



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
P.O. Box 2586, Worcester, MA 01613-2586  
Fax: (877) 208-7428 Phone: (800) 745-7318

## January 2025 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 6, 2025.

Additional information about these agents may be available within the MassHealth Drug List at [www.mass.gov/druglist](http://www.mass.gov/druglist).

---

### Additions

Effective January 6, 2025, the following newly marketed drugs will be added to the MassHealth Drug List.

- Anktiva (nogapendekin alfa inbakicept-pmIn) – **PA**; MB
- Defencath (taurolidine/heparin) – **PA**; MB
- Duvyzat (givinostat) – **PA**
- Iqirvo (elafibranor) – **PA**
- Kisunla (donanemab-azbt) – **PA**
- Livdelzi (seladelpar) – **PA**
- Nemludio (nemolizumab-ilot) – **PA**
- Ohtuvayre (ensifentrine) – **PA**
- Ojemda (tovorafenib) – **PA**
- Onyda XR (clonidine extended-release suspension) – **PA**
- Rinvoq LQ (upadacitinib solution) – **PA**
- Rytelo (imetelstat) – **PA**; MB
- Sofdra (sofipironium) – **PA**
- Sovuna (hydroxychloroquine) – **PA**
- Tevimbra (tislelizumab-jsgr) – **PA**; MB
- Tofidence (tocilizumab-bavi) – **PA**; MB
- Tyenne (tocilizumab-aazg auto-injection, prefilled syringe) – **PA**
- Tyenne (tocilizumab-aazg vial) – **PA**; MB
- Vigafyde (vigabatrin solution) – **PA**
- Xolremdi (mavoxifafor) – **PA**

---

### New FDA “A”-Rated Generics

Effective January 6, 2025, the following FDA “A”-rated generic drugs will be 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

hydrocortisone injection

#### Generic Equivalent of

Solu-Cortef #

---

### Change in Prior Authorization Status

- Effective January 6, 2025, the following psoriasis agent will require PA.
  - methoxsalen capsule – **PA**; A90
- Effective January 6, 2025, the following antidiarrheal agent will no longer require PA.
  - Motofen (difenoxin/atropine)

- c. Effective January 6, 2025, the following thyroid agent will require PA.
  - Tirosint (levothyroxine capsule) – **PA**; M90
- d. Effective January 6, 2025, the following anti-obesity agents will no longer require PA within newly established age limits.
  - Adipex-P (phentermine 37.5 mg capsule, tablet) – **PA < 12 years**; #
  - Lomaira (phentermine 8 mg tablet) – **PA < 12 years or ≥ 18 years**
  - phentermine 15 mg, 30 mg capsule – **PA < 12 years**

### Change in Coverage Status

- a. Effective January 6, 2025, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.
  - glycopyrrolate injection – **PA**; MB
- b. Effective January 6, 2025, the following agents will no longer be restricted to medical billing.
  - Glassia (alpha-1-proteinase inhibitor, human)
  - Prolastin-C (alpha-1-proteinase inhibitor, human)
  - Tepezza (teprotumumab-trbw) – **PA**

### New or Revised Therapeutic Tables

- Table 3 – Gastrointestinal Drugs - Histamine H2 Antagonists, Proton Pump Inhibitors, and Miscellaneous Gastroesophageal Reflux Agents
- Table 4 – Hematologic Agents - Hematopoietic and Miscellaneous Hematologic Agents
- Table 5 – Immunological Agents
- Table 9 – Growth Hormones and Increlex
- Table 10 – Dermatologic Agents - Acne and Rosacea
- Table 11 – Nonsteroidal Anti-Inflammatory Drugs
- Table 13 – Lipid-Lowering Agents
- Table 14 – Headache Therapy
- Table 15 – Hypnotics
- Table 16 – Corticosteroids - Topical
- Table 18 – Cardiovascular Agents
- Table 20 – Anticonvulsants
- Table 22 – Acromegaly, Carcinoid Syndrome, and Cushing’s Syndrome Agents
- Table 23 – Respiratory Agents - Inhaled
- Table 26 – Antidiabetic Agents
- Table 27 – Antiemetics, Appetite Stimulants, and Anabolics
- Table 29 – Anti-Allergy and Anti-Inflammatory Agents - Ophthalmic
- Table 31 – Cerebral Stimulants and Miscellaneous Agents
- Table 35 – Antibiotics and Anti-Infectives - Oral and Inhaled
- Table 40 – Respiratory Agents - Oral
- Table 41 – Antibiotics - Topical
- Table 42 – Immune Suppressants - Topical
- Table 43 – Pulmonary Hypertension Agents
- Table 45 – Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents
- Table 49 – Osteoporosis and Bone Metabolism Agents
- Table 50 – Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents
- Table 51 – Antiglaucoma Agents - Ophthalmic
- Table 54 – Pediculicides and Scabicides
- Table 55 – Androgens
- Table 56 – Alzheimer’s Agents

