November 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 November 16, 2026.

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

Additions

Effective November 16, 2026, the following newly marketed drugs have been added to the MassHealth Drug List.

- Baxfendy (baxdrostat) – **PA**
- Blenrep (belantamab mafodotin-blmf) – **PA**; MB
- dexamethasone 0.25 mg tablet – **PA**; A90
- ibuprofen 300 mg tablet – **PA**
- Idvynso (doravirine/islatravir) – **PA**
- Khindivi (hydrocortisone oral solution) – **PA**
- Nereus (tradipitant) – **PA**
- Otarmeni (lunsotogene parvec-cwha) – **PA**; CO
- Sarclisa Escena (isatuximab-irfc) – **PA**; MB
- Vyscoxa (celecoxib oral suspension) – **PA**

New FDA "A"-Rated Generics

Effective November 16, 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	Generic Equivalent of
dimethyl sulfoxide solution	Rimso-50 #

Change in Prior Authorization Status

a. Effective November 16, 2026, the following nonsteroidal anti-inflammatory agents will require PA.
   - flurbiprofen tablet – **PA**; A90
   - ketoprofen – **PA**; A90
   - naproxen enteric coated – **PA**; A90

b. Effective November 16, 2026, the following dermatological agents will require PA when exceeding quantity limits.
   - diclofenac 3% gel – **PA > 100 grams/30 days**; A90
   - fluorouracil 5% cream – **PA > 40 grams/30 days**; A90
   - fluorouracil solution – **PA > 10 mL/30 days**; A90
   - imiquimod 5% cream– **PA > 24 packets/30 days**; A90
   - podofilox solution – **PA > 3.5 mL/30 days**; A90

c. Effective November 16, 2026, the following hereditary angioedema agents will require PA.
   - Kalbitor (ecallantide) – **PA**; MB
   - Ruconest (c1 esterase inhibitor, recombinant) – **PA**; MB

d. Effective November 16, 2026, the following dermatological agents will require PA.
   - Valchlor (mechlorethamine gel) – **PA**
   - podofilox gel – **PA**

e. Effective November 16, 2026, the following oral respiratory agent will no longer require PA within established quantity limits.
   - Daliresp (roflumilast tablet) – **PA > 1 unit/day**; M90

f. Effective November 16, 2026, the following topical corticosteroid agent will require PA.
   - hydrocortisone/pramoxine cream, lotion, rectal foam – **PA**; A90

Change in Coverage Status

Effective November 16, 2026, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.

- Feraheme (ferumoxytol); MB
- Ferrlecit (sodium ferric gluconate complex); MB
- Infed (low molecular weight iron dextran); MB
- Monoferric (ferric derisomaltose); MB

New or Revised Therapeutic Tables

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- Antidepressant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antiemetics and Appetite Stimulants Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request

- Dermatological Agents (Topical Chemotherapy and Genital Wart Therapy) Prior Authorization Request
- Enteral Nutrition, Formula, and Thickening Agents Prior Authorization Request
- Growth Hormone and Increlex Prior Authorization Request
- Hereditary Angioedema Agents Prior Authorization Request
- Multiple Myeloma Agents Prior Authorization Request
- Non-diabetic GIP/GLP-1 and GLP-1 Receptor Agonists 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
- Oral Respiratory Agents Prior Authorization Request
- Rezdiffra Prior Authorization Request
- Topical Corticosteroids 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 November 16, 2026, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
   - Janumet XR (sitagliptin/metformin extended-release) – **PA**; BP, M90
   - Keveyis (dichlorphenamide) – **PA**; BP
   - Nuedexta (dextromethorphan/quinidine) – **PA**; BP

b. Effective November 16, 2026, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
   - Carbatrol (carbamazepine extended-release) – **PA < 6 years**; A90

Updated MassHealth 90-day Initiative

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

a. Effective November 16, 2026, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
   - Farxiga (dapagliflozin); #, M90
   - Janumet XR (sitagliptin/metformin extended-release) – **PA**; BP, M90

b. Effective November 16, 2026, the following agents will no longer be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
   - Absorica LD (isotretinoin micronized) – **PA**
   - Acular (ketorolac 0.5% ophthalmic solution); #
   - Acular LS (ketorolac 0.4% ophthalmic solution); BP
   - Alrex (loteprednol 0.2%); #
   - bromfenac 0.09%
   - Bromsite (bromfenac 0.075%) – **PA**
   - dexamethasone sodium phosphate ophthalmic solution
   - diclofenac ophthalmic solution
   - Durezol (difluprednate); #
   - Enemeez Plus (docusate/benzocaine enema)
   - flurbiprofen ophthalmic solution
   - FML (fluorometholone 0.1%); BP
   - FML Forte (fluorometholone 0.25%)
   - Lotemax (loteprednol 0.5%); #
   - Multaq (dronedarone)
   - Naphcon-A (naphazoline/pheniramine)

