



Commonwealth of Massachusetts  
**MassHealth Drug Utilization Review Program**  
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## November 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 November 17, 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 November 17, 2025, the following newly marketed drugs have been added to the MassHealth Drug List.

- Bkerv (eculizumab-aeeb) – **PA**; MB
- Bomynta (denosumab-bnht) – **PA**
- Ctextli (chenodiol) – **PA**
- Conexence (denosumab-bnht) – **PA**
- Enflonsia (clesrovimab-cfor) – **PA** ≥ 8 months of age; 1
- Epysqli (eculizumab-aagh) – **PA**; MB
- Flumist (influenza virus vaccine, self administered) – **PA**
- Imaavy (nipocalimab-aahu) – **PA**; MB
- Jubbonti (denosumab-bbdz) – **PA**
- Onapgo (apomorphine injection) – **PA**
- Osenvelt (