October 2026 Fallon Health/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 October 1, 2026

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

Additions

a. Effective October 1, 2026, the following newly marketed drugs have been added to the MassHealth Drug List.
   - Aukelso (denosumab-kyqq) – PA
   - Avlayah (tividenofusp alfa-eknm) – PA; MB
   - Avtozma (tocilizumab-anoh auto-injection, prefilled syringe) – PA
   - Beizray (docetaxel) – PA; MB
   - Bosaya (denosumab-kyqq) – PA
   - Bysanti (milsaperidone) – PA
   - Epioxa (riboflavin 5-phosphate) – PA; MB
   - Gwyn Lo (norelgestromin/ethinyl estradiol 220/20 mcg patch)
   - Jobevne (bevacizumab-nwgd) – PA; MB
   - Kygevvi (doxecitine/doxribtimine) – PA
   - Kyxata (carboplatin) – PA; MB
   - Loargys (pegzilarginase-nbln) – PA
   - Lunsumio Velo (mosunetuzumab-axgb) – PA; MB
   - Metopirone (metyrapone) – PA
   - Mflusiva (influenza virus vaccine, mRNA) – PA < 50 years
   - Ozempic (semaglutide tablet) PD – PA
   - Qivigy (immune globulin IV, human-kthm) – PA
   - Yartemlea (narsoplimab-wuug) – PA; MB

Change in Prior Authorization Status

a. Effective October 1, 2026, the following chemotherapy agent will require PA.
   - Avgemsi (gemcitabine vial) – PA; MB
b. Effective October 1, 2026, the following bowel preparation agent will require PA.
   - Polyethylene glycol/sodium sulfate/potassium chloride/sodium chloride/sodium ascorbate/ascorbic acid – PA

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 October 1, 2026, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Adempas (riociguat) – PA; BP
- Astagraf XL (tacrolimus extended-release capsule); BP, A90
- Infuvite (multivitamin injection); BP
- Janumet (sitagliptin/metformin) – PA; BP
- Januvia (sitagliptin tablet) – PA; BP
- Trintellix (vortioxetine) – PA; BP

b. Effective October 1, 2026, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
   - Frova (frovatriptan) – PA; A90
   - Suprep (sodium sulfate/potassium sulfate/magnesium sulfate); #

Change in Coverage Status

Effective October 1, 2026, the following agent will be available through medical billing only and will no longer be available through pharmacy billing.

- Entyvio (vedolizumab vial) – PA; MB

Updated MassHealth 90-day Initiative

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

a. Effective October 1, 2026, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
   - econazole 1% foam – PA; A90
   - Entresto (sacubitril/valsartan tablet) – PA > 2 units/day; A90
   - Priftin (rifapentine); #, A90

b. Effective October 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.
   - phenoxybenzamine – 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.

***** 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.

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.