- Nourianz (istradefylline) – **PA**
- Opcon-A (naphazoline/pheniramine)
- podofilox gel – **PA**
- Pred Forte (prednisolone acetate 1% ophthalmic suspension); #
- prednisolone sodium phosphate ophthalmic solution
- Premarin (estrogens, conjugated cream, vial)
- Prolensa (bromfenac 0.07%); BP
- Versacloz (clozapine suspension) – **PA**
- Viread (tenofovir disoproxil fumarate powder) – **PA ≥ 13 years**

Updated MassHealth Non-Drug Product List

The MassHealth Non-Drug Product List has been updated to reflect recent changes to the MassHealth Drug List.

a. Effective November 16, 2026, the following product will be added to the MassHealth Non-Drug Product List.
   - COVID-19 antigen self-test – **PA > 2 tests/28 days**

b. Effective November 16, 2026, the following products will be removed from the MassHealth Non-Drug Product List.
   - Binaxnow (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
   - Carestart (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
   - CVS COVID-19 At-Home Test (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
   - Flowflex (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
   - Genabio (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
   - Ihealth (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
   - Inteliswab (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
   - On-Go (COVID-19 antigen self-test) – **PA > 2 tests/28 days**
   - Quickvue (COVID-19 antigen self-test) – **PA > 2 tests/28 days**

Updated Health Safety Net (HSN) Formulary Page

The Health Safety Net (HSN) Formulary page has been updated to reflect recent changes.

- Health Safety Net Prior Authorization Request
- Health Safety Net Reimbursable Pharmacy Services - Highly Utilized Therapeutic Classes

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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 November 16, 2026, the following ophthalmic agent will be added to the MassHealth Over-the-Counter Drug List.

- olopatadine ophthalmic solution; *, A90

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 Pharmacy Covered Professional Services List

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

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.
   - Accolate (zafirlukast) – **PA**; M90
   - Alomide (lodoxamide)
   - Apexicon-E (diflorasone cream/emollient) – **PA**
   - Condylox (podofilox gel); #, A90
   - Daypro (oxaprozin tablet); #, A90
   - Desowen (desonide cream); #, A90
   - Duexis (ibuprofen/famotidine) – **PA < 60 years**; #, A90
   - eprosartan – **PA**; M90
   - Erwinase (asparaginase erwinia chrysanthemi) – **PA**; MB
   - flurandrenolide cream – **PA**; A90
   - Fuzeon (enfuvirtide)
   - Halog (halcinonide ointment)
   - ketorolac nasal spray – **PA**
   - Locoid (hydrocortisone butyrate lotion) – **PA**; A90
   - Locoid Lipocream (hydrocortisone butyrate/emollient) – **PA**; A90
   - Luxiq (betamethasone valerate foam); #, A90
   - Olux (clobetasol propionate foam); #, A90
   - Olux-E (clobetasol propionate foam/emollient) – **PA**; A90
   - prednicarbate ointment; A90
   - Rayos (prednisone delayed-release) – **PA**
   - Saizen (somatropin) – **PA**
   - Symfi Lo (efavirenz/lamivudine/tenofovir disoproxil fumarate) – **PA**; A90
   - Vimovo (naproxen/esomeprazole) – **PA < 60 years**; #, A90
   - Zyflo (zileuton) – **PA**

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.
   - fenoprofen tablet – **PA**; A90
   - levamlodipine – **PA**; M90
   - Nalfon (fenoprofen capsule) – **PA**; A90
   - prednicarbate cream; A90

Corrections/Clarifications

a. The following drug has been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
   - Naprosyn (naproxen suspension) – **PA ≥ 13 years**; #, A90
   - Vepesid (etoposide capsule); #, A90

b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
   - Celebrex (celecoxib capsule); #, A90
   - dexamethasone solution, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg tablet; A90
   - hydrocortisone topical solution – **PA**; A90
   - ibuprofen capsule, suspension, 100 mg, 200 mg, 400 mg, 600 mg, 800 mg tablet; *, A90
   - Norvir (ritonavir packet) – **PA**
   - Phexx (lactic acid/citric acid/potassium bitartrate vaginal gel)
   - Testopel (testosterone subcutaneous pellet) – **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.