

# Pharmacy Communications

Massachusetts



Date: Nov. 5, 2025

To: All WellSense Providers

From: WellSense Health Plan

Subject: **Pharmacy benefit updates**

Product:  MassHealth  MA Clarity plans  Senior Care Options

## Pharmacy benefit updates

Below you will find the changes we are making to the MA Clarity formulary for Jan. 1, 2026.

All current tier 4 drugs will be moving to tier 3. As of Jan. 1, tier 4 will be for medications that fall under the Affordable Care Act (ACA).

All drugs for the treatment of weight loss will be excluded for Jan. 1, 2026. GLP1s for the treatment of diabetes will be covered with prior authorization.

The following drugs will be added to the formulary, effective Jan. 1, 2026:

Drug Name	Strength	Dose Form	Route of administration
THEO-24	100 MG	CAPSULE, EXT RELEASE 24 HR	ORAL
THEO-24	200 MG	CAPSULE, EXT RELEASE 24 HR	ORAL
THEO-24	300 MG	CAPSULE, EXT RELEASE 24 HR	ORAL
THEO-24	400 MG	CAPSULE, EXT RELEASE 24 HR	ORAL

# Pharmacy Communications

Massachusetts



THEOPHYLLINE ER	100 MG	TABLET, EXTENDED RELEASE 12 HR	ORAL
THEOPHYLLINE ER	200 MG	TABLET, EXTENDED RELEASE 12 HR	ORAL
HUMULIN R	100/ML	VIAL (ML)	INJECTION
HUMULIN N KWIKPEN	100/ML (3)	INSULIN PEN (ML)	SUBCUTANEOUS
HUMULIN N	100/ML	VIAL (ML)	SUBCUTANEOUS
PENICILLAMINE	250 MG	TABLET	ORAL
ERGOMAR	2 MG	TABLET, SUBLINGUAL	SUBLINGUAL
APOMORPHINE HCL	10 MG/ML	CARTRIDGE (ML)	SUBCUTANEOUS
DESOXIMETASONE	0.25 %	SPRAY, NON-AEROSOL (ML)	TOPICAL
TIOPRONIN	100 MG	TABLET	ORAL
MESNA	400 MG	TABLET	ORAL
CYCLOSERINE	250 MG	CAPSULE	ORAL
TARPEYO	4 MG	CAPSULE, DELAYED RELEASE (ENTERIC COATED)	ORAL
MIFEPRISTONE	300 MG	TABLET	ORAL
IVERMECTIN	1 %	CREAM (GRAM)	TOPICAL
HYCAMTIN	0.25 MG	CAPSULE	ORAL
HYCAMTIN	1 MG	CAPSULE	ORAL
HUMALOG	100/ML	CARTRIDGE (ML)	SUBCUTANEOUS
HUMALOG	100/ML	INSULIN PEN (ML)	SUBCUTANEOUS
HUMALOG	100/ML	VIAL (ML)	SUBCUTANEOUS
HUMALOG	200/ML (3)	INSULIN PEN (ML)	SUBCUTANEOUS
HUMALOG JUNIOR KWIKPEN	100/ML	INSULIN PEN, HALF-UNIT (ML)	SUBCUTANEOUS
TOLCAPONE	100 MG	TABLET	ORAL
HUMALOG MIX 50-50	50-50/ML	INSULIN PEN (ML)	SUBCUTANEOUS
HUMALOG MIX 50-50	50-50/ML	VIAL (ML)	SUBCUTANEOUS
HUMALOG MIX 75-25	75-25/ML	INSULIN PEN (ML)	SUBCUTANEOUS
HUMALOG MIX 75-25	75-25/ML	VIAL (ML)	SUBCUTANEOUS

# Pharmacy Communications

Massachusetts



BISMUTH-METRONIDAZOLE-TETRACYC	125-125 MG	CAPSULE	ORAL
HYFTOR	0.2 %	GEL (GRAM)	TOPICAL
CAYSTON	75 MG/ML	VIAL, NEBULIZER (ML)	INHALATION
MAVYRET	50 MG-20MG	PELLETS IN PACKET (EA)	ORAL
VOQUEZNA DUAL PAK	20MG-500MG	COMBINATION PACKAGE (EA)	ORAL
VOQUEZNA TRIPLE PAK	20-500-500	COMBINATION PACKAGE (EA)	ORAL
VOQUEZNA	10 MG	TABLET	ORAL
VOQUEZNA	20 MG	TABLET	ORAL
ADALIMUMAB-FKJP(CF)	20MG/0.4ML	SYRINGE KIT (EA)	SUBCUTANEOUS
ADALIMUMAB-FKJP(CF)	40MG/0.8ML	SYRINGE KIT (EA)	SUBCUTANEOUS
ADALIMUMAB-FKJP(CF) PEN	40MG/0.8ML	PEN INJECTOR KIT (EA)	SUBCUTANEOUS
STEQEYMA	130MG/26ML	VIAL (ML)	INTRAVENOUS
STEQEYMA	45MG/0.5ML	SYRINGE (ML)	SUBCUTANEOUS
STEQEYMA	90 MG/ML	SYRINGE (ML)	SUBCUTANEOUS
YESINTEK	130MG/26ML	VIAL (ML)	INTRAVENOUS
YESINTEK	45MG/0.5ML	SYRINGE (ML)	SUBCUTANEOUS
YESINTEK	45MG/0.5ML	VIAL (ML)	SUBCUTANEOUS
YESINTEK	90 MG/ML	SYRINGE (ML)	SUBCUTANEOUS

The following drugs will move to non-formulary, effective Jan. 1, 2026:

<b>Drug Name</b>	<b>Strength</b>	<b>Dose Form</b>	<b>Route of administration</b>
AMINOPHYLLINE	250MG/10ML	VIAL (ML)	INTRAVENOUS
QUINIDINE GLUCONATE	324 MG	TABLET, EXTENDED RELEASE	ORAL
ENALAPRIL MALEATE	1 MG/ML	SOLUTION, ORAL	ORAL
METYROSINE	250 MG	CAPSULE	ORAL
NOVOLIN R FLEXPEN	100/ML (3)	INSULIN PEN (ML)	SUBCUTANEOUS
NOVOLIN R	100/ML	VIAL (ML)	INJECTION

