



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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August 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 August 11, 2025.

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

Additions

Effective August 11, 2025, 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

- Effective August 11, 2025, the following constipation agent will no longer require PA within established quantity limits.
 - Trulance (plecanatide) – **PA > 1 unit/day**
- Effective August 11, 2025, the iron chelating agents will require PA.
 - Exjade (deferasirox dispersible tablet) – **PA**; BP, A90
 - Jadenu (deferasirox granule packet) – **PA**; A90
- Effective August 11, 2025, the following iron agents will no longer require PA.
 - Feraheme (ferumoxytol)
 - Injectafer (ferric carboxymaltose injection); MB
 - Monoferric (ferric derisomaltose)
- Effective August 11, 2025, the following injectable antibiotic agents will no longer require PA.
 - Dalvance (dalbavancin)
 - Zyvox (linezolid injection); #
- Effective August 11, 2025, the following cardiovascular agent will no longer require PA.
 - Veletri (epoprostenol); #
- Effective August 11, 2025, the following anti-tubercular agent will require PA within newly established quantity limits.
 - pretomanid – **PA > 1 unit/day**; A90
- Effective August 11, 2025, the following antidiabetic agents will require PA.
 - Byetta (exenatide injection) – **PA**; BP
 - Trulicity (dulaglutide)^{PD} – **PA**
 - Victoza (liraglutide) – **PA**; BP

h. Effective August 11, 2025, 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**

New or Revised Therapeutic Tables

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- Androgen Therapy Prior Authorization Request
- Anticonvulsant Prior Authorization Request
- Antidepressant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Constipation Agents Prior Authorization Request
- Hereditary Angioedema Agents Prior Authorization Request
- Injectable Antibiotic Prior Authorization Request
- Lipid-Lowering Agents Prior Authorization Request
- Lung Cancer Agents Prior Authorization Request
- Neuromuscular Agents Prior Authorization Request
- Nonsteroidal Anti-Inflammatory Drugs (NSAID) Prior Authorization Request
- Oral/Injectable Antifungal Agents Prior Authorization Request
- Osteoporosis Agents and Calcium Regulators Prior Authorization Request
- Pulmonary Hypertension Prior Authorization Request
- T-Cell Immunotherapies Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request
- Wound Care 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 August 11, 2025, 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, 2025, 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. Effective August 11, 2025, 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**; A90

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.

Effective August 11, 2025, the following antidiabetic agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Mounjaro (tirzepatide)^{PD} – **PA**

Updated MassHealth Quick Reference Guide

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

Updated Long-Acting Injectable Antipsychotic Medications Administered in Inpatient Psychiatry Units List

The Long-Acting Injectable Antipsychotic Medications Administered in Inpatient Psychiatry Units List has been updated to reflect recent changes to MassHealth Subchapter 6.

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

Corrections / Clarifications

- a. The following listing has been clarified. This change does reflect a change in MassHealth policy.
 - diflunisal 250 mg, 375 mg – **PA**; A90
- b. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
 - Cipro (ciprofloxacin injection, 250 mg, 500 mg, 750 mg tablet); #, A90
 - diflunisal 500 mg; A90
 - Forteo (teriparatide 560 mcg/2.24 mL) – **PA**; BP
 - Jadenu (deferasirox tablet); #, A90
 - Pyzchiva (ustekinumab-ttwe prefilled syringe, 45 mg/0.5 mL vial) – **PA**
 - Pyzchiva (ustekinumab-ttwe 130 mg/26 mL vial) – **PA**; MB
 - teriparatide 620 mcg/2.48 mL – **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. 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 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.

^{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.