Table 57 – Oncology Agents

Table 58 – Anticoagulants and Antiplatelet Agents

Table 61 – Gastrointestinal Drugs - Antidiarrheals, Constipation, and Miscellaneous Gastrointestinal Agents

Table 63 – Dermatologic Agents - Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents

Table 64 – Asthma/Allergy Monoclonal Antibodies

Table 65 – Enzyme Replacement and Substrate Reduction Therapies

Table 66 – Antibiotics and Anti-Infectives - Injectable

Table 71 – Pediatric Behavioral Health

Table 72 – Agents Not Otherwise Classified

Table 74 – Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors

Table 76 – Neuromuscular Agents - Duchenne Muscular Dystrophy and Spinal Muscular Atrophy

Table 78 – Diabetes Medical Supplies and Emergency Treatments

Table 81 – Anti-Obesity Agents

---

## Updated and New Prior Authorization Request Forms

Effective January 6, 2025, all PA Request Forms have been updated with a revised Prescriber Information section to include the prescriber's authorized representative. The following PA Request Forms have additional updates.

- Androgen Therapy Prior Authorization Request
- Anti-Amyloid Monoclonal Antibodies Prior Authorization Request
- Anticonvulsant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Anti-Obesity Agents Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents Prior Authorization Request
- Breast Cancer Agents Prior Authorization Request
- Cerebral Stimulant and ADHD Drugs Prior Authorization Request
- Diabetes Medical Supplies Prior Authorization Request
- Gastrointestinal Agents - Antidiarrheals and Bowel Preparation Agents Prior Authorization Request
- Glaucoma Agents Prior Authorization Request
- Growth Hormone and Increlex Prior Authorization Request
- Headache Therapy (Calcitonin Gene-Related Peptide (CGRP) Inhibitors) Prior Authorization Request
- Hypnotic Agents Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Injectable Antibiotic Prior Authorization Request
- Lipid-Lowering Agents Prior Authorization Request
- Multiple Sclerosis Agents Prior Authorization Request
- Neuromuscular Agents Prior Authorization Request
- Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request
- Ophthalmic Anti-Allergy and Anti-Inflammatory Agents Prior Authorization Request
- Opioid Dependence and Reversal Agents Prior Authorization Request
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Oral Respiratory Agents Prior Authorization Request
- Skysona (elivaldogene autotemcel) Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request
- Topical Corticosteroids Prior Authorization Request
- Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors 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 January 6, 2025, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Auryxia (ferric citrate) – **PA**; BP
  - Fycompa (perampanel) – **PA**; BP
  - Namzaric (memantine/donepezil extended-release) – **PA**; BP
  - Ravicti (glycerol phenylbutyrate) – **PA**; BP
  - Rytary (carbidopa/levodopa extended-release capsule) – **PA**; BP
  - Sancuso (granisetron transdermal system) – **PA**; BP
  - Sandostatin LAR (octreotide injectable suspension); BP
  - Xarelto (rivaroxaban 10 mg, 15 mg, 20 mg tablet, starter pack); BP
  - Xarelto (rivaroxaban 2.5 mg tablet) – **PA**; BP
- b. Effective January 6, 2025, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
  - Afinitor (everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg) – **PA**; A90
  - Focalin XR (dexmethylphenidate extended-release) – **PA < 3 years or ≥ 21 years and PA > 2 units/day; #**
  - Gelnique (oxybutynin gel)
  - Kombiglyze XR (saxagliptin/metformin) – **PA**; M90
  - Revatio (sildenafil oral suspension) – **PA**; A90
  - Samsca (tolvaptan) – **PA**; A90
  - Tirosint (levothyroxine capsule) – **PA**; M90
  - Vascepa (icosapent ethyl) – **PA**; 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 6, 2025, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- alcaftadine; A90