# Pharmacy Communications

Massachusetts



NOVOLIN N FLEXPEN	100/ML (3)	INSULIN PEN (ML)	SUBCUTANEOUS
NOVOLIN N	100/ML	VIAL (ML)	SUBCUTANEOUS
GLIPIZIDE	2.5 MG	TABLET	ORAL
ALLOPURINOL	200 MG	TABLET	ORAL
NARCAN	4 MG	SPRAY, NON-AEROSOL (EA)	NASAL
CORTISONE ACETATE	25 MG	TABLET	ORAL
MILLIPRED	5 MG	TABLET	ORAL
PREDNISON	5 MG/ML	CONCENTRATE, ORAL	ORAL
DEXAMETHASONE	1.5MG (35)	TABLET, DOSE PACK	ORAL
DEXAMETHASONE	1.5MG (51)	TABLET, DOSE PACK	ORAL
DEXAMETHASONE	1.5MG (21)	TABLET, DOSE PACK	ORAL
MESNEX	400 MG	TABLET	ORAL
CILOXAN	0.3 %	OINTMENT (GRAM)	OPHTHALMIC (EYE)
METFORMIN HCL ER	1000 MG	TABLET, ER GASTRIC RETENTION 24 HR	ORAL
METFORMIN HCL ER	1000 MG	TABLET, EXTENDED RELEASE 24 HR	ORAL
METFORMIN HCL ER	500 MG	TABLET, ER GASTRIC RETENTION 24 HR	ORAL
METFORMIN HCL ER	500 MG	TABLET, EXTENDED RELEASE 24 HR	ORAL
METFORMIN HCL	500 MG/5ML	SOLUTION, ORAL	ORAL
METFORMIN HCL	750 MG	TABLET	ORAL
SOTYLIZE	5 MG/ML	SOLUTION, ORAL	ORAL
NOVOLIN 70-30	70-30/ML	VIAL (ML)	SUBCUTANEOUS
NOVOLIN 70-30 FLEXPEN	70-30/ML	INSULIN PEN (ML)	SUBCUTANEOUS
JATENZO	158 MG	CAPSULE	ORAL
JATENZO	198 MG	CAPSULE	ORAL
JATENZO	237 MG	CAPSULE	ORAL
FLUTICASONE PROPIONATE	110 MCG	AEROSOL WITH ADAPTER (GRAM)	INHALATION
FLUTICASONE PROPIONATE	220 MCG	AEROSOL WITH ADAPTER (GRAM)	INHALATION

# Pharmacy Communications

Massachusetts



FLUTICASONE PROPIONATE	44 MCG	AEROSOL WITH ADAPTER (GRAM)	INHALATION
SODIUM CHLORIDE	0.9 %	INTRAVENOUS SOLUTION	INTRAVENOUS
SODIUM CHLORIDE	0.9 %	SYRINGE (ML)	INJECTION
SODIUM CHLORIDE	STR N/A	PIGGYBACK WITH VIAL PORT (NON-THREADED)	INTRAVENOUS
SODIUM CHLORIDE	STR N/A	PIGGYBACK WITH THREADED PORT (ML)	INTRAVENOUS
SODIUM CHLORIDE	0.9 %	VIAL (ML)	INJECTION
SODIUM CHLORIDE-WATER	0.9 %	INTRAVENOUS SOLUTION	INTRAVENOUS
DICLOFENAC POTASSIUM	25 MG	TABLET	ORAL
NORVIR	80 MG/ML	SOLUTION, ORAL	ORAL
TOBREX	0.3 %	OINTMENT (GRAM)	OPHTHALMIC (EYE)
ORLISTAT	120 MG	CAPSULE	ORAL
XENICAL	120 MG	CAPSULE	ORAL
PYLERA	125-125 MG	CAPSULE	ORAL
NOVOLOG FLEXPEN	100/ML (3)	INSULIN PEN (ML)	SUBCUTANEOUS
NOVOLOG	100/ML	VIAL (ML)	SUBCUTANEOUS
NOVOLOG	100/ML	CARTRIDGE (ML)	SUBCUTANEOUS
NOVOLOG MIX 70-30	70-30/ML	INSULIN PEN (ML)	SUBCUTANEOUS
NOVOLOG MIX 70-30	70-30/ML	VIAL (ML)	SUBCUTANEOUS
HUMIRA	40MG/0.8ML	PEN INJECTOR KIT (EA)	SUBCUTANEOUS
HUMIRA	80MG/0.8ML	PEN INJECTOR KIT (EA)	SUBCUTANEOUS
HUMIRA	10MG/0.1ML	SYRINGE KIT (EA)	SUBCUTANEOUS
HUMIRA PEDIATRIC	80 MG-40MG	SYRINGE KIT (EA)	SUBCUTANEOUS
HUMIRA PEDIATRIC	80MG/0.8ML	SYRINGE KIT (EA)	SUBCUTANEOUS
HUMIRA PEDIATRIC	80MG/0.8ML	PEN INJECTOR KIT (EA)	SUBCUTANEOUS
HUMIRA	80 MG-40MG	PEN INJECTOR KIT (EA)	SUBCUTANEOUS
HUMIRA	40MG/0.4ML	SYRINGE KIT (EA)	SUBCUTANEOUS
HUMIRA	20MG/0.2ML	SYRINGE KIT (EA)	SUBCUTANEOUS
HUMIRA	40MG/0.4ML	PEN INJECTOR KIT (EA)	SUBCUTANEOUS

# Pharmacy Communications

Massachusetts



HUMIRA	40MG/0.8ML	SYRINGE KIT (EA)	SUBCUTANEOUS
LEVEMIR	100/ML	VIAL (ML)	SUBCUTANEOUS
LEVEMIR FLEXPEN	100/ML (3)	INSULIN PEN (ML)	SUBCUTANEOUS
LEVEMIR FLEXTOUCH	100/ML (3)	INSULIN PEN (ML)	SUBCUTANEOUS
PIOGLITAZONE-METFORMIN	15MG-500MG	TABLET	ORAL
PIOGLITAZONE-METFORMIN	15MG-850MG	TABLET	ORAL
PIOGLITAZONE-GLIMEPIRIDE	30 MG-4 MG	TABLET	ORAL
PIOGLITAZONE-GLIMEPIRIDE	30 MG-2 MG	TABLET	ORAL
VYVANSE	10 MG	CAPSULE	ORAL
VYVANSE	20 MG	CAPSULE	ORAL
VYVANSE	30 MG	CAPSULE	ORAL
VYVANSE	40 MG	CAPSULE	ORAL
VYVANSE	50 MG	CAPSULE	ORAL
VYVANSE	60 MG	CAPSULE	ORAL
VYVANSE	70 MG	CAPSULE	ORAL
SELZENTRY	20 MG/ML	SOLUTION, ORAL	ORAL
SELZENTRY	25 MG	TABLET	ORAL
SELZENTRY	75 MG	TABLET	ORAL
TEKTURNA HCT	150-12.5MG	TABLET	ORAL
TEKTURNA HCT	150MG-25MG	TABLET	ORAL
TEKTURNA HCT	300-12.5MG	TABLET	ORAL
TEKTURNA HCT	300MG-25MG	TABLET	ORAL
AMLODIPINE-VALSARTAN-HCTZ	10MG-160MG	TABLET	ORAL
AMLODIPINE-VALSARTAN-HCTZ	10-160-25	TABLET	ORAL
AMLODIPINE-VALSARTAN-HCTZ	10-320-25	TABLET	ORAL
AMLODIPINE-VALSARTAN-HCTZ	5-160-25MG	TABLET	ORAL
SAXENDA	3 MG/0.5ML	PEN INJECTOR (ML)	SUBCUTANEOUS

