January 2027 FallonHealth/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 January 4, 2027.

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

Additions

Effective January 4, 2027, the following newly marketed drugs have been added to the MassHealth Drug List.

- Armlupeg (pegfilgrastim-unne) – **PA**
- Atmeksi (methocarbamol suspension) – **PA**
- beclomethasone HFA – **PA**
- cefixime tablet – **PA**
- Decnupaz (pivekimab sunirine-pvzy) – **PA;** MB
- desloratadine solution – **PA**
- doxycycline hyclate 75 mg capsule – **PA**
- Filkri (filgrastim-laha) – **PA**
- gabapentin 200 mg capsule – **PA**
- glipizide 15 mg – **PA**
- Hepcludex (bulevirtide-gmod) – **PA**
- Icotyde (icotrokinra) – **PA**
- Jubereq (denosumab-desu) – **PA**
- Lifyorli (relacorilant) – **PA**
- Lumvoa (veligrotug-vvze) – **PA**
- Nypozi (filgrastim-txid) – **PA**
- Ontralfy (tizanidine solution) – **PA**
- Osvyrti (denosumab-desu) – **PA**
- pazopanib 400 mg tablet – **PA**
- Rasonque (daraxonrasib) – **PA**
- Saphnelo (anifrolumab-fnia auto-injection, prefilled syringe) – **PA**
- Tonmya (cyclobenzaprine sublingual tablet) – **PA**
- Veppanu (vepdegestrant) – **PA**
- Waskyra (etuvetidigene autotemcel) – **PA**; CO
- Xocova (ensitrelvir) – **PA < 12 years and PA > 7 units/claim**
- Zolymbus (bimatoprost 0.01% gel) – **PA**
- Zurnai (nalmefene) – **PA**

Change in Prior Authorization Status

a. Effective January 4, 2027, the following inhaled respiratory agents will require PA.
   - ProAir Respiclick (albuterol inhalation powder) – **PA**
   - Ventolin (albuterol inhaler) – **PA**; A90

b. Effective January 4, 2027, the following inhaled respiratory agents will no longer require PA.
   - albuterol inhaler
   - Stiolto (tiotropium/olodaterol)

c. Effective January 4, 2027, the following antiviral agents will no longer require PA within the established quantity limits.
   - Epclusa (sofosbuvir/velpatasvir 200 mg/50 mg tablet, pellet packet) [PD] – **PA > 1 unit/day and PA > 84 units/180 days**
   - Harvoni (ledipasvir/sofosbuvir 45 mg/200 mg tablet, pellet packet) [PD] – **PA > 1 unit/day and PA > 84 units/180 days**
   - ledipasvir/sofosbuvir 90/400 mg tablet [PD] – **PA > 1 unit/day and PA > 84 units/180 days**
   - Mavyret (glecaprevir/pibrentasvir tablet) [PD] – **PA > 3 units/day and PA > 168 units/180 days**
   - Mavyret (glecaprevir/pibrentasvir oral pellet) [PD] – **PA > 5 units/day and PA > 280 units/180 days**
   - sofosbuvir/velpatasvir 400/100 mg tablet [PD] – **PA > 1 unit/day and PA > 84 units/180 days**

d. Effective January 4, 2027, the following hematologic agents will require PA.
   - Granix (tbo-filgrastim) – **PA**
   - Neulasta Onpro (pegfilgrastim on-body injector) – **PA**; MB
   - Neulasta (pegfilgrastim prefilled syringe) – **PA**
   - Neupogen (filgrastim) – **PA**
   - Nyvepria (pegfilgrastim-apgf) – **PA**
   - Rolvedon (eflapegrastim-xnst) – **PA**
   - Ryzneuta (efbemalenograstim alfa-vuxw) – **PA**
   - Stimufend (pegfilgrastim-fpgk) – **PA**
   - Udenyca (pegfilgrastim-cbqv on-body injector) – **PA**; MB
   - Udenyca (pegfilgrastim-cbqv prefilled autoinjector, prefilled syringe) – **PA**
   - Ziextenzo (pegfilgrastim-bmez) – **PA**

