



Commonwealth of Massachusetts
MassHealth Drug Utilization Review Program
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October 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 October 1, 2025.

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

Additions

- a. Effective October 1, 2025, the following newly marketed drugs have been added to the MassHealth Drug List.
 - Attruby (acoramidis) – **PA**
 - Avgemsi (gemcitabine vial); MB
 - Brynovin (sitagliptin solution) – **PA**
 - Edurant (rilpivirine tablet for oral suspension) – **PA > 6 units/day**
 - Encelto (revakinagene taroretcel-lwey) – **PA**; CO
 - gabapentin 100 mg, 400 mg tablet – **PA**
 - Gomekli (mirdametinib) – **PA**
 - Inzirqo (hydrochlorothiazide suspension) – **PA**
 - metformin immediate-release 750 mg – **PA**; M90
 - Ryoncil (remestemcel-l-rknd) – **PA**; MB
 - Tezruly (terazosin solution) – **PA**
 - Vanrafia (atrasentan) – **PA**
 - Zelsuvmi (berdazimer) – **PA**
- b. Effective July 23, 2025, the following preventative therapy was added to the MassHealth Drug List on October 1, 2025.
 - Penmenvy (pentavalent meningococcal groups A, B, C, W and Y vaccine)
- c. Effective September 3, 2025, the following preventative therapy was added to the MassHealth Drug List on October 1, 2025.
 - Mnexspike (Moderna COVID-19 vaccine, mRNA); 1
 - Nuvaxovid (Novavax COVID-19 vaccine, adjuvanted); 1

Change in Prior Authorization Status

- a. Effective October 1, 2025, the following drug cessation agents will require prior authorization when exceeding the updated dose limit.
 - buprenorphine/naloxone sublingual tablet – **PA > 32 mg/day**
 - Suboxone (buprenorphine/naloxone film)^{PD} – **PA > 32 mg/day**; BP
- b. Effective October 1, 2025, the following antiretroviral agent will require PA.
 - Norvir (ritonavir packet) – **PA**
- c. Effective October 1, 2025, the following anti-inflammatory ophthalmic agent will no longer require PA.
 - bromfenac 0.09%; A90
- d. Effective October 1, 2025, the following anti-allergy ophthalmic agent will require PA.
 - epinastine – **PA**; A90
- e. Effective October 1, 2025, the following topical corticosteroid agent will no longer require PA.

- Taclonex (betamethasone/calcipotriene topical suspension); BP, A90
- f. Effective October 1, 2025, the following topical corticosteroid agent will require PA.
 - Olux-E (clobetasol propionate foam/ emollient) – **PA**; A90
- g. Effective October 1, 2025, the following dermatological agent will require PA.
 - fluorouracil 0.5% cream – **PA**; A90
- h. Effective October 1, 2025, the following antidiabetic agents will require PA.
 - glipizide 2.5 mg – **PA**; M90
 - Janumet (sitagliptin/metformin) – **PA**
 - Janumet XR (sitagliptin/metformin extended-release) – **PA**
 - Januvia (sitagliptin tablet) – **PA**
 - sitagliptin/metformin – **PA**

Change in Coverage Status

- a. Effective October 1, 2025, the following agents will be available through medical billing only and will no longer be available through pharmacy billing.
 - diltiazem injection; MB
 - metoprolol injection; MB
 - propranolol injection; MB
 - verapamil injection; MB
- b. Effective October 1, 2025, the following agent will no longer be restricted to medical billing.
 - Trelstar (triptorelin) – **PA**