# Pharmacy Communications

Massachusetts



COMPLERA	200-25-300	TABLET	ORAL
QSYMIA	11.25-69MG	CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR	ORAL
QSYMIA	15 MG-92MG	CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR	ORAL
QSYMIA	3.75-23 MG	CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR	ORAL
QSYMIA	7.5MG-46MG	CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR	ORAL
MYRBETRIQ	8 MG/ML	SUSPENSION, EXTENDED RELEASE, RECON (ML)	ORAL
TIVICAY	10 MG	TABLET	ORAL
TIVICAY	25 MG	TABLET	ORAL
TYBOST	150 MG	TABLET	ORAL
CONTRAVE ER	8 MG-90 MG	TABLET, EXTENDED RELEASE	ORAL
GLYXAMBI	10 MG-5 MG	TABLET	ORAL
GLYXAMBI	25 MG-5 MG	TABLET	ORAL
FIASP FLEXTOUCH	100/ML (3)	INSULIN PEN (ML)	SUBCUTANEOUS
FIASP	100/ML	VIAL (ML)	SUBCUTANEOUS
FIASP PENFILL	100/ML (3)	CARTRIDGE (ML)	SUBCUTANEOUS
KEVZARA	150MG/1.14	PEN INJECTOR (ML)	SUBCUTANEOUS
KEVZARA	150MG/1.14	SYRINGE (ML)	SUBCUTANEOUS
KEVZARA	200MG/1.14	SYRINGE (ML)	SUBCUTANEOUS
KEVZARA	200MG/1.14	PEN INJECTOR (ML)	SUBCUTANEOUS
WEGOVY	1 MG/0.5ML	PEN INJECTOR (ML)	SUBCUTANEOUS
WEGOVY	0.5MG/.5ML	PEN INJECTOR (ML)	SUBCUTANEOUS
WEGOVY	2.4MG/0.75	PEN INJECTOR (ML)	SUBCUTANEOUS
WEGOVY	0.25MG/0.5	PEN INJECTOR (ML)	SUBCUTANEOUS
WEGOVY	1.7MG/0.75	PEN INJECTOR (ML)	SUBCUTANEOUS
CABENUVA	400-600/2	SUSPENSION,EXTENDED RELEASE VIAL (ML)	INTRAMUSCULAR
CABENUVA	600-900/3	SUSPENSION,EXTENDED RELEASE VIAL (ML)	INTRAMUSCULAR
IMCIVREE	10 MG/ML	VIAL (ML)	SUBCUTANEOUS
ZEPBOUND	12.5MG/0.5	PEN INJECTOR (ML)	SUBCUTANEOUS
ZEPBOUND	2.5 MG/0.5	PEN INJECTOR (ML)	SUBCUTANEOUS

# Pharmacy Communications

Massachusetts



ZEPBOUND	10MG/0.5ML	PEN INJECTOR (ML)	SUBCUTANEOUS
ZEPBOUND	7.5 MG/0.5	PEN INJECTOR (ML)	SUBCUTANEOUS
ZEPBOUND	5 MG/0.5ML	PEN INJECTOR (ML)	SUBCUTANEOUS
ZEPBOUND	15MG/0.5ML	PEN INJECTOR (ML)	SUBCUTANEOUS
ZEPBOUND	2.5 MG/0.5	VIAL (ML)	SUBCUTANEOUS
ZEPBOUND	5 MG/0.5ML	VIAL (ML)	SUBCUTANEOUS
ELIQUIS 2.5 MG TABLET	2.5 MG	TABLET	ORAL
ELIQUIS 5 MG TABLET	5 MG	TABLET	ORAL
ELIQUIS DVT-PE TREAT START 5MG	5 MG (74)	TABLET, DOSE PACK	ORAL
PRADAXA	110 MG	PELLETS IN PACKET (EA)	ORAL
PRADAXA	150 MG	PELLETS IN PACKET (EA)	ORAL
PRADAXA	20 MG	PELLETS IN PACKET (EA)	ORAL
PRADAXA	30 MG	PELLETS IN PACKET (EA)	ORAL
PRADAXA	40 MG	PELLETS IN PACKET (EA)	ORAL
PRADAXA	50 MG	PELLETS IN PACKET (EA)	ORAL
VYVANSE	10 MG	CAPSULE	ORAL
VYVANSE	20 MG	CAPSULE	ORAL
VYVANSE	30 MG	CAPSULE	ORAL
VYVANSE	40 MG	CAPSULE	ORAL
VYVANSE	50 MG	CAPSULE	ORAL
VYVANSE	60 MG	CAPSULE	ORAL
VYVANSE	70 MG	CAPSULE	ORAL
VYVANSE	10 MG	TABLET,CHEWABLE	ORAL
VYVANSE	20 MG	TABLET,CHEWABLE	ORAL
VYVANSE	30 MG	TABLET,CHEWABLE	ORAL
VYVANSE	40 MG	TABLET,CHEWABLE	ORAL
VYVANSE	50 MG	TABLET,CHEWABLE	ORAL
VYVANSE	60 MG	TABLET,CHEWABLE	ORAL
BALCOLTRA	0.1-0.02MG	TABLET	ORAL
TYBLUME	0.1-0.02MG	TABLET,CHEWABLE	ORAL
LINZESS	145 MCG	CAPSULE	ORAL
LINZESS	290 MCG	CAPSULE	ORAL
LINZESS	72 MCG	CAPSULE	ORAL