e. Effective January 4, 2027, the following antihistamines will require PA.
   - clemastine – **PA**; A90
   - hydroxyzine hydrochloride solution – **PA**; A90

f. Effective January 4, 2027, the following antiretroviral agents will no longer require PA.
   - Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide) [PD]
   - Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) [PD]
   - Stribild (elvitegravir/cobicistat/ emtricitabine/tenofovir disoproxil fumarate) [PD]

g. Effective January 4, 2027, the following oral antibiotic agents will require PA.
   - clarithromycin suspension – **PA**; A90
   - Eryped (erythromycin ethylsuccinate suspension) – **PA**; A90
   - erythromycin ethylsuccinate tablet – **PA**; A90
   - erythromycin stearate tablet – **PA**; A90
   - levofloxacin oral solution – **PA**
   - sulfadiazine – **PA**; A90

h. Effective January 4, 2027, the following oral antibiotic agents will no longer require PA.
   - Dificid (fidaxomicin tablet); BP
   - minocycline 50 mg, 75 mg tablet; A90

i. Effective January 4, 2027, the following vaccine agent will no longer require PA within updated age limits.
   - Arexvy (respiratory syncytial virus vaccine, adjuvanted) – **PA < 18 years**

j. Effective January 4, 2027, the following ophthalmic agents will require PA.
   - Beovu (brolucizumab-dbll) – **PA**; MB
   - Byooviz (ranibizumab-nuna) – **PA**; MB
   - Cimerli (ranibizumab-eqrn) – **PA**; MB
   - Eylea (aflibercept 2 mg) – **PA**; MB

- Eylea HD (aflibercept 8 mg) – **PA**; MB
- Lucentis (ranibizumab) – **PA**; MB
- Pavblu (aflibercept-ayyh 2 mg) – **PA**; MB
- Susvimo (ranibizumab) – **PA**; MB
- Vabysmo (faricimab-svoa) – **PA**; MB

k. Effective January 4, 2027, the following chemotherapy agent will no longer require PA for ophthalmic indications.
   - Avastin (bevacizumab for ophthalmic indications); MB

l. Effective January 4, 2027, the following insulin agent will no longer require PA.
   - Novolog (insulin aspart 70/30)

m. Effective January 4, 2027, the following enzyme and metabolic disorder agents will require PA.
   - Nityr (nitisinone tablet-Nityr) – **PA**
   - Orfadin (nitisinone capsule, suspension) – **PA**; BP, A90
   - Pertzye DR (pancrelipase) – **PA**
   - Viokace (pancrelipase) – **PA**
   - Zenpep DR (pancrelipase) – **PA**

n. Effective January 4, 2027, the following antidiabetic agent will no longer require PA.
   - Januvia (sitagliptin tablet); BP, A90
   - Zituvio (sitagliptin tablet); M90

o. Effective January 4, 2027, the following antidiabetic agent will require PA.
   - Jardiance (empagliflozin) – **PA**

Change in Coverage Status

a. Effective January 4, 2027, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.
   - Neulasta Onpro (pegfilgrastim on-body injector) – **PA**; MB
   - Neulasta (pegfilgrastim vial); MB
   - Udenyca (pegfilgrastim-cbqv on-body injector) – **PA**; MB

b. Effective January 4, 2027, the following agents will no longer be restricted to medical billing.
   - Rolvedon (eflapegrastim-xnst) – **PA**

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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 January 4, 2027, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
   - Orfadin (nitisinone capsule, suspension) – **PA**; BP, A90
   - Vivitrol (naltrexone injection) [PD]; BP
b. Effective January 4, 2027, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
   - Bethkis (tobramycin inhalation solution) – **PA**; A90
   - Minivelle (estradiol-Minivelle); M90
   - Ravicti (glycerol phenylbutyrate) – **PA**
   - Travatan Z (travoprost 0.004% eye drop); #, M90
   - Ventolin (albuterol inhaler) – **PA**; A90
   - Zituvio (sitagliptin tablet); M90

Updated MassHealth 90-day Initiative

The MassHealth 90-day Initiative has been updated to reflect recent changes to the MassHealth Drug List. Effective January 4, 2027, the MassHealth Drug List has been updated to reflect 90-day status changes for certain antibiotic, antidiabetic, cardiovascular, chemotherapy, inhaled respiratory, and other miscellaneous agents. Please see MHDL Tables and listings for additional information.

