tablet – **PA > 5 days treatment/180 days and PA > 32 mg/day**
  - Effective April 1, 2026, the following hereditary angioedema agents will no longer require PA within newly established quantity limits.
    - Berinert (c1 esterase inhibitor, human) – **PA > 14 injections/30 days**
    - Firazyr (icatibant) – **PA > 6 injections/30 days; #**
    - Kalbitor (ecallantide) – **PA > 12 injections/30 days; MB**
    - Ruconest (c1 esterase inhibitor, recombinant) – **PA > 8 injections/30 days**
  - Effective April 1, 2026, the following chemotherapy agent will no longer require PA.
    - lomustine
  - Effective April 1, 2026, the following antiretroviral agent will no longer require PA.
    - Yeztugo (lenacapavir)
-

## **New or Revised Therapeutic Tables**

- Table 1 – Immune Globulins
- Table 2 – Hormones - Gonadotropin-Releasing Hormone Analogs
- Table 4 – Hematologic Agents - Hematopoietic and Miscellaneous Hematologic Agents
- Table 5 – Immunological Agents
- Table 6 – Nutrients, Vitamins, and Vitamin Analogs
- Table 7 – Muscle Relaxants - Skeletal
- Table 8 – Opioids and Analgesics
- Table 9 – Growth Hormones and mecasermin (Increlex)
- Table 10 – Dermatologic Agents - Acne and Rosacea
- Table 11 – Nonsteroidal Anti-Inflammatory Drugs
- Table 13 – Lipid-Lowering Agents
- Table 14 – Headache Therapy
- Table 17 – Antidepressants
- Table 18 – Cardiovascular Agents
- Table 20 – Anticonvulsants
- Table 22 – Acromegaly, Carcinoid Syndrome, and Cushing's Syndrome Agents
- Table 24 – Antipsychotics
- Table 26 – Antidiabetic Agents
- Table 27 – Antiemetics, Appetite Stimulants, and Anabolics
- Table 29 – Anti-Allergy and Anti-Inflammatory Agents - Ophthalmic
- Table 31 – Cerebral Stimulants and Miscellaneous Agents
- Table 32 – Serums, Toxoids, and Vaccines
- Table 33 – Inflammatory Bowel Disease Agents
- Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
- Table 36 – Drug and Alcohol Cessation Agents
- Table 38 – Antiretroviral/HIV Therapy
- Table 40 – Respiratory Agents - Oral
- Table 43 – Pulmonary Hypertension Agents
- Table 45 – Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents
- Table 49 – Osteoporosis and Bone Metabolism Agents
- Table 51 – Antiglaucoma Agents - Ophthalmic
- Table 52 – Multiple Sclerosis Agents
- Table 53 – Otic Agents
- Table 55 – Androgens
- Table 56 – Alzheimer's Agents
- Table 57 – Oncology Agents
- Table 59 – Anesthetics - Topical
- Table 60 – Hereditary Angioedema Agents
- Table 62 – Gout Agents
- Table 63 – Dermatologic Agents - Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents
- Table 64 – Asthma/Allergy Monoclonal Antibodies
- Table 65 – Enzyme Replacement and Substrate Reduction Therapies
- Table 66 – Antibiotics and Anti-Infectives - Injectable
- Table 67 – Antiviral Agents
- Table 68 – Thrombocytopenic Agents
- Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents
- Table 71 – Pediatric Behavioral Health
- Table 72 – Agents Not Otherwise Classified

Table 73 – Iron Agents and Chelators

Table 74 – Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors

Table 75 – T-Cell Immunotherapies

Table 76 – Neuromuscular Agents - Duchenne Muscular Dystrophy and Spinal Muscular Atrophy

Table 77 – Hyaluronan Injections

Table 80 – Anti-Hemophilia Agents

Table 81 – Anti-Obesity Agents

Table 84 – Complement Inhibitors and Miscellaneous Immunosuppressive Agents

---

## Updated and New Prior Authorization Request Forms

- Androgen Therapy Prior Authorization Request
  - Anti-Amyloid Monoclonal Antibodies Prior Authorization Request
  - Antidepressant Prior Authorization Request
  - Antipsychotic Prior Authorization Request
  - Antiretroviral Agents Prior Authorization Request
  - Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
  - Benzodiazepines and Other Anti-Anxiety Agents Prior Authorization Request
  - Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents Prior Authorization Request
  - Breast Cancer Agents Prior Authorization Request
  - Dermatological Agents (Topical Chemotherapy and Genital Wart Therapy) Prior Authorization Request
  - Glaucoma Agents Prior Authorization Request
  - Gonadotropin-Releasing Hormone Prior Authorization Request
  - Gout Agents Prior Authorization Request
  - Headache Therapy (Calcitonin Gene-Related Peptide (CGRP) Inhibitors) Prior Authorization Request
  - Hereditary Angioedema Agents Prior Authorization Request
  - Hyaluronan Injections Prior Authorization Request
  - Immunological Agents – Topical Prior Authorization Request
  - Injectable Antibiotic Prior Authorization Request
  - Lipid-Lowering Agents Prior Authorization Request
  - Lung Cancer Agents Prior Authorization Request
  - Multiple Myeloma Agents Prior Authorization Request
  - Multiple Sclerosis Agents Prior Authorization Request
  - Neuromuscular Agents Prior Authorization Request
  - Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request
  - Opioid Dependence and Reversal Agents Prior Authorization Request
  - Opioids/Acetaminophen Analgesic Prior Authorization Request
  - Oral Antibiotics and Anti-Infectives Prior Authorization Request
  - Oral Respiratory Agents Prior Authorization Request
  - Osteoporosis Agents and Calcium Regulators Prior Authorization Request
  - Prostate Cancer Agents Prior Authorization Request
  - Pulmonary Hypertension Prior Authorization Request
  - T-Cell Immunotherapies Prior Authorization Request
  - Targeted Immunomodulators Prior Authorization Request
  - Thrombocytopenic Agents Prior Authorization Request
  - Topical Anesthetics Prior Authorization Request
  - Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors Prior Authorization Request
  - Wound Care 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 April 1, 2026, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
    - Cipro HC (ciprofloxacin/hydrocortisone); BP
    - Mavenclad (cladribine tablet) – **PA**; BP
    - Rowasa (mesalamine enema); BP, A90
  - b. Effective April 1, 2026, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
    - Cardura (doxazosin immediate-release); #, M90
    - Daytrana (methylphenidate transdermal) – **PA < 3 years or ≥ 21 years and PA > 1 unit/day**; #
    - Entresto (sacubitril/valsartan tablet) – **PA**
    - Inspra (eplerenone); #, M90
    - Sancuso (granisetron transdermal system) – **PA**
- 

