July 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 July 1, 2026

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

Additions

a. Effective July 1, 2026, the following newly marketed drugs have been added to the MassHealth Drug List.
- buspirone capsule – **PA**; A90
- Enbumyst (bumetanide nasal spray) – **PA**
- escitalopram capsule – **PA**
- Exdensur (depemokimab-ulaa) – **PA**; MB
- Exxua (gepirone) – **PA**
- Forzinity (elamipretide) – **PA**
- Hyrnuo (sevabertinib) – **PA**
- Inluriyo (imlunestrant) – **PA**
- Javadin (clonidine oral solution) – **PA**
- Komzifti (ziftomenib) – **PA**
- Lasix Onyu (furosemide on-body infusor) – **PA**
- Lopressor (metoprolol immediate-release 12.5 mg tablet) – **PA**
- Lopressor (metoprolol immediate-release oral solution) – **PA**
- Pokonza (potassium chloride oral solution) – **PA**
- potassium chloride 40 mEq powder packet – **PA**; A90
- Rybrevant Faspro (amivantamab/hyaluronidase-lpuj) – **PA**; MB
- Unloxcyt (cosibelimab-ipdl) – **PA**; MB
- Veltassa (patiromer 1 g packet) – **PA ≥ 18 years and PA > 4 unit/day**
- Voyxact (sibeprenlimab-szsi) – **PA**

Change in Prior Authorization Status

a. Effective July 1, 2026, the following antitubercular agent will require PA.
- cycloserine – **PA**; A90

b. Effective July 1, 2026, the following hematinic agent will require PA.
- Velphoro (sucroferric oxyhydroxide) – **PA**

c. Effective July 1, 2026, the following hormone agent will require PA.
- desmopressin acetate 1.5 mg/mL nasal spray – **PA**

d. Effective July 1, 2026, the following hereditary cardiovascular agent will no longer require PA within newly established quantity limits.
- Entresto (sacubitril/valsartan tablet) – **PA > 2 units/day**

e. Effective July 1, 2026, the following cardiovascular agent will no longer require PA.
- clonidine patch; A90

f. Effective July 1, 2026, the following cardiovascular agent will no longer require PA within updated age limits.
   - Inzirqo (hydrochlorothiazide suspension) – **PA ≥ 13 years**

g. Effective July 1, 2026, the following cardiovascular agents will require PA.
   - Exforge HCT (amlodipine/valsartan/hydrochlorothiazide) – **PA**; M90
   - Inspra (eplerenone) – **PA**; M90
   - quinidine sulfate – **PA**; M90

h. Effective July 1, 2026, the following insulin agent will no longer require PA.
   - Humulin N (insulin NPH)

i. Effective July 1, 2026, the following insulin agent will require PA.
   - Novolin N (insulin NPH) – **PA**

New or Revised Therapeutic Tables

Table 5 – Immunological Agents
Table 6 – Nutrients, Vitamins, and Vitamin Analogs
Table 8 – Opioids and Analgesics
Table 10 – Dermatologic Agents - Acne and Rosacea
Table 14 – Headache Therapy
Table 17 – Antidepressants
Table 18 – Cardiovascular Agents
Table 23 – Respiratory Agents - Inhaled
Table 26 – Antidiabetic Agents
Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
Table 42 – Immune Suppressants - Topical
Table 45 – Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents
Table 51 – Antiglaucoma Agents - Ophthalmic
Table 53 – Otic Agents
Table 55 – Androgens
Table 56 – Alzheimer's Agents
Table 57 – Oncology Agents
Table 64 – Asthma/Allergy Monoclonal Antibodies
Table 65 – Enzyme Replacement and Substrate Reduction Therapies
Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents
Table 70 – Progesterone Agents
Table 71 – Pediatric Behavioral Health
Table 72 – Agents Not Otherwise Classified
Table 73 – Iron Agents and Chelators
Table 75 – T-Cell Immunotherapies
Table 76 – Neuromuscular Agents - Duchenne Muscular Dystrophy and Spinal Muscular Atrophy
Table 79 – Pharmaceutical Compounds
Table 80 – Anti-Hemophilia Agents
Table 81 – Anti-Obesity Agents
Table 83 – Renal Disorder Agents
Table 84 – Complement Inhibitors and Miscellaneous Immunosuppressive Agents

---

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 July 1, 2026, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
   - Belbuca (buprenorphine buccal film) – **PA**; BP

- Endometrin (progesterone vaginal insert) – **PA**; BP
- Humulin N (insulin NPH); BP
- Incruse (umeclidinium); BP, A90
- Lumigan (bimatoprost 0.01% ophthalmic solution); BP, M90
- Qvar Redihaler (beclomethasone inhaler) – **PA**; BP

b. Effective July 1, 2026, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Fabior (tazarotene foam) – **PA**

Updated MassHealth 90-day Initiative

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

a. Effective July 1, 2026, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
- Incruse (umeclidinium); BP, A90
- Lumigan (bimatoprost 0.01% ophthalmic solution); BP, M90

b. Effective July 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.
- Revlimid (lenalidomide) – **PA**; BP
- Samsca (tolvaptan) – **PA**

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 July 1, 2026, the following agents were removed from the MassHealth Over-the-Counter Drug List.

- cherry syrup; *
- gelatin capsule, empty; *
- hydrophilic ointment; *, A90
- Ora-Plus suspending vehicle; *
- Ora-Sweet oral syrup; *
- Ora-Sweet-SF oral syrup; *
- simple syrup; *

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 July 1, 2026, the following biological agents will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
- Fasenra (benralizumab) [PD] – **PA**
- Nemluvio (nemolizumab-ilto) [PD] – **PA**

b. Effective July 1, 2026, the following topical immunosuppressant agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
- Vtama (tapinaro) [PD] – **PA**

Deletions

a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
- Androgel (testosterone 1.62% gel packet) – **PA**
- Androgel (testosterone 1% gel packet) – **PA**
- Beqvez (fidanacogene elaparvovec-dzkt) – **PA**; CO
- Cymbalta (duloxetine 20 mg, 30 mg, 60 mg capsule) – **PA < 6 years**; #, A90

- Exservan (riluzole film) – **PA**
- Namenda (memantine titration pack) – **PA < 6 years and PA > 49 units/28 days;** A90
- Namenda XR (memantine extended-release) – **PA < 6 years and PA > 1 unit/day**; #, A90
- Prozac (fluoxetine 10 mg, 20 mg, 40 mg capsule, solution) – **PA < 6 years**; #, A90
- Qtern (dapagliflozin/saxagliptin) – **PA**
- Rilutek (riluzole tablet); #, A90
- Roctavian (valoctocogene roxaparvovec-rvox) – **PA**; CO
- Trecator (ethionamide)

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.
   - Qlosi (pilocarpine 0.4% ophthalmic solution) – **PA**
   - Vizz (aceclidine ophthalmic solution) – **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.