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- Antidepressant Prior Authorization Request
- Antidiabetic Agents Prior Authorization Request
- Antiemetics Prior Authorization Request
- Anti-Obesity Agents Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Asthma/Allergy Monoclonal Antibodies Prior Authorization Request
- Benign Prostatic Hyperplasia (BPH) Agents Prior Authorization Request
- Constipation Agents Prior Authorization Request
- Cystic Fibrosis Agents Prior Authorization Request
- Dermatological Agents (Topical Chemotherapy and Genital Wart Therapy) Prior Authorization Request
- Diabetes Medical Supplies Prior Authorization Request
- Gonadotropin-Releasing Hormone Prior Authorization Request
- Immune Globulin Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Lipid-Lowering Agents Prior Authorization Request
- One-Time Cell and Gene Therapies 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/Injectable Antifungal Agents Prior Authorization Request
- Targeted Immunomodulators Prior Authorization Request
- Topical Corticosteroids 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 October 1, 2025, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
 - Bosulif (bosutinib) – **PA**; BP
 - Edarbi (azilsartan); BP
 - FML (fluorometholone 0.1%); BP, A90
 - Halog (halcinonide 0.1% cream) – **PA**; BP, A90
 - Simbrinza (brinzolamide/brimonidine); BP
- b. Effective October 1, 2025, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
 - Ancobon (flucytosine); A90
 - Apriso (mesalamine 0.375 gram extended-release capsule); A90
 - Atralin (tretinoin 0.05% gel) – **PA**; A90
 - Carac (fluorouracil 0.5% cream) – **PA**
 - Clindagel (clindamycin gel)
 - Cuprimine (penicillamine capsule); A90
 - Demser (metyrosine)
 - Isordil (isosorbide dinitrate 40 mg tablet) – **PA**; M90
 - Lotemax (loteprednol 0.5%); A90
 - Mestinon (pyridostigmine bromide 60 mg tablet, 180 mg extended-release tablet); A90
 - Mestinon (pyridostigmine bromide solution); A90
 - Moviprep (polyethylene glycol-electrolyte solution); A90
 - Noxafil (posaconazole injection) – **PA**
 - Olux-E (clobetasol propionate foam/emollient) – **PA**; A90
 - Onexton (clindamycin/benzoyl peroxide gel pump) – **PA**; A90
 - Retin-A (tretinoin) – **PA ≥ 21 years**; A90
 - Retin-A Micro (tretinoin microspheres) – **PA**; A90
 - Syprine (trientine 250 mg capsule); A90
 - Targretin (bexarotene); A90
 - Uceris (budesonide extended-release tablet); A90
 - Zovirax (acyclovir cream)
 - Zyclara (imiquimod 2.5%, 3.75% cream) – **PA**; A90

Updated MassHealth 90-day Initiative

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

Effective October 1, 2025, the following agent may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- Arnuity (fluticasone furoate inhalation powder); A90
- Eprontia (topiramate solution) – **PA**; A90
- Xarelto (rivaroxaban suspension) – **PA ≥ 18 years**; #, A90
- Zituvimet XR (sitagliptin/metformin extended-release) – **PA**; M90

Upcoming HSN Formulary Changes

Information about the Health Safety Net Formulary changes that will be effective January 12, 2026.

- Overview of HSN Formulary Changes
- Patient Assistance Program Resource
- Covered Agents for Highly Utilized Therapeutic Classes

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.

Updated MassHealth Non-Drug Product List

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

Updated MassHealth Preferred Non-Drug Product List

The MassHealth Preferred Non-Drug Product List has been updated.

Updated MassHealth Pharmacy Naloxone Availability and Coverage

The MassHealth Pharmacy Naloxone Availability and Coverage document has been updated.

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.

Updated Introduction to MassHealth Drug List

The Introduction to MassHealth Drug List Page has been updated.

Drugs Designated for Exclusion from 340B Coverage

This List identifies the current list of “Drugs Designated for Exclusion from 340B Coverage” from being purchased through the 340B Program for applicable MassHealth members. The List of “Drugs Designated for Exclusion from 340B Coverage” may be updated from time-to-time.

Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - Combivir (lamivudine/zidovudine); #, A90
 - didanosine; A90
 - Epzicom (abacavir/lamivudine); #, A90
 - Lacrisert (hydroxypropyl cellulose ophthalmic insert)
 - Lexiva (fosamprenavir) – **PA**; A90
 - Novavax (COVID-19 vaccine, adjuvanted); 1
 - stavudine; A90
 - Temovate (clobetasol propionate ointment); #, A90
 - Trizivir (abacavir/lamivudine/zidovudine); #, A90
 - Urso (ursodiol 250 mg tablet); #, A90
- b. The following non-drug products have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
 - Omnipod Classic (insulin continuous subcutaneous infusion pump) ^{PND} – **PA**
 - Omnipod Go (insulin continuous subcutaneous infusion pump) ^{PND} – **PA**
- c. 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.
 - Acanya (clindamycin/benzoyl peroxide-Acanya) – **PA**; A90

- Altreno (tretinoin 0.05% lotion) – **PA ≥ 21 years**
- Ammonul (sodium phenylacetate/sodium benzoate); #
- Anusol-HC (hydrocortisone hemorrhoidal cream); #, A90
- Ancobon (flucytosine); #; A90
- Aplenzin (bupropion hydrobromide extended-release) – **PA**
- Apriso (mesalamine 0.375 gram extended-release capsule); #; A90
- Arazlo (tazarotene lotion) – **PA**
- Ativan (lorazepam tablet) – **PA < 6 years**; #
- Atralin (tretinoin 0.05% gel) – **PA**; A90
- Benzamycin (benzoyl peroxide/erythromycin) – **PA**; A90
- Bryhali (halobetasol lotion) – **PA**
- Cabtreo (clindamycin/adapalene/benzoyl peroxide) – **PA**
- Cardizem CD (diltiazem extended-release capsule); #, M90
- Cardizem LA (diltiazem extended-release tablet); #, M90
- Cardizem (diltiazem); #, M90
- Carac (fluorouracil 0.5% cream); #, A90
- Clindagel (clindamycin gel)
- Colazal (balsalazide); #, A90
- Cuprimine (penicillamine capsule); #, A90
- Cycloset (bromocriptine 0.8 mg tablet)
- Demser (metyrosine); #
- Diuril (chlorothiazide suspension)
- Duobrii (halobetasol/tazarotene lotion) – **PA**
- Edecrin (ethacrynic acid tablet) – **PA**; M90
- Efudex (fluorouracil 5% cream); #, A90
- Elidel (pimecrolimus) – **PA**; A90
- Ertaczo (sertaconazole) – **PA**
- Flolipid (simvastatin oral suspension) – **PA**
- Isordil (isosorbide dinitrate 5 mg, 10 mg, 20 mg, 30 mg tablet); #, M90
- Isordil (isosorbide dinitrate 40 mg tablet) – **PA**; M90
- Jublia (efinaconazole) – **PA**
- Klaron (sulfacetamide 10% lotion) – **PA ≥ 21 years**; #, A90
- Librax (chlordiazepoxide/clidinium) – **PA**
- Lodosyn (carbidopa); #, A90
- Luzu (luliconazole) – **PA**; A90
- Mestinon (pyridostigmine bromide 60 mg tablet, 180 mg extended-release tablet); #, A90
- Mestinon (pyridostigmine bromide solution); #, A90
- Migranal (dihydroergotamine nasal spray) – **PA**; A90
- Moviprep (polyethylene glycol-electrolyte solution); #, A90
- Mysoline (primidone); #; A90
- Noritate (metronidazole 1% cream)
- Onexton (clindamycin/benzoyl peroxide gel pump) - **PA**; A90
- Onexton (clindamycin/benzoyl peroxide gel) - **PA**; A90
- Pepcid (famotidine tablet); #, *, M90
- Plenvu (polyethylene glycol-electrolyte solution); #
- Relistor (methylalnaltrexone) – **PA**
- Retin-A (tretinoin) - **PA ≥ 21 years**; A90
- Retin-A Micro (tretinoin microspheres) - **PA**; A90

