August 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 August 11, 2026

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

Additions

a. Effective August 11, 2026, the following newly marketed drugs have been added to the MassHealth Drug List.
   - Grafapex (treosulfan) – PA; MB
   - Ivra (melphalan hydrochloride injection); MB
   - Niktimvo (axatilimab-csfr) – PA; MB
   - Raldesy (trazodone solution) – PA
   - Romvimza (vimseltinib) – PA
   - Tryngolza (olezarsen) – PA
   - ustekinumab, unbranded prefilled syringe, 45 mg/0.5 mL vial – PA • ustekinumab, unbranded 130 mg/26 mL vial – PA; MB

Change in Prior Authorization Status

a. Effective August 11, 2026, the following constipation agent will no longer require PA within established quantity limits.
   - Trulance (plecanatide) – PA > 1 unit/day
b. Effective August 11, 2026, the iron chelating agents will require PA.
   - Exjade (deferasirox dispersible tablet) – PA; BP, A90
   - Jadenu (deferasirox granule packet) – PA; A90
c. Effective August 11, 2026, the following iron agents will no longer require PA
   - Feraheme (ferumoxytol)
   - Injectafer (ferric carboxymaltose injection); MB
   - Monoferric (ferric derisomaltose)
d. Effective August 11, 2026, the following injectable antibiotic agents will no longer require PA
   - Dalvance (dalbavancin)
   - Zyvox (linezolid injection); #
e. Effective August 11, 2026, the following cardiovascular agent will no longer require PA
   - Veletri (epoprostenol); #
f. Effective August 11, 2026, the following anti-tubercular agent will require PA within newly established quantity limits.
   - pretomanid – PA > 1 unit/day; A90
g. Effective August 11, 2026, the following antidiabetic agents will require PA.
   - Byetta (exenatide injection) – PA; BP
   - Trulicity (dulaglutide)PD – PA

- Victoza (liraglutide) – PA; BP

h. Effective August 11, 2026, the following COVID-19 treatment agent will require PA within newly established age and quantity limits.
   - Paxlovid (nirmatrelvir/ritonavir 300/150-100 mg)PD – PA < 12 years and > 11 units/claim

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New or Revised Therapeutic Tables

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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 August 11, 2026, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
   - Acular LS (ketorolac 0.4% ophthalmic solution); BP, A90
   - Anoro (umeclidinium/vilanterol); BP, A90
   - Carbatrol (carbamazepine extended-release) – PA < 6 years; BP, A90
   - Cipro (ciprofloxacin suspension); BP, A90
   - Tygacil (tigecycline) – PA; BP

b. Effective August 11, 2026, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
   - • Efudex (fluorouracil 5% cream); #, A90
   - Firvanq (vancomycin oral solution); #, 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 August 11, 2026, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.
   - Zituvimet XR (sitagliptin/metformin extended-release) – PA

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 August 11, 2026, the following antidiabetic agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
   - Mounjaro (tirzepatide)PD – PA Nemluvio (nemolizumab-ilto) [PD] – **PA**

Deletions

a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
   - Cubicin (daptomycin); #
   - Myambutol (ethambutol); #, A90
   - Mycobutin (rifabutin); #, A90
   - Revatio (sildenafil oral suspension) – PA; A90
   - Symbyax (olanzapine/fluoxetine) – PA; 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.
   - Alkeran (melphalan hydrochloride injection); MB
   - Alkeran (melphalan tablet); #, A90

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.