# Pharmacy Communications

Massachusetts



QVAR REDIHALER	40 MCG	HFA AEROSOL, BREATH ACTIVATED (GRAM)	INHALATION
QVAR REDIHALER	80 MCG	HFA AEROSOL, BREATH ACTIVATED (GRAM)	INHALATION
AMJEVITA	10MG/0.2ML	SYRINGE (ML)	SUBCUTANEOUS
AMJEVITA	20MG/0.2ML	SYRINGE (ML)	SUBCUTANEOUS
AMJEVITA	20MG/0.4ML	SYRINGE (ML)	SUBCUTANEOUS
AMJEVITA AUTOINJECTOR	40MG/0.4ML	AUTO-INJECTOR (ML)	SUBCUTANEOUS
AMJEVITA	40MG/0.4ML	SYRINGE (ML)	SUBCUTANEOUS
AMJEVITA AUTOINJECTOR	40MG/0.8ML	AUTO-INJECTOR (ML)	SUBCUTANEOUS
AMJEVITA	40MG/0.8ML	SYRINGE (ML)	SUBCUTANEOUS
AMJEVITA AUTOINJECTOR	80MG/0.8ML	AUTO-INJECTOR (ML)	SUBCUTANEOUS

We will remove prior authorization for the following drugs effective Jan. 1, 2026. Any of the below drugs that are also moving to non-formulary will require a non-formulary exception prior to coverage.

<b>Drug Name</b>	<b>Strength</b>	<b>Dose Form</b>	<b>Route of administration</b>
ENALAPRIL MALEATE	1 MG/ML	SOLUTION, ORAL	ORAL
METFORMIN HCL ER	1000 MG	TABLET, ER GASTRIC RETENTION 24 HR	ORAL
METFORMIN HCL ER	1000 MG	TABLET, EXTENDED RELEASE 24 HR	ORAL
METFORMIN HCL ER	500 MG	TABLET, ER GASTRIC RETENTION 24 HR	ORAL
METFORMIN HCL ER	500 MG	TABLET, EXTENDED RELEASE 24 HR	ORAL
ORLISTAT	120 MG	CAPSULE	ORAL
HUMIRA	40MG/0.8ML	PEN INJECTOR KIT (EA)	SUBCUTANEOUS
HUMIRA	80MG/0.8ML	PEN INJECTOR KIT (EA)	SUBCUTANEOUS
HUMIRA	10MG/0.1ML	SYRINGE KIT (EA)	SUBCUTANEOUS

# Pharmacy Communications

Massachusetts



HUMIRA PEDIATRIC	80 MG-40MG	SYRINGE KIT (EA)	SUBCUTANEOUS
HUMIRA PEDIATRIC	80MG/0.8ML	SYRINGE KIT (EA)	SUBCUTANEOUS
HUMIRA PEDIATRIC	80MG/0.8ML	PEN INJECTOR KIT (EA)	SUBCUTANEOUS
HUMIRA	80 MG-40MG	PEN INJECTOR KIT (EA)	SUBCUTANEOUS
HUMIRA	40MG/0.4ML	SYRINGE KIT (EA)	SUBCUTANEOUS
HUMIRA	20MG/0.2ML	SYRINGE KIT (EA)	SUBCUTANEOUS
HUMIRA	40MG/0.4ML	PEN INJECTOR KIT (EA)	SUBCUTANEOUS
HUMIRA	40MG/0.8ML	SYRINGE KIT (EA)	SUBCUTANEOUS
VYVANSE	10 MG	CAPSULE	ORAL
VYVANSE	20 MG	CAPSULE	ORAL
VYVANSE	30 MG	CAPSULE	ORAL
VYVANSE	40 MG	CAPSULE	ORAL
VYVANSE	50 MG	CAPSULE	ORAL
VYVANSE	60 MG	CAPSULE	ORAL
VYVANSE	70 MG	CAPSULE	ORAL
SAXENDA	3 MG/0.5ML	PEN INJECTOR (ML)	SUBCUTANEOUS
QSYMIA	11.25-69MG	CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR	ORAL
QSYMIA	15 MG-92MG	CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR	ORAL
QSYMIA	3.75-23 MG	CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR	ORAL
QSYMIA	7.5MG-46MG	CAPSULE,EXTENDED RELEASE MULTIPHASE 24HR	ORAL
CONTRACE ER	8 MG-90 MG	TABLET, EXTENDED RELEASE	ORAL
WEGOVY	1 MG/0.5ML	PEN INJECTOR (ML)	SUBCUTANEOUS
WEGOVY	0.5MG/.5ML	PEN INJECTOR (ML)	SUBCUTANEOUS
WEGOVY	2.4MG/0.75	PEN INJECTOR (ML)	SUBCUTANEOUS
WEGOVY	0.25MG/0.5	PEN INJECTOR (ML)	SUBCUTANEOUS
WEGOVY	1.7MG/0.75	PEN INJECTOR (ML)	SUBCUTANEOUS
ZEPBOUND	12.5MG/0.5	PEN INJECTOR (ML)	SUBCUTANEOUS
ZEPBOUND	2.5 MG/0.5	PEN INJECTOR (ML)	SUBCUTANEOUS
ZEPBOUND	10MG/0.5ML	PEN INJECTOR (ML)	SUBCUTANEOUS

# Pharmacy Communications

Massachusetts



ZEPBOUND	7.5 MG/0.5	PEN INJECTOR (ML)	SUBCUTANEOUS
ZEPBOUND	5 MG/0.5ML	PEN INJECTOR (ML)	SUBCUTANEOUS
ZEPBOUND	15MG/0.5ML	PEN INJECTOR (ML)	SUBCUTANEOUS
ZEPBOUND	2.5 MG/0.5	VIAL (ML)	SUBCUTANEOUS
ZEPBOUND	5 MG/0.5ML	VIAL (ML)	SUBCUTANEOUS
SILODOSIN	4 MG	CAPSULE	ORAL
SILODOSIN	8 MG	CAPSULE	ORAL
AMJEVITA	10MG/0.2ML	SYRINGE (ML)	SUBCUTANEOUS
AMJEVITA	20MG/0.2ML	SYRINGE (ML)	SUBCUTANEOUS
AMJEVITA	20MG/0.4ML	SYRINGE (ML)	SUBCUTANEOUS
AMJEVITA AUTOINJECTOR	40MG/0.4ML	AUTO-INJECTOR (ML)	SUBCUTANEOUS
AMJEVITA	40MG/0.4ML	SYRINGE (ML)	SUBCUTANEOUS
AMJEVITA AUTOINJECTOR	40MG/0.8ML	AUTO-INJECTOR (ML)	SUBCUTANEOUS
AMJEVITA	40MG/0.8ML	SYRINGE (ML)	SUBCUTANEOUS
AMJEVITA AUTOINJECTOR	80MG/0.8ML	AUTO-INJECTOR (ML)	SUBCUTANEOUS

