



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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May 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 May 11, 2026.

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

Additions

Effective May 11, 2026, the following newly marketed drugs have been added to the MassHealth Drug List.

- Bildyos (denosumab-nxxp) – **PA**
- Bilprevda (denosumab-nxxp) – **PA**
- Bynfezia (octreotide auto-injection)
- Egrifta WR (tesamorelin) – **PA**
- Enoby (denosumab-qbde) – **PA**
- Imkeldi (imatinib solution) – **PA**
- Itvisma (onasemnogene abeparvovec-brve)^{PD} – **PA**; CO
- Jascayd (nerandomilast) – **PA**
- Kirsty (insulin aspart-xjhz) – **PA**
- Merilog (insulin aspart-szjj) – **PA**
- Otezla XR (apremilast extended-release) – **PA**
- Palsonify (paltusotine) – **PA**
- Redemplo (plozasiran) – **PA**
- Steqeyma (ustekinumab-stba 45 mg/0.5 mL vial) – **PA**
- Wayrilz (rilzabrutinib) – **PA**
- Wegovy (semaglutide tablet)^{PD} – **PA**
- Xtrenbo (denosumab-qbde) – **PA**

Change in Prior Authorization Status

- Effective May 11, 2026, the following antiemetic agent will require PA.
 - Sustol (granisetron extended-release injection) – **PA**
 - Effective May 11, 2026, the following anti-hemophilia agent will require PA.
 - Hemlibra (emicizumab-kxwh) – **PA**
 - Effective May 11, 2026, the following antidiabetic agents will require PA.
 - Humalog (insulin lispro 200 units/mL) – **PA**
 - Novolin (insulin NPH/regular insulin 70/30) – **PA**
 - Toujeo (insulin glargine) – **PA**; BP
 - Tresiba (insulin degludec) – **PA**; BP
 - Effective May 11, 2026, the following anticoagulant agents will no longer require PA.
 - Eliquis (apixaban sprinkle capsule)
 - Eliquis (apixaban tablet for oral suspension)
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Change in Coverage Status

Effective May 11, 2026, the following agent will no longer be restricted to medical billing.

- Supprelin LA (histrelin) – **PA**

New or Revised Therapeutic Tables

- Table 2 – Hormones - Gonadotropin-Releasing Hormone Analogs
- Table 4 – Hematologic Agents - Hematopoietic and Miscellaneous Hematologic Agents
- Table 5 – Immunological Agents
- Table 8 – Opioids and Analgesics
- Table 13 – Lipid-Lowering Agents
- Table 14 – Headache Therapy
- Table 16 – Corticosteroids - Topical
- Table 18 – Cardiovascular Agents
- Table 22 – Acromegaly, Carcinoid Syndrome, and Cushing's Syndrome Agents
- Table 23 – Respiratory Agents - Inhaled
- Table 24 – Antipsychotics
- Table 26 – Antidiabetic Agents
- Table 27 – Antiemetics, Appetite Stimulants, and Anabolics
- Table 28 – Antifungal Agents - Topical
- Table 29 – Anti-Allergy and Anti-Inflammatory Agents - Ophthalmic
- Table 34 – Antibiotics - Ophthalmic
- Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
- Table 38 – Antiretroviral/HIV Therapy
- Table 40 – Respiratory Agents - Oral
- Table 47 – Antifungal Agents - Oral and Injectable
- Table 49 – Osteoporosis and Bone Metabolism Agents
- Table 57 – Oncology Agents
- Table 58 – Anticoagulants and Antiplatelet Agents
- Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents
- Table 68 – Thrombocytopenic Agents
- Table 71 – Pediatric Behavioral Health
- Table 72 – Agents Not Otherwise Classified
- Table 76 – Neuromuscular Agents - Duchenne Muscular Dystrophy and Spinal Muscular Atrophy
- Table 80 – Anti-Hemophilia Agents
- Table 81 – Anti-Obesity Agents

Updated and New Prior Authorization Request Forms

- Anticoagulant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antiemetics and Appetite Stimulants Prior Authorization Request
- Anti-Hemophilia Non-Gene Therapy Agents
- Anti-Obesity Agents Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Diabetes Medical Supplies Prior Authorization Request
- Gonadotropin-Releasing Hormone Prior Authorization Request
- Headache Therapy (Ergot Alkaloids and Serotonin Receptor Agents) Prior Authorization Request
- Lipid-Lowering Agents Prior Authorization Request
- Neuromuscular Agents Prior Authorization Request
- One-Time Cell and Gene Therapies

- Ophthalmic Anti-Allergy and Anti-Inflammatory Agents Prior Authorization Request
 - Opioids/Acetaminophen Analgesic Prior Authorization Request
 - Oral Respiratory Agents Prior Authorization Request
 - Osteoporosis Agents and Calcium Regulators Prior Authorization Request
 - Targeted Immunomodulators Prior Authorization Request
 - Thrombocytopenic Agents Prior Authorization Request
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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.

