



## April 2026 Fallon / 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 (sebetalstat) – **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**
- Vizz (aceclidine ophthalmic solution) – **PA**

### Change in Prior Authorization Status

- a. Effective April 1, 2026, the following acetylcholinesterase inhibitor will require PA.
  - pyridostigmine bromide solution – **PA; A90**
- b. 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**
- c. Effective April 1, 2026, the following hereditary angioedema agents will no longer require PA within 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**
- d. Effective April 1, 2026, the following chemotherapy agent will no longer require PA.

- Gleostine (lomustine)
- e. Effective April 1, 2026, the following antiretroviral agent will no longer require PA.
  - Yeztugo (lenacapavir)

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## New or Revised Therapeutic Tables

Table 2 – Hormones - Gonadotropin-Releasing Hormone Analogs

Table 5 – Immunological Agents

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Table 10 – Dermatologic Agents - Acne and Rosacea

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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.

- 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**
- Sancuso (gransetron transdermal system) – **PA**

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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.

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

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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 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**

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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.

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## Updated and New Pharmacy Initiatives

- Opioid and Pain Initiative

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## Deletions

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 acidgel) – **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**
- Zyprexa Zydis (olanzapine 5 mg, 10 mg, 20 mg orally disintegrating tablet – **PA < 10 years and PA > 1 unit/day**

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## 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.

**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.