The following drugs will move to medical benefit only effective Jan. 1, 2026:

<b>Drug Name</b>	<b>Strength</b>	<b>Dose Form</b>	<b>Route of administration</b>
NALBUPHINE HCL	10 MG/ML	VIAL (ML)	INJECTION
NALBUPHINE HCL	20 MG/ML	VIAL (ML)	INJECTION
SUFENTANIL CITRATE	50 MCG/ML	AMPUL (ML)	INTRAVENOUS
CEFAZOLIN SODIUM	1 G	VIAL WITH THREADED PORT (EA)	INTRAVENOUS
CEFAZOLIN SODIUM	1 G	VIAL (EA)	INJECTION
GANCICLOVIR SODIUM	500 MG	VIAL (EA)	INTRAVENOUS
GANCICLOVIR SODIUM	500MG/10ML	VIAL (ML)	INTRAVENOUS

# Pharmacy Communications

Massachusetts



GANCICLOVIR	500MG/250	PLASTIC BAG, INJECTION (ML)	INTRAVENOUS
MEROPENEM	500 MG	VIAL (EA)	INTRAVENOUS
OXALIPLATIN	200MG/40ML	VIAL (ML)	INTRAVENOUS
MEROPENEM-0.9% NACL	500MG/50ML	INTRAVENOUS SOLUTION, PIGGYBACK (EA)	INTRAVENOUS
CEFAZOLIN SODIUM	1 G/50 ML	INTRAVENOUS SOLUTION, PIGGYBACK (EA)	INTRAVENOUS
CEFAZOLIN SODIUM	1 G/50 ML	IV SOLUTION, PIGGYBACK PREMIX FROZEN(ML)	INTRAVENOUS
LANTIDRA	STR N/A	PLASTIC BAG, INJECTION (EA)	INJECTION
XGEVA	120 MG/1.7	VIAL (ML)	SUBCUTANEOUS

The following drugs will have prior authorization added, effective Jan. 1, 2026:

<b>Drug Name</b>	<b>Strength</b>	<b>Dose Form</b>	<b>Route of administration</b>
METHITEST	10 MG	TABLET	ORAL
APOMORPHINE HCL	10 MG/ML	CARTRIDGE (ML)	SUBCUTANEOUS
DESOXIMETASONE	0.25 %	SPRAY, NON-AEROSOL (ML)	TOPICAL
TIOPRONIN	100 MG	TABLET	ORAL
FENTANYL	100 MCG/HR	PATCH, TRANSDERMAL 72 HOURS	TRANSDERMAL
FENTANYL	12 MCG/HR	PATCH, TRANSDERMAL 72 HOURS	TRANSDERMAL
FENTANYL	25 MCG/HR	PATCH, TRANSDERMAL 72 HOURS	TRANSDERMAL
FENTANYL	37.5MCG/HR	PATCH, TRANSDERMAL 72 HOURS	TRANSDERMAL
FENTANYL	50MCG/HR	PATCH, TRANSDERMAL 72 HOURS	TRANSDERMAL
FENTANYL	62.5MCG/HR	PATCH, TRANSDERMAL 72 HOURS	TRANSDERMAL
FENTANYL	75MCG/HR	PATCH, TRANSDERMAL 72 HOURS	TRANSDERMAL

# Pharmacy Communications

Massachusetts



FENTANYL	87.5MCG/HR	PATCH, TRANSDERMAL 72 HOURS	TRANSDERMAL
TARPEYO	4 MG	CAPSULE, DELAYED RELEASE (ENTERIC COATED)	ORAL
MIFEPRISTONE	300 MG	TABLET	ORAL
HYCAMTIN	0.25 MG	CAPSULE	ORAL
HYCAMTIN	1 MG	CAPSULE	ORAL
ZILEUTON	600 MG	TABLET, EXTENDED RELEASE MULTIPHASE 12 HR	ORAL
TEMOZOLOMIDE	100 MG	CAPSULE	ORAL
TEMOZOLOMIDE	140 MG	CAPSULE	ORAL
TEMOZOLOMIDE	180 MG	CAPSULE	ORAL
TEMOZOLOMIDE	20 MG	CAPSULE	ORAL
TEMOZOLOMIDE	250 MG	CAPSULE	ORAL
TEMOZOLOMIDE	5 MG	CAPSULE	ORAL
HYFTOR	0.2 %	GEL (GRAM)	TOPICAL
MAVYRET	50 MG-20MG	PELLETS IN PACKET (EA)	ORAL
VOQUEZNA DUAL PAK	20MG-500MG	COMBINATION PACKAGE (EA)	ORAL
VOQUEZNA TRIPLE PAK	20-500-500	COMBINATION PACKAGE (EA)	ORAL
VOQUEZNA	10 MG	TABLET	ORAL
VOQUEZNA	20 MG	TABLET	ORAL
ADALIMUMAB-FKJP(CF)	20MG/0.4ML	SYRINGE KIT (EA)	SUBCUTANEOUS
ADALIMUMAB-FKJP(CF)	40MG/0.8ML	SYRINGE KIT (EA)	SUBCUTANEOUS
ADALIMUMAB-FKJP(CF) PEN	40MG/0.8ML	PEN INJECTOR KIT (EA)	SUBCUTANEOUS
STEQEYMA	130MG/26ML	VIAL (ML)	INTRAVENOUS
STEQEYMA	45MG/0.5ML	SYRINGE (ML)	SUBCUTANEOUS
STEQEYMA	90 MG/ML	SYRINGE (ML)	SUBCUTANEOUS
YESINTEK	130MG/26ML	VIAL (ML)	INTRAVENOUS
YESINTEK	45MG/0.5ML	SYRINGE (ML)	SUBCUTANEOUS
YESINTEK	45MG/0.5ML	VIAL (ML)	SUBCUTANEOUS

# Pharmacy Communications

Massachusetts



YESINTEK	90 MG/ML	SYRINGE (ML)	SUBCUTANEOUS
----------	----------	--------------	--------------

The following drugs will have quantity limits added effective Jan. 1, 2026:

