



# Fallon Health/MassHealth Drug List Summary Update

**February 17, 2026**

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 Fallon/MassHealth Drug List for the rollout effective February 18, 2026

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

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## 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-tlrv) – **PA**; MB
- Hernexeos (zongertinib) – **PA**
- Inlexzo (gemcitabine intravesical system) – **PA**; MB
- Keytruda Qlex (pembrolizumab/berahyaluronidase alfa-pmph) – **PA**; MB
- nilotinib d-tartrate capsule – **PA**; A90
- Pavblu (afibercept-ayh 2 mg); MB
- Phyrago (dasatinib) – **PA**
- Ryzneuta (efbemalenograstim)
- Sephience (sepiapterin) – **PA**
- Tyruko (natalizumab-sztn) – **PA**
- Zevtera (ceftobiprole medocaril) – **PA**

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## Change in Prior Authorization Status

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 Initiative documents found at [www.mass.gov/druglist](http://www.mass.gov/druglist).

- Vyvanse (lisdexamfetamine chewable tablet)<sup>PD</sup> – **PA < 3 years or ≥ 21 years and PA > 2 units/day**; BP

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## 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 80 – Anti-Hemophilia Agents

Table 83 – Renal Disorder Agents

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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 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)<sup>PD</sup> – **PA < 3 years or ≥ 21 years and PA > 2 units/day**
  - Byetta (exenatide injection) – **PA**
  - Hetlioz (tasimelteon capsule) – **PA**; A90

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## Abbreviations, Acronyms, and Symbols

<sup>MB</sup> This drug is available through the health care professional who administers the drug or in an outpatient or inpatient hospital setting.

**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.

<sup>A90</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.

<sup>BP</sup> 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.

<sup>CO</sup> Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.

<sup>PD</sup> 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.