Updated MassHealth Non-Drug Product List

The MassHealth Non-Drug Product List has been updated to reflect recent changes to the MassHealth Drug List. Effective January 4, 2027, the following products will require PA.

- Medically necessary enteral nutrition – **PA**
- Medically necessary formula – **PA**
- Thickening Agents – **PA**

Updated Health Safety Net (HSN) Formulary Page

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

- Health Safety Net Reimbursable Pharmacy Services - Highly Utilized Therapeutic Classes

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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 January 4, 2027, the following inhaled respiratory agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Anoro (umeclidinium/vilanterol) [PD]; BP, A90
   - Arnuity (fluticasone furoate inhalation powder) [PD]; BP, A90
   - Breztri (budesonide/glycopyrrolate/formoterol) [PD] – **PA**
   - Incruse (umeclidinium) [PD]; BP, A90
   - Spiriva Respimat (tiotropium inhalation solution) [PD]
   - Stiolto (tiotropium/olodaterol) [PD]
b. Effective January 4, 2027, the following biologic agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Nucala (mepolizumab) [PD] – **PA**
c. Effective January 4, 2027, the following lupus agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Saphnelo (anifrolumab-fnia vial) [PD] – **PA**; MB
d. Effective January 4, 2027, the following chemotherapy agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Erleada (apalutamide) [PD] – **PA**

e. Effective January 4, 2027, the following multiple sclerosis agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Mayzent (siponimod) [PD] – **PA**
   - Rebif (interferon beta-1a) [PD]

f. Effective January 4, 2027, the following antiretroviral agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Isentress (raltegravir) [PD] ; BP
   - Genvoya (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) [PD]
   - Odefsey (emtricitabine/rilpivirine/tenofovir alafenamide) [PD]
   - Stribild (elvitegravir/cobicistat/ emtricitabine/tenofovir disoproxil fumarate) [PD]
   - Sunlenca (lenacapavir) [PD] – **PA**

g. Effective January 4, 2027, the following antiviral agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Prevymis (letermovir) [PD] - **PA**

h. Effective January 4, 2027, the following erythropoietic agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Aranesp (darbepoetin alfa) [PD] – **PA**

i. Effective January 4, 2027, the following hedgehog pathway inhibitor agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Erivedge (vismodegib) [PD] – **PA**

j. Effective January 4, 2027, the following hepatitis agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Vosevi (sofosbuvir/velpatasvir/voxilaprevir) [PD] – **PA**

k. Effective January 4, 2027, the following lipid lowering agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Repatha (evolocumab) [PD] – **PA**

l. Effective January 4, 2027, the following kinase inhibitor agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Mekinist (trametinib) [PD] – **PA**
   - Tafinlar (dabrafenib) [PD] – **PA**

m. Effective January 4, 2027, the following oncology agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Lynparza (olaparib) [PD] – **PA**

n. Effective January 4, 2027, the following potassium binding agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Lokelma (sodium zirconium cyclosilicate) [PD] – **PA > 1 unit/day**

o. Effective January 4, 2027, the following contraceptive agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Liletta (levonorgestrel-releasing intrauterine system 52 mg) [PD]

p. Effective January 4, 2027, the following targeted immunomodulator agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Omvoh (mirikizumab-mrkz vial) [PD] – **PA**
   - Otezla (apremilast) [PD] – **PA**

q. Effective January 4, 2027, the following diabetic agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Jentadueto (linagliptin/metformin) [PD]; BP, M90
   - Jentadueto XR (linagliptin/metformin extended-release) [PD]; BP
   - Tradjenta (linagliptin) [PD]; BP