Drug Name	Strength	Dose Form	Route of administration	Quantity Limit
THEO-24	100 MG	CAPSULE, EXT RELEASE 24 HR	ORAL	4 per day
THEO-24	200 MG	CAPSULE, EXT RELEASE 24 HR	ORAL	3 per day
THEO-24	300 MG	CAPSULE, EXT RELEASE 24 HR	ORAL	2 per day
THEO-24	400 MG	CAPSULE, EXT RELEASE 24 HR	ORAL	2 per day
ERGOMAR	2 MG	TABLET, SUBLINGUAL	SUBLINGUAL	0.67 per day
ZILEUTON	600 MG	TABLET, EXTENDED RELEASE MULTIPHASE 12 HR	ORAL	4 PER DAY
TOLCAPONE	100 MG	TABLET	ORAL	6 per day
XOLAIR	75MG/0.5ML	AUTO-INJECTOR (ML)	SUBCUTANEOUS	0.04mL per day (2 auto-injectors per 28 days)
XOLAIR	300 MG/2ML	SYRINGE (ML)	SUBCUTANEOUS	0.04mL per day (2 syringes per 28 days)
XOLAIR	150 MG	VIAL (EA)	SUBCUTANEOUS	0.15 vials per day (4 vials per 28 days)
XOLAIR	150 MG/ML	AUTO-INJECTOR (ML)	SUBCUTANEOUS	0.15mL per day (4 auto-injectors per 28 days)
XOLAIR	75MG/0.5ML	SYRINGE (ML)	SUBCUTANEOUS	0.04mL per day (2 syringes per 28 days)

# Pharmacy Communications

Massachusetts



XOLAIR	150 MG/ML	SYRINGE (ML)	SUBCUTANEOUS	0.15mL per day (4 syringes per 28 days)
XOLAIR	300 MG/2ML	AUTO-INJECTOR (ML)	SUBCUTANEOUS	0.15mL per day (2 auto-injectors per 28 days)
FASENRA PEN	30 MG/ML	AUTO-INJECTOR (ML)	SUBCUTANEOUS	0.02mL per day (1 autoinjector per 8 weeks)
FASENRA	30 MG/ML	SYRINGE (ML)	SUBCUTANEOUS	0.02mL per day (1 syringe per 8 weeks)
SILODOSIN	4 MG	CAPSULE	ORAL	1 per day
SILODOSIN	8 MG	CAPSULE	ORAL	1 per day
STEQEYMA	45MG/0.5ML	SYRINGE (ML)	SUBCUTANEOUS	0.1
STEQEYMA	90 MG/ML	SYRINGE (ML)	SUBCUTANEOUS	0.2
YESINTEK	45MG/0.5ML	SYRINGE (ML)	SUBCUTANEOUS	0.1
YESINTEK	45MG/0.5ML	VIAL (ML)	SUBCUTANEOUS	0.1
YESINTEK	90 MG/ML	SYRINGE (ML)	SUBCUTANEOUS	0.2

Drug Name	Strength	Dose Form	Route of administration	Quantity Limit
STELARA	130MG/26ML	VIAL (ML)	INTRAVENOUS	4 vials per 6 months (0.58mL per day)
FASENRA	10MG/0.5ML	SYRINGE (ML)	SUBCUTANEOUS	1 syringe per 56 days
STEQEYMA	130MG/26ML	VIAL (ML)	INTRAVENOUS	4 vials per 6 months (0.58mL per day)
YESINTEK	130MG/26ML	VIAL (ML)	INTRAVENOUS	4 vials per 6 months (0.58mL per day)

The following drugs will be limited to a 30-day supply, effective Jan. 1, 2026:

Drug Name	Strength	Dose Form	Route of administration
MIFEPRISTONE	300 MG	TABLET	ORAL

# Pharmacy Communications

Massachusetts



VIREAD	150 MG	TABLET	ORAL
VIREAD	200 MG	TABLET	ORAL
VIREAD	250 MG	TABLET	ORAL
VIREAD	40MG/SCOOP	POWDER (GRAM)	ORAL

The following drugs will be removed from step therapy, effective Jan. 1, 2026:

Drug Name	Strength	Dose Form	Route of administration
ZILEUTON	600 MG	TABLET,EXTENDED RELEASE MULTIPHASE 12 HR	ORAL
VICTOZA	0.6 MG/0.1	PEN INJECTOR (ML)	SUBCUTANEOUS
GLYXAMBI	10 MG-5 MG	TABLET	ORAL
GLYXAMBI	25 MG-5 MG	TABLET	ORAL

The following drugs will move to tier 2, effective Jan. 1, 2026:

Drug Name	Strength	Dose Form
DISOPYRAMIDE PHOSPHATE	100 MG	CAPSULE
DISOPYRAMIDE PHOSPHATE	150 MG	CAPSULE
DEXTROAMPHETAMINE SULFATE	15 MG	TABLET
DEXTROAMPHETAMINE SULFATE	20 MG	TABLET
DEXTROAMPHETAMINE SULFATE	30 MG	TABLET
BETAMETHASONE VALERATE	0.1 %	LOTION (ML)
FLUOCINOLONE ACETONIDE	0.025 %	OINTMENT (GRAM)
BETAMETHASONE DIPROPIONATE	0.05 %	OINTMENT (GRAM)
BETAMETHASONE DIPROPIONATE	0.05 %	GEL (GRAM)
ALCLOMETASONE DIPROPIONATE	0.05 %	OINTMENT (GRAM)
ALCLOMETASONE DIPROPIONATE	0.05 %	CREAM (GRAM)