- Effective May 11, 2026, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Besivance (besifloxacin ophthalmic suspension); BP
 - Eliquis (apixaban sprinkle capsule, tablet for oral suspension) ^{PD}; BP
 - Zylet (tobramycin/loteprednol ophthalmic suspension); BP
 - Effective May 11, 2026, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Sporanox (itraconazole 100 mg capsule); #, A90
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Updated MassHealth 90-day Initiative

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

- Effective May 11, 2026, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
 - Atrovent HFA (ipratropium inhalation aerosol); BP; A90
 - melatonin; *, M90
 - Ofev (nintedanib) – **PA**; A90
 - Savella (milnacipran); BP, A90
 - Ultravate (halobetasol lotion) – **PA**; A90
 - Effective May 11, 2026, the following agents will no longer be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
 - dihydroergotamine nasal spray – **PA**
 - ergotamine/caffeine suppository – **PA**
 - Golytely (polyethylene glycol-electrolyte solution); #
 - palonosetron 0.25 mg/2 mL injection – **PA > 2 injections/28 days**
 - polyethylene glycol-electrolyte solution
 - Suprep (sodium sulfate/potassium sulfate/magnesium sulfate); BP
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Updated MassHealth Over-the-Counter Drug List

The MassHealth Over-the-Counter Drug List has been updated to reflect recent changes to the MassHealth Drug List.

- Effective May 11, 2026, the following topical antifungal agent will be added to the MassHealth Over-the-Counter Drug List.
 - butenafine; *
 - Effective May 11, 2026, the following agents were removed from the MassHealth Over-the-Counter Drug List.
 - cod liver oil; *, M90
 - magaldrate; *, M90
 - witch hazel; *, A90
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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.

- a. Effective May 11, 2026, the following anti-obesity agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Wegovy (semaglutide tablet) ^{PD} – **PA**
- b. Effective May 11, 2026, the following anticoagulant agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Eliquis (apixaban sprinkle capsule, tablet for oral suspension) ^{PD}
- c. Effective May 11, 2026, the following neuromuscular agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
 - Itvisma (onasemnogene abeparvovec-brve) ^{PD} – **PA**; **CO**

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.

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

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

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - Anzemet (dolasetron) – **PA**
 - Jesduvroq (daprodustat) – **PA**; **MB**
 - Levemir (insulin detemir)
 - Mentax (butenafine)
 - paromomycin; **A90**
- b. The following drugs 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.
 - Abelcet (amphotericin B lipid complex)
 - Zontivity (vorapaxar) – **PA**

Corrections/Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
 - Byqlovi (clobetasol ophthalmic suspension) – **PA**
 - Cardene (nicardipine injection); **MB**
 - Cycloset (bromocriptine 0.8 mg tablet)
 - econazole 1% foam – **PA**
 - Ertaczo (sertaconazole 2% cream) – **PA**

- tapentadol – **PA**
 - tapentadol extended release – **PA**
 - Zyprexa Zydis (olanzapine 5 mg, 10 mg, 20 mg orally disintegrating tablet) – **PA < 10 years and PA > 1 unit/day**; #, A90
 - Zyprexa Zydis (olanzapine 15 mg orally disintegrating tablet) – **PA < 10 years and PA > 2 units/day**; #, A90
- b. The following drug has been added to the MassHealth Drug List. This change does reflect a change in MassHealth policy.
- Visudyne (verteporfin)
- c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- Azilect (rasagiline) – **PA > 1 unit/day**; #, A90
 - Bonsity (teriparatide) – **PA**
 - Eliquis (apixaban)^{PD}; BP
 - ergotamine/caffeine suppository, tablet – **PA**
 - Forteo (teriparatide) – **PA**; BP
 - Gleevec (imatinib tablet); #, A90
 - Ryzneuta (efbemalenograstim alfa-vuxw)
 - Sporanox (itraconazole 100 mg capsule, solution); #, A90
 - Steqeyma (ustekinumab-stba 130 mg/26 mL vial) – **PA**; MB
 - Wegovy (semaglutide injection, tablet)^{PD} – **PA**

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 acute hospital inpatient setting, 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.

* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without PA.

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.

^{CO} Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.

^{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.