---

## 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.

---

## 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 6, 2025, the following topical immune suppressant agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
  - Opzelura (ruxolitinib cream)<sup>PD</sup> – **PA**
- b. Effective January 6, 2025, the following growth hormone agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
  - Sogroya (somapacitan-beco)<sup>PD</sup> – **PA**
- c. Effective January 6, 2025, the following immunomodulating agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.
  - Omvoh (mirikizumab-mrkz auto-injection, prefilled syringe)<sup>PD</sup> – **PA**

- Skyrizi (risankizumab-rzaa auto-injection, on-body injector, prefilled syringe) <sup>PD</sup> – **PA**
- d. Effective January 6, 2025, the following anti-obesity agents will be removed from the MassHealth Supplemental Rebate/Preferred Drug List.
- Saxenda (liraglutide) – **PA**
  - Wegovy (semaglutide) – **PA**

---

### 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.

---

### Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
- Aduhelm (aducanumab-avwa) – **PA**
  - Docefrez (docetaxel); MB
  - Gelnique (oxybutynin gel)
  - Lunesta (eszopiclone) – **PA < 6 years and PA > 1 unit/day; #**
  - Oxbryta (voxelotor) – **PA**
  - Oxsoralen (methoxsalen topical); 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.
- Flector (diclofenac topical patch) – **PA**; A90
  - Licart (diclofenac topical patch) – **PA**
  - Vascepa (icosapent ethyl) – **PA**; M90

---

### Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
- Aklief (trifarotene) – **PA**
  - Capex (fluocinolone shampoo) – **PA**
  - Clobex (clobetasol propionate lotion, shampoo, spray); A90
  - Desowen (desonide cream); A90
  - desonide lotion, ointment; A90
  - Differin (adapalene) – **PA**; A90
  - Elimite (permethrin cream); #
  - Epiduo (adapalene 0.1%/benzoyl peroxide 2.5%) – **PA**; A90
  - Epiduo Forte (adapalene 0.3% / benzoyl peroxide 2.5%) – **PA**; A90
  - Epsolay (benzoyl peroxide) – **PA**
  - Flolipid (simvastatin oral suspension) – **PA**
  - Metrocream (metronidazole 0.75% cream); A90
  - Metrogel (metronidazole 1% gel) – **PA**; A90
  - Metro lotion (metronidazole lotion) – **PA**; A90
  - Mirvaso (brimonidine 0.33% topical gel) – **PA**; A90
  - Oracea (doxycycline monohydrate 40 mg capsule) – **PA**; A90

- Soolantra (ivermectin cream) – **PA**; A90
  - testosterone undecanoate capsule – **PA**
  - Twynéo (tretinoin/benzoyl peroxide) – **PA**
  - Vectical (calcitriol ointment) – **PA**; A90
  - Xylocaine-Epi (lidocaine/epinephrine); #
- b. The following drug has been added to the MassHealth Drug List. This change does reflect a change in MassHealth policy.
- Glyrx-PF (glycopyrrolate injection) – **PA**; MB
- c. The following listings have been clarified. These changes do reflect a change in MassHealth policy.
- melatonin; \*, A90
- d. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
- alcaftadine; A90
  - Casgevy (exagamglogene autotemcel)<sup>PD</sup> – **PA**; CO, MB
  - Depakote (divalproex delayed-release tablet) – **PA < 6 years**; A90, #
  - Depakote Sprinkle (divalproex delayed-release capsule) – **PA < 6 years**; BP, A90
  - desonide lotion, ointment; A90
  - Marinol (dronabinol 5 mg, 10 mg) – **PA > 2 units/day**; #
  - Omvoh (mirikizumab-mrkz vial) – **PA**
  - Rinvoq (upadacitinib extended-release tablet) – **PA**
  - Sabril (vigabatrin powder packet, tablet) – **PA**; BP, A90
  - Skyrizi (risankizumab-rzaa vial) – **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.

<sup>MB</sup> 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 hospital outpatient and inpatient 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.

<sup>A90</sup> 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.

<sup>CO</sup> Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.

<sup>BP</sup> 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.

<sup>M90</sup> 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.

<sup>PD</sup> 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.