# Pharmacy Communications

Massachusetts



HEALTH PLAN

formerly BMC HealthNet Plan

PYRAZINAMIDE	500 MG	TABLET
CYCLOSPORINE	0.05 %	DROPPERETTE, SINGLE-USE DROP DISPENSER
FENTANYL	100 MCG/HR	PATCH, TRANSDERMAL 72 HOURS
FENTANYL	12 MCG/HR	PATCH, TRANSDERMAL 72 HOURS
FENTANYL	25 MCG/HR	PATCH, TRANSDERMAL 72 HOURS
FENTANYL	37.5MCG/HR	PATCH, TRANSDERMAL 72 HOURS
FENTANYL	50MCG/HR	PATCH, TRANSDERMAL 72 HOURS
FENTANYL	62.5MCG/HR	PATCH, TRANSDERMAL 72 HOURS
FENTANYL	75MCG/HR	PATCH, TRANSDERMAL 72 HOURS
FENTANYL	87.5MCG/HR	PATCH, TRANSDERMAL 72 HOURS
BRIMONIDINE TARTRATE	0.1%	DROPS
SIROLIMUS	1 MG/ML	SOLUTION, ORAL
NATEGLINIDE	120 MG	TABLET
NATEGLINIDE	60 MG	TABLET
EMTRICITABINE-TENOFOVIR DISOP	100-150 MG	TABLET
EMTRICITABINE-TENOFOVIR DISOP	133-200 MG	TABLET
EMTRICITABINE-TENOFOVIR DISOP	167-250 MG	TABLET
DARUNAVIR	600 MG	TABLET
DARUNAVIR	800 MG	TABLET
LACOSAMIDE	100 MG	TABLET
LACOSAMIDE	150 MG	TABLET
LACOSAMIDE	200 MG	TABLET
LACOSAMIDE	50 MG	TABLET
CLONIDINE HCL	0.1MG/24HR	PATCH, TRANSDERMAL WEEKLY
CLONIDINE HCL	0.2MG/24HR	PATCH, TRANSDERMAL WEEKLY
CLONIDINE HCL	0.3MG/24HR	PATCH, TRANSDERMAL WEEKLY
T AFLUPROST	0.0015 %	DROPPERETTE, SINGLE-USE DROP DISPENSER

# Pharmacy Communications

Massachusetts

The following drugs will move to tier 3, effective Jan. 1, 2026:

<b>Drug Name</b>	<b>Strength</b>	<b>Dose Form</b>
DIGOXIN	62.5 MCG	TABLET
NITROGLYCERIN	0.4% (W/W)	OINTMENT (GRAM)
CALCITRIOL	3 MCG/G	OINTMENT (GRAM)
NIACIN ER	1000 MG	TABLET, EXTENDED RELEASE 24 HR
NIACOR	500 MG	TABLET
LITHIUM CITRATE	8 MEQ/5 ML	SOLUTION, ORAL
HYDROCODONE BITARTRATE ER	100 MG	TABLET,ORAL ONLY,EXTENDED RELEASE 24 HR
HYDROCODONE BITARTRATE ER	120 MG	TABLET,ORAL ONLY,EXTENDED RELEASE 24 HR
HYDROCODONE BITARTRATE ER	20 MG	TABLET,ORAL ONLY,EXTENDED RELEASE 24 HR
HYDROCODONE BITARTRATE ER	30 MG	TABLET,ORAL ONLY,EXTENDED RELEASE 24 HR
HYDROCODONE BITARTRATE ER	40 MG	TABLET,ORAL ONLY,EXTENDED RELEASE 24 HR
HYDROCODONE BITARTRATE ER	60 MG	TABLET,ORAL ONLY,EXTENDED RELEASE 24 HR
HYDROCODONE BITARTRATE ER	80 MG	TABLET,ORAL ONLY,EXTENDED RELEASE 24 HR
MESALAMINE ER	500 MG	CAPSULE, EXTENDED RELEASE
METHOCARBAMOL	1000 MG	TABLET
TANLOR	1000 MG	TABLET
TIMOLOL MALEATE	0.5 %	DROPS, ONCE DAILY
BAQSIMI	3 MG	SPRAY, NON-AEROSOL (EA)
TRIAMCINOLONE ACETONIDE	0.05 %	OINTMENT (GRAM)
INDOMETHACIN	25 MG/5 ML	SUSPENSION, ORAL (FINAL DOSE FORM)
ISONIAZID	50 MG/5 ML	SOLUTION, ORAL
CLOZAPINE ODT	150 MG	TABLET,DISINTEGRATING
COMBIPATCH	.05-.14/24	PATCH, TRANSDERMAL SEMIWEEKLY
COMBIPATCH	.05-.25/24	PATCH, TRANSDERMAL SEMIWEEKLY
LAMOTRIGINE ODT	25(21)-50	TABLET,DISINTEGRATING, DOSE PACK

# Pharmacy Communications

Massachusetts

LAMOTRIGINE ODT	50(42)-100	TABLET,DISINTEGRATING, DOSE PACK
ZENPEP	5K-17K-24K	CAPSULE,DELAYED RELEASE (ENTERIC COATED)
ZENPEP	40-126-168	CAPSULE,DELAYED RELEASE (ENTERIC COATED)
ZENPEP	15-47-63K	CAPSULE,DELAYED RELEASE (ENTERIC COATED)
ZENPEP	20-63-84K	CAPSULE,DELAYED RELEASE (ENTERIC COATED)
ZENPEP	10-32-42K	CAPSULE,DELAYED RELEASE (ENTERIC COATED)
ZENPEP	3-10-14K	CAPSULE,DELAYED RELEASE (ENTERIC COATED)
ZENPEP	25-79-105K	CAPSULE,DELAYED RELEASE (ENTERIC COATED)
PREMPRO	0.45-1.5MG	TABLET
PREMPHASE	0.625 (14)	TABLET
PREMPRO	0.3-1.5MG	TABLET
PREMPRO	0.625-2.5	TABLET
PREMPRO	0.625-5 MG	TABLET
VIRACEPT	250 MG	TABLET
VIRACEPT	625 MG	TABLET
PENCICLOVIR	1%	CREAM (GRAM)
DIFLUPREDNATE	0.05 %	DROPS
ZILEUTON	600 MG	TABLET,EXTENDED RELEASE MULTIPHASE 12 HR
CALCIPOTRIENE	0.005 %	CREAM (GRAM)
CALCIPOTRIENE	0.005 %	OINTMENT (GRAM)
CALCIPOTRIENE	0.005 %	SOLUTION, NON-ORAL
REGRANEX	0.01%	GEL (GRAM)
RELENZA	5 MG	BLISTER, WITH INHALATION DEVICE
CALCIPOTRIENE- BETAMETHASONE	0.005-.064	OINTMENT (GRAM)
VIREAD	150 MG	TABLET
VIREAD	200 MG	TABLET