- Siliq (brodalumab) – **PA**
- Syprine (trientine 250 mg capsule); #, A90
- Targretin (bexarotene); #, A90
- Tasmar (tolcapone) – **PA**; A90
- Tiazac ER (diltiazem); #, M90
- Trulance (plecanatide) – **PA > 1 unit/day**
- Uceris (budesonide extended-release tablet); #, A90
- Uceris (budesonide rectal foam) - **PA**; A90
- Vanos (fluocinonide 0.1% cream); #, A90
- Vaseretic (enalapril/hydrochlorothiazide); #, M90
- Vasotec (enalapril); #, M90
- Visudyne (verteporfin)
- Wellbutrin XL (bupropion hydrochloride extended-release 150 mg, 300 mg tablet) – **PA < 6 years and PA > 1 unit/day**; #, A90
- Xerese (acyclovir/hydrocortisone)
- Xifaxan (rifaximin 200 mg)
- Xifaxan (rifaximin 550 mg) – **PA**
- Zegalogue (dasiglucagon)
- Zelapar (selegiline orally disintegrating tablet) – **PA**
- Ziana (clindamycin/tretinoin) – **PA**; A90
- Zovirax (acyclovir cream); #
- Zovirax (acyclovir ointment); #
- Zyclara (imiquimod 2.5%, 3.75% cream) – **PA**; A90

Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
 - FML Forte (fluorometholone 0.25%); A90
 - Lutrate (leuprolide) – **PA**
 - Rextovy (naloxone 4 mg nasal spray)
- b. The following drug has been added to the MassHealth Drug List. This change does reflect a change in MassHealth policy.
 - Corvert (ibutilide); MB
 - Norvir (ritonavir capsule) – **PA**
- c. The following listings have been clarified. These changes do reflect a change in MassHealth policy.
 - Desowen (desonide cream); #, A90
 - Halog (halcinonide solution) – **PA**; A90
- d. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
 - Akynzeo (fosnetupitant/palonosetron injection) – **PA > 2 injections/28 days**
 - alcaftadine; *, A90
 - Cardizem (diltiazem tablet); #, M90
 - clobetasol propionate gel, ointment, solution; A90
 - Edurant (rilpivirine tablet); BP
 - Emend (aprepitant powder for oral suspension) – **PA > 6 units/28 days**; A90
 - Emend (fosaprepitant injection) – **PA > 2 injections/28 days**; #
 - glipizide 5 mg, 10 mg; M90
 - Lopressor (metoprolol immediate-release tablet); #, M90
 - Neurontin (gabapentin capsule, solution, 600 mg, 800 mg tablet) – **PA < 6 years and PA > 3600 mg/day**

- Ozobax (baclofen oral solution) – **PA**; A90
- palonosetron 0.25 mg/2 mL injection – **PA > 2 injections/28 days**; A90
- palonosetron 0.25 mg/5 mL injection – **PA > 2 injections/28 days**; A90
- Penbraya (pentavalent meningococcal groups A, B, C, W, and Y vaccine)
- propranolol immediate-release tablet; A90
- Sustol (granisetron extended-release injection) – **PA > 2 injections/28 days**
- terazosin capsule; M90
- Tiazac ER (diltiazem extended-release capsule); #, M90
- verapamil immediate-release tablet; M90
- Xarelto (rivaroxaban suspension) – **PA ≥ 18 years**; #, A90
- Zituvio (sitagliptin tablet) – **PA**; BP; M90

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.

* 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.

^{CO} Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements. All requests for one-time cell and gene therapies (as listed on the Acute Hospital Carve-Out Drugs List), including for members enrolled in an Accountable Care Partnership Plan (ACPP) or Managed Care Organization (MCO), will be reviewed by the MassHealth Drug Utilization Review (DUR) Program.

^{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.

^{PND} Preferred Non-Drug Product. This product is a preferred non-drug product for which MassHealth has entered into a rebate agreement with product manufacturer.

¹ 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.