



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

January 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 January 5, 2026.

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

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

New FDA “A”-Rated Generics

Effective January 5, 2026, the following FDA “A”-rated generic drugs have been added to the MassHealth Drug List. The brand name is listed with a # symbol to indicate that PA is required for the brand.

New FDA “A”-Rated Generic Drug

ciprofloxacin/hydrocortisone
dalbavancin
estrogens, conjugated

Generic Equivalent of

Cipro HC #
Dalvance #
Premarin #

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
- c. 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}

Change in Coverage Status

Effective January 5, 2026, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.

- artesunate; MB
- Iheezo (chloroprocaine ophthalmic gel) – **PA**; MB

New or Revised Therapeutic Tables

- a. Effective January 5, 2026, the following tables were updated.
- Table 3 – Gastrointestinal Drugs - Histamine H2 Antagonists, Proton Pump Inhibitors, and Miscellaneous Gastroesophageal Reflux Agents
 - Table 4 – Hematologic Agents - Hematopoietic and Miscellaneous Hematologic Agents
 - Table 5 – Immunological Agents
 - Table 9 – Growth Hormones and mecasermin (Increlex)
 - Table 11 – Nonsteroidal Anti-Inflammatory Drugs
 - Table 13 – Lipid-Lowering Agents
 - Table 18 – Cardiovascular Agents
 - Table 20 – Anticonvulsants
 - Table 22 – Acromegaly, Carcinoid Syndrome, and Cushing's Syndrome Agents

- Table 24 – Antipsychotics
- Table 25 – Corticosteroids - Intranasal
- Table 26 – Antidiabetic Agents
- Table 29 – Anti-Allergy and Anti-Inflammatory Agents - Ophthalmic
- Table 32 – Serums, Toxoids, and Vaccines
- Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
- Table 38 – Antiretroviral/HIV Therapy
- Table 41 – Antibiotics - Topical
- Table 43 – Pulmonary Hypertension Agents
- Table 48 – Antiparkinsonian Agents
- Table 49 – Osteoporosis and Bone Metabolism Agents
- Table 53 – Otic Agents
- Table 57 – Oncology Agents
- Table 58 – Anticoagulants and Antiplatelet Agents
- Table 59 – Anesthetics - Topical
- Table 65 – Enzyme Replacement and Substrate Reduction Therapies
- Table 66 – Antibiotics and Anti-Infectives - Injectable
- Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents
- Table 71 – Pediatric Behavioral Health
- Table 72 – Agents Not Otherwise Classified
- Table 75 – T-Cell Immunotherapies
- Table 78 – Diabetes Medical Supplies and Emergency Treatments
- Table 81 – Anti-Obesity Agents
- b. Effective January 5, 2026, the following table was removed from the MassHealth Drug List.
 - Table 82 – Health Safety Net Formulary Exceptions

Updated and New Prior Authorization Request Forms

- a. Effective January 5, 2026, all PA Request Forms have been updated with revised Plan Contact Information section. The following PA Request Forms are new or have additional updates.
 - Anticoagulant and Antiplatelet Prior Authorization Request
 - Anticonvulsant Prior Authorization Request
 - Antidiabetic Agents Prior Authorization Request
 - Anti-Obesity Agents Prior Authorization Request
 - Antipsychotic Prior Authorization Request
 - Antiretroviral Agents Prior Authorization Request
 - Breast Cancer Agents Prior Authorization Request
 - Diabetes Medical Supplies Prior Authorization Request
 - Erythropoiesis-Stimulating Agents Prior Authorization Request
 - Growth Hormone and Increlex Prior Authorization Request
 - Intranasal Corticosteroids Prior Authorization Request
 - Lipid-Lowering Agents Prior Authorization Request
 - Lung Cancer Agents Prior Authorization Request
 - Multiple Myeloma Agents Prior Authorization Request
 - Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request
 - One-Time Cell and Gene Therapies
 - Ophthalmic Anti-Allergy and Anti-Inflammatory Agents Prior Authorization Request
 - Osteoporosis Agents and Calcium Regulators Prior Authorization Request
 - Otic Agents Prior Authorization Request
 - Proton Pump Inhibitor Prior Authorization Request

- Pulmonary Hypertension Prior Authorization Request
 - Rezdifra Prior Authorization Request
 - T-Cell Immunotherapies Prior Authorization Request
 - Targeted Immunomodulators Prior Authorization Request
- b. Effective January 5, 2026, the following PA request forms will be removed from the MassHealth Drug List.
- Health Safety Net Formulary Exceptions 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 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

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

- 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

Updated MassHealth Non-Drug Product List

The MassHealth Non-Drug Product List has been updated to reflect recent changes to the MassHealth Drug List. Effective January 1, 2026, the following product was removed from the MassHealth Non-Drug Product List on January 5, 2026.

