



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
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## February 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 February 18, 2025.

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

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### Additions

Effective February 18, 2025, the following newly marketed drugs will be added to the MassHealth Drug List.

- Cobenfy (xanomeline/trospium) – **PA**
- Crexont (carbidopa/levodopa extended-release capsule) – **PA**
- Lazcluze (lazertinib) – **PA**
- Neffy (epinephrine nasal spray) – **PA**
- Piasky (crovalimab-akkz) – **PA**; MB
- Tecelra (afamitresgene autoleucel) – **PA**; CO, MB
- Tecentriq Hybreza (atezolizumab-hyaluronidase-tqjs) – **PA**; MB
- Tryvio (aproцитentan) – **PA**
- Voranigo (vorasidenib) – **PA**
- Vyalev (foscarbidopa/foslevodopa) – **PA**

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### New FDA “A”-Rated Generics

Effective February 18, 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

epinephrine injection  
mesna tablet

#### Generic Equivalent of

Adrenalin #  
Mesnex #

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### Change in Prior Authorization Status

- Effective February 18, 2025, the following cardiovascular agents will require PA.
  - Accupril (quinapril) – **PA**; M90
  - Accuretic (quinapril/hydrochlorothiazide) – **PA**; M90
  - digoxin 62.5 mcg tablet, solution – **PA**; M90
  - furosemide solution – **PA**; M90
- Effective February 18, 2025, the following topical immunosuppressive agent will require PA.
  - Elidel (pimecrolimus) – **PA**; A90
- Effective February 18, 2025, the following medical supply will no longer require PA within established quantity limits.
  - Freestyle Neo (test strips, blood glucose, preferred) – **PA > 100 units/30 days**; PND

## Change in Coverage Status

Effective February 18, 2025, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.

- Brevibloc (esmolol); MB
- chlorothiazide injection; MB
- Lanoxin (digoxin injection); MB
- nicardipine injection; MB
- nitroglycerin injection; MB

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## New or Revised Therapeutic Tables

Table 13 – Lipid-Lowering Agents

Table 15 – Hypnotics

Table 18 – Cardiovascular Agents

Table 19 – Benign Prostatic Hyperplasia (BPH) Agents

Table 20 – Anticonvulsants

Table 23 – Respiratory Agents - Inhaled

Table 24 – Antipsychotics

Table 31 – Cerebral Stimulants and Miscellaneous Agents

Table 32 – Serums, Toxoids, and Vaccines

Table 36 – Drug and Alcohol Cessation Agents

Table 38 – Antiretroviral/HIV Therapy

Table 42 – Immune Suppressants - Topical

Table 45 – Beta Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents

Table 48 – Antiparkinsonian Agents

Table 50 – Narcolepsy and Miscellaneous Sleep Disorder Therapy Agents

Table 56 – Alzheimer’s Agents

Table 57 – Oncology Agents

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

Table 64 – Asthma/Allergy Monoclonal Antibodies

Table 67 – Antiviral Agents

Table 69 – Barbiturates, Benzodiazepines, and Miscellaneous Antianxiety Agents

Table 71 – Pediatric Behavioral Health

Table 72 – Agents Not Otherwise Classified

Table 75 – T-Cell Immunotherapies

Table 78 – Diabetes Medical Supplies and Emergency Treatments

Table 79 – Pharmaceutical Compounds

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## Updated and New Prior Authorization Request Forms

- Antipsychotic Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Constipation Agents Prior Authorization Request
- Diabetes Medical Supplies Prior Authorization Request
- Heart Failure Agents Prior Authorization Request
- Lipid-Lowering Agents Prior Authorization Request
- Lung Cancer Agents Prior Authorization Request
- Oral/Injectable Antifungal Agents Prior Authorization Request
- Pediatric Behavioral Health Medication Initiative Prior Authorization Request
- T-Cell Immunotherapies Prior Authorization Request

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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.

Effective February 18, 2025, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Elidel (pimecrolimus) – **PA**; A90
- Valcyte (valganciclovir powder for oral solution) – **PA**; A90

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## Updated MassHealth 90-day Initiative

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

Effective February 18, 2025, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- Namzaric (memantine/donepezil extended-release) – **PA**; BP, A90

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## 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 February 18, 2025, the following medical supply will require PA within established quantity limits.

- Freestyle Neo (test strips, blood glucose, preferred) – **PA > 100 units/30 days**; PND

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## MassHealth Preferred Non-Drug Product List

The MassHealth Preferred Non-Drug Product List has been updated to reflect recent changes to the MassHealth Drug List.

Effective February 18, 2025, the following medical supply will require PA within established quantity limits.

- Freestyle Neo (test strips, blood glucose, preferred) – **PA > 100 units/30 days**; PND

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## Updated MassHealth Quick Reference Guide

The MassHealth Quick Reference Guide has been updated to reflect recent changes to the MassHealth Drug List.

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## MassHealth Medication Therapy Management Program

The MassHealth Medication Therapy Management Program guide has been updated.

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## Updated and New Pharmacy Initiatives

- Pediatric Behavioral Health Medication Initiative

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## Updated Pharmacy Covered Professional Services List

The MassHealth Pharmacy Covered Professional Services List has been updated to reflect recent changes to the MassHealth Drug List.

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## 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.

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## Deletions

The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.

- Calan SR (verapamil sustained-release); #, M90
- Comtan (entacapone); #, A90
- Maxzide (hydrochlorothiazide/triamterene); #, M90
- Menactra (quadrivalent meningococcal conjugate vaccine); 1
- Minipress (prazosin) – **PA < 6 years**; #, M90

- Mirapex (pramipexole); #, A90
- Rythmol SR (propafenone extended-release); #, M90
- Stalevo (carbidopa/levodopa/entacapone); #, A90
- Symjepi (epinephrine injection)
- Tekturna HCT (aliskiren/hydrochlorothiazide)
- Verelan PM (verapamil extended-release); #, M90
- Ziac (bisoprolol/hydrochlorothiazide); #, M90

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## Corrections/Clarifications

The following listings have been clarified. These changes do not reflect any change in MassHealth policy.

- digoxin 125 mcg, 250 mcg tablet; M90
- Diuril (chlorothiazide suspension)
- Lasix (furosemide tablet, injection); #, M90
- Lodoco (colchicine 0.5 mg tablet) – **PA**
- Nexiclon (clonidine extended-release 0.17 mg tablet) – **PA**; A90

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## 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.

**PA** Prior authorization is required. The prescriber must obtain PA 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>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>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>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>PND</sup> Preferred Non-Drug Product. This product is a preferred non-drug product for which MassHealth has entered into a rebate agreement with product manufacturer.

<sup>1</sup> Product may be available through the Massachusetts Department of Public Health (DPH). Please check with DPH for availability. MassHealth does not pay for immunizing biologicals (i.e., vaccines) and tubercular (TB) drugs that are available free of charge through local boards of public health or through the Massachusetts Department of Public Health without PA (130 CMR 406.413(C)). In cases where free vaccines are available to providers for specific populations (e.g. children, high risk, etc.), MassHealth will reimburse the provider only for individuals not eligible for the free vaccines. Notwithstanding the above, MassHealth will pay pharmacies for seasonal flu vaccine serum without prior authorization, if the vaccine is administered in the pharmacy.