r. Effective January 4, 2027, the following diabetic agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
   - Jardiance (empagliflozin) – **PA**

s. Effective January 4, 2027, the following antipsychotic agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
   - Perseris (risperidone 90 mg, 120 mg extended-release subcutaneous injection) – **PA < 10 years and > 1 injection/28 days**

t. Effective January 4, 2027, the following breast cancer agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Truqap (capivasertib)[PD] – **PA**
   - Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf)[PD] – **PA**; MB
   - Piqray (alpelisib)[PD] – **PA**
   - Verzenio (abemaciclib)[PD] – **PA**

u. Effective January 4, 2027, the following breast cancer agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
   - Ibrance (palbociclib) – **PA**

v. Effective January 4, 2027, the following insulin agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Humulin (insulin NPH/regular insulin 70/30) [PD]
   - Humulin N (insulin NPH) [PD]; BP
   - Humulin R (insulin regular) [PD]
   - insulin lispro 100 units/mL prefilled syringe, vial [PD]
   - insulin lispro 75/25 prefilled syringe [PD]

w. Effective January 4, 2027, the following opioid reversal agent will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
   - Kloxxado (naloxone 8 mg nasal spray)

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 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.

Long-Acting Injectable Antipsychotic Medications Administered in Inpatient Psychiatry Units List

The Long-Acting Injectable Antipsychotic Medications Administered in Inpatient Psychiatry Units List has been updated to reflect recent changes to MassHealth Subchapter 6.

Deletions

a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
   - Airduo RespiClick (fluticasone/salmeterol inhalation powder) – **PA**; A90
   - Augmentin XR (amoxicillin/clavulanate extended release) – **PA**; A90
   - Betoptic S (betaxolol 0.25%)
   - Elimite (permethrin cream); #

- Flomax (tamsulosin); M90, #
- Glynase (glyburide, micronized); #, M90
- Glucotrol XL (glipizide extended-release); #, M90
- Hiprex (methenamine); #, A90
- insulin aspart 70/30
- Ixchiq (chikungunya virus vaccine, live)
- Jalyn (dutasteride/tamsulosin) – **PA**; M90
- Kombiglyze XR (saxagliptin/metformin extended-release) – **PA**; M90
- Menest (estrogens, esterified); A90
- Minivelle (estradiol patch); M90
- Onglyza (saxagliptin) – **PA**; M90
- Perseris (risperidone 90 mg, 120 mg extended-release subcutaneous injection) [PD] – **PA < 10 years and > 1 injection/28 days**
- Riomet ER (metformin extended-release suspension) – **PA**
- Rapaflo (silodosin) – **PA**; M90
- repaglinide/metformin – **PA**; M90
- SymlinPen (pramlintide)
- Xeloda (capecitabine); #, A90
- Zithromax (azithromycin powder packet) – **PA**; A90
- Zyvox (linezolid tablet); #, A90

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.
- Phospholine Iodide (echothiophate iodide)
- Pulmicort (budesonide inhalation powder)

Corrections/Clarifications

a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
- hydroxyzine hydrochloride tablet, vial; A90

b. The following drug has been added to the MassHealth Drug List. This change does reflect a change in MassHealth policy.
- Avastin (bevacizumab for ophthalmic indications); MB

c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- Avastin (bevacizumab for oncology indications) – **PA**; MB
- doxycycline hyclate 50 mg capsule, 100 mg capsule; A90
- Epclusa (sofosbuvir/velpatasvir 400/100 mg tablet) – **PA**
- Harvoni (ledipasvir/sofosbuvir 90/400 mg tablet) – **PA**
- levofloxacin tablets, injection
- minocycline 100 mg tablet – **PA**; A90
- Neurontin (gabapentin 100mg, 300 mg, 400 mg capsule, solution, 600 mg, 800 mg tablet) – **PA < 6 years and PA > 3600 mg/day**; #
- Omvoh (mirikizumab-mrkz)[PD]– **PA**
- Votrient (pazopanib 200 mg tablet) – **PA**; BP

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.

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.