- V-Go (insulin continuous subcutaneous infusion patch) – **PA**

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

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 January 5, 2026, the following immunological agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - adalimumab-adaz, unbranded ^{PD} – **PA**
 - Hadlima (adalimumab-bwwd) ^{PD} – **PA**
 - Imuldosa (ustekinumab-srlf prefilled syringe) ^{PD} – **PA**
 - Imuldosa (ustekinumab-srlf vial) ^{PD} – **PA**; MB
 - Pyzchiva (ustekinumab-ttwe 130 mg/26 mL vial) ^{PD} – **PA**; MB
 - Pyzchiva (ustekinumab-ttwe prefilled syringe, 45 mg/0.5 mL vial) ^{PD} – **PA**
 - Skyrizi (risankizumab-rzaa vial) ^{PD} – **PA**
- b. Effective January 5, 2026, the following antidiabetic agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Glyxambi (empagliflozin/linagliptin) ^{PD}
 - Jardiance (emagliflozin) ^{PD}
 - Synjardy (emagliflozin/metformin) ^{PD}
 - Synjardy XR (empagliflozin/metformin extended-release) ^{PD}
- c. Effective January 5, 2026, the following growth hormone agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Ngenla (somatrogen-ghla) ^{PD} – **PA**
- d. Effective January 5, 2026, the following antipsychotics will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Caplyta (lumateperone) ^{PD} – **PA**
 - Rexulti (brexpiprazole) ^{PD} – **PA**
- e. Effective January 5, 2026, the following anticoagulant agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Eliquis (apixaban tablet) ^{PD}; BP
- f. Effective January 5, 2026, the following growth hormone agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
 - Skytrofa (lonapegsomatropin-tcgd) – **PA**
- g. Effective January 5, 2026, the following small interfering RNA agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
 - Amvuttra (vitrisiran) – **PA**; MB
- h. Effective January 5, 2026, the following antiretroviral agents will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
 - Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) – **PA**
 - Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide) – **PA**

MassHealth Preferred Non-Drug Product List

The MassHealth Non-Drug Product List has been updated to reflect recent changes to the MassHealth Drug List. Effective January 1, 2026, the following product was removed from the MassHealth Non-Drug Product List on January 5, 2026.

- V-Go (insulin continuous subcutaneous infusion patch) – **PA**

Updated MassHealth Quick Reference Guide

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

Updated Pharmacy Covered Professional Services List

The MassHealth Pharmacy Covered Professional Services List has been updated to reflect recent changes to the MassHealth Drug List.

Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - Aciphex (rabeprazole delayed-release tablet) – **PA > 1 unit/day**; #, M90
 - Blenrep (belantamab mafodotin-blmf) – **PA**
 - Fusilev (levoleucovorin powder for injection) – **PA**
 - Glumetza (metformin extended-release, gastric tablet) – **PA**; M90
 - Kisqali-Femara Co-Pack (ribociclib/letrozole) – **PA**
 - Nexium IV (esomeprazole sodium IV) – **PA**
 - Nicotrol Inhaler (nicotine inhalation system)
 - Prehevbrio (hepatitis B recombinant vaccine); 1
 - Prevnar 13 (pneumococcal 13-valent conjugate vaccine); 1
 - Qudexy XR (topiramate extended-release sprinkle capsule) – **PA**; A90
 - Sandimmune (cyclosporine solution) – **PA**
 - Trilipix (fenofibric acid); #, M90
 - Zegerid (omeprazole/sodium bicarbonate powder for oral suspension) – **PA**; M90
 - Zegerid (omeprazole/sodium bicarbonate capsule); #, M90
 - b. The following drugs have 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.
 - Lovaza (omega-3 acid ethyl esters); #, M90
 - c. The following drug has been removed from the MassHealth Drug List. This change does reflect a change in MassHealth policy.
 - V-Go (insulin continuous subcutaneous infusion patch) – **PA**
 - Wegovy (semaglutide injection-Wegovy for Health Safety Net) – **PA**
 - Zepbound (tirzepatide injection-Zepbound for Health Safety Net) – **PA**
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Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
 - Coxanto (oxaprozin capsule) – **PA**
 - Pentam (pentamidine isethionate); #
 - phentermine/topiramate extended-release – **PA**
- b. The following listings have been clarified. These changes do reflect a change in MassHealth policy.
 - Adipex-P (phentermine 37.5 mg capsule, tablet) – **PA < 12 years**; #
 - benzphetamine – **PA**
 - diethylpropion – **PA**
 - diethylpropion extended-release – **PA**
 - phentermine 8 mg tablet – **PA < 12 years or ≥ 18 years**
 - phendimetrazine – **PA**
 - phendimetrazine extended-release – **PA**
 - phentermine 15 mg, 30 mg capsule – **PA < 12 years**
 - Saxenda (liraglutide) – **PA**
 - Xenical (orlistat) – **PA**; BP, A90
 - Wegovy (semaglutide injection) – **PA**

- Zepbound (tirzepatide)^{PD} – **PA**
- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- bisoprolol 5 mg, 10 mg; M90
 - chlorthalidone 25 mg, 50 mg; M90
 - Colestid (colestipol granules); #; M90
 - Copaxone (glatiramer 20 mg); BP
 - Daypro (oxaprozin tablet); A90, #
 - Eliquis (apixaban tablet)^{PD}; BP
 - Khapzory (levoleucovorin 175 mg powder for injection) – **PA**
 - labetalol 100 mg, 200 mg, 300 mg; M90
 - levoleucovorin 50 mg powder for injection – **PA**
 - lopidine (apraclonidine); M90
 - Nityr (nitisinone tablet)
 - Orfadin (nitisinone capsule, suspension); #, A90
 - Otulfi (ustekinumab-aaaz 130 mg/26 mL vial) – **PA**; MB
 - Proglycem (diazoxide suspension); BP, A90
 - Tegretol (carbamazepine 100 mg chewable tablet, tablet, suspension) – **PA < 6 years**; #, A90
 - Thalitone (chlorthalidone 15 mg)
 - Topamax (topiramate 15 mg, 25 mg sprinkle capsule) – **PA < 6 years**; #, A90

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.

^{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.

^{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 prior authorization, if the vaccine is administered in the pharmacy.