# Pharmacy Communications

Massachusetts



VIREAD	250 MG	TABLET
FONDAPARINUX SODIUM	10MG/0.8ML	SYRINGE (ML)
FONDAPARINUX SODIUM	2.5 MG/0.5	SYRINGE (ML)
FONDAPARINUX SODIUM	5MG/0.4ML	SYRINGE (ML)
FONDAPARINUX SODIUM	7.5MG/0.6	SYRINGE (ML)
VORICONAZOLE	50 MG	TABLET
VORICONAZOLE	200 MG	TABLET
VORICONAZOLE	200 MG/5ML	SUSPENSION, RECONSTITUTED, ORAL (ML)
COARTEM	20MG-120MG	TABLET
EMTRIVA	10 MG/ML	SOLUTION, ORAL
BARACLUDGE	0.05 MG/ML	SOLUTION, ORAL
APTIVUS	250 MG	CAPSULE
CORLANOR	5 MG/5 ML	SOLUTION, ORAL
OMEPRAZOLE-SODIUM BICARBONATE	40-1680MG	PACKET (EA)
METHYLPHENIDATE	30MG/9HR	PATCH, TRANSDERMAL 24 HOURS
METHYLPHENIDATE	20 MG/9 HR	PATCH, TRANSDERMAL 24 HOURS
METHYLPHENIDATE	15MG/9HR	PATCH, TRANSDERMAL 24 HOURS
METHYLPHENIDATE	10MG/9HR	PATCH, TRANSDERMAL 24 HOURS
PREZISTA	100 MG/ML	SUSPENSION, ORAL (FINAL DOSE FORM)
PREZISTA	150 MG	TABLET
PREZISTA	75 MG	TABLET
DORZOLAMIDE-TIMOLOL	2 %-0.5 %	DROPPERETTE, SINGLE-USE DROP DISPENSER
RUFINAMIDE	40 MG/ML	SUSPENSION, ORAL (FINAL DOSE FORM)
ISENTRESS	100 MG	POWDER IN PACKET (EA)
ISENTRESS	100 MG	TABLET,CHEWABLE
ISENTRESS	25 MG	TABLET,CHEWABLE
ISENTRESS	400 MG	TABLET
ISENTRESS HD	600 MG	TABLET
INTELENCE	25 MG	TABLET
DABIGATRAN ETEXILATE	110 MG	CAPSULE
DABIGATRAN ETEXILATE	150 MG	CAPSULE
DABIGATRAN ETEXILATE	75 MG	CAPSULE

# Pharmacy Communications

Massachusetts

ADAPALENE-BENZOYL PEROXIDE	0.1%-2.5%	GEL WITH PUMP (GRAM)
BEPOTASTINE BESILATE	1.5 %	DROPS
PITAVASTATIN CALCIUM	2 MG	TABLET
PITAVASTATIN CALCIUM	1 MG	TABLET
PITAVASTATIN CALCIUM	4 MG	TABLET
SUPREP	17.5-3.13G	SOLUTION, RECONSTITUTED, ORAL
BRILINTA	90 MG	TABLET
BRILINTA	60 MG	TABLET
BENLYSTA	200 MG/ML	AUTO-INJECTOR (ML)
EDURANT	25 MG	TABLET
STRIBILD	150-200 MG	TABLET
SIRTURO	100 MG	TABLET
SIRTURO	20 MG	TABLET
TIVICAY	50 MG	TABLET
TIVICAY PD	5 MG	TABLET FOR SUSPENSION
DUAVEE	0.45-20 MG	TABLET
STRIVERDI RESPIMAT	2.5 MCG	MIST INHALER (GRAM)
TRIUMEQ	600-50-300	TABLET
TRIUMEQ PD	60-5-30 MG	TABLET FOR SUSPENSION
PREZCOBIX	800-150 MG	TABLET
MOVANTIK	25 MG	TABLET
MOVANTIK	12.5 MG	TABLET
EVOTAZ	300-150 MG	TABLET
XULTOPHY 100-3.6	100-3.6/ML	INSULIN PEN (ML)
VARUBI	90 MG	TABLET
VELTASSA	16.8 GRAM	POWDER IN PACKET (EA)
VELTASSA	25.2 GRAM	POWDER IN PACKET (EA)
VELTASSA	8.4 GRAM	POWDER IN PACKET (EA)
GENVOYA	150-200-10	TABLET
ODEFSEY	200-25-25	TABLET
DESCOVY	120MG-15MG	TABLET
DESCOVY	200MG-25MG	TABLET
VEMLIDY	25 MG	TABLET

# Pharmacy Communications

Massachusetts

SOLIQUA 100-33	100-33/ML	INSULIN PEN (ML)
TRULANCE	3 MG	TABLET
AUSTEDO XR	12 MG	TABLET, EXTENDED RELEASE 24 HR
AUSTEDO XR	24 MG	TABLET, EXTENDED RELEASE 24 HR
AUSTEDO XR	6 MG	TABLET, EXTENDED RELEASE 24 HR
AUSTEDO XR TITRATION KT(WK1-4)	6-12-24 MG	TABLET, EXTENDED RELEASE 24 HR DOSE PACK
SYM TUZA	800-150 MG	TABLET
JULUCA	50 MG-25MG	TABLET
BIKTARVY	30-120-15	TABLET
BIKTARVY	50-200-25	TABLET
CIMDUO	300-300 MG	TABLET
LOKELMA	10 G	POWDER IN PACKET (EA)
LOKELMA	5 G	POWDER IN PACKET (EA)
KRINTAFEL	150 MG	TABLET
DELSTRIGO	100-300 MG	TABLET
PIFELTRO	100 MG	TABLET
AJOVY AUTOINJECTOR	225 MG/1.5	AUTO-INJECTOR (ML)
AJOVY	225 MG/1.5	SYRINGE (ML)
DOVATO	50MG- 300MG	TABLET
PIQRAY	200 MG/DAY	TABLET
PIQRAY	250 MG/DAY	TABLET
PIQRAY	300 MG/DAY	TABLET
PRETOMANID	200 MG	TABLET
ZIEXTENZO	6 MG/0.6ML	SYRINGE (ML)
TRIJARDY XR	10-5-1000	TABLET,IMMED AND EXTEND REL BIPHASE 24HR
TRIJARDY XR	12.5-2.5MG	TABLET,IMMED AND EXTEND REL BIPHASE 24HR
TRIJARDY XR	25-5-1000	TABLET,IMMED AND EXTEND REL BIPHASE 24HR
TRIJARDY XR	5-2.5-1000	TABLET,IMMED AND EXTEND REL BIPHASE 24HR
ORIAHNN	300-1-0.5	CAP SEQ

# Pharmacy Communications

Massachusetts

---



RUKOBIA	600 MG	TABLET, EXTENDED RELEASE 12 HR
SCSEMBLIX	40 MG	TABLET
SCSEMBLIX	20 MG	TABLET