## Updated MassHealth 90-day Initiative

The MassHealth 90-day Initiative has been updated to reflect recent changes to the MassHealth Drug List.

- a. Effective April 1, 2026, the following agent may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
    - Edurant (rilpivirine tablet); BP; A90
    - Jentadueto (linagliptin/metformin); BP, M90
  - b. Effective April 1, 2026, the following agent will no longer be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
    - Farxiga (dapagliflozin); BP
- 

## Updated Health Safety Net (HSN) Formulary Page

The Health Safety Net (HSN) Formulary page has been updated to reflect recent changes.

- Health Safety Net Prior Authorization Request
  - Health Safety Net Reimbursable Pharmacy Services - Highly Utilized Therapeutic Classes
- 

## 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.

- a. Effective April 1, 2026, the following antiretroviral agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
    - Yeztugo (lenacapavir) <sup>PD</sup>
  - b. Effective April 1, 2026, the following targeted immunomodulators will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
    - Humira (adalimumab) – **PA**
    - Stelara (ustekinumab 45 mg/0.5 mL prefilled syringe, 90 mg/mL prefilled syringe, 45 mg/0.5 mL vial) – **PA**
- 

## Updated MassHealth Accountable Care Partnership Plans and Managed Care Organizations Pharmacy Information

MassHealth Accountable Care Partnership Plans and Managed Care Organizations Pharmacy Information has been updated to reflect changes to the Hospital Outpatient PA MHDL Unified Class Drugs document.

---

## Updated MassHealth Quick Reference Guide

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

---

## Updated and New Pharmacy Initiatives

- Opioid and Pain Initiative

---

## Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
  - Abilify Mycite (aripiprazole tablet with sensor) – **PA**
  - Atripla (efavirenz/emtricitabine/tenofovir); #, A90
  - Delzicol DR (mesalamine 400 mg delayed-release capsule) – **PA**
  - Fentora (fentanyl buccal tablet) – **PA**
  - Finacea (azelaic acid gel) – **PA**; A90
  - Idacio (adalimumab-aacf) – **PA**
  - Ortikos (budesonide extended-release capsule) – **PA**
  - Portrazza (necitumumab) – **PA**; MB
  - Tarceva (erlotinib) – **PA**; A90
  - Zyprexa Zydis (olanzapine 15 mg orally disintegrating tablet) – **PA < 10 years and PA > 2 units/day**; #, A90
  - Zyprexa Zydis (olanzapine 5 mg, 10 mg, 20 mg orally disintegrating tablet) – **PA < 10 years and PA > 1 unit/day**; #, A90
- b. The following drug has been removed from the MassHealth Drug List. MassHealth does not pay for drugs that are manufactured by companies that have not signed rebate agreements with the U.S. Secretary of Health and Human Services.
  - Gleostine (lomustine)
  - Veltin (clindamycin/tretinoin) – **PA**; A90

---

## Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
  - Photrexa (riboflavin 5-phosphate/dextran); MB
  - Pivya (pivmecillinam) – **PA**
  - Zybic (meloxicam suspension) – **PA**
- b. The following listing has been clarified. These changes do reflect a change in MassHealth policy.
  - pyridostigmine bromide 60 mg tablet, 180 mg extended-release tablet; A90
- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
  - Entresto (sacubitril/valsartan) – **PA**
  - Koate (antihemophilic factor, human)
  - Premarin (estrogens, conjugated tablet); BP; A90
  - Premarin (estrogens, conjugated cream, vial); A90
  - ustekinumab-ttwe, unbranded 130 mg/26 mL vial – **PA**; MB

---

## Abbreviations, Acronyms, and Symbols

# This designates a brand-name drug with FDA “A”-rated generic equivalents. PA 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.

<sup>MB</sup> 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 acute hospital inpatient settings, unless on the APAD/APEC carve out drug list, or in the emergency, trauma, or urgent acute hospital outpatient 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.

**A<sup>90</sup>** 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.

**M<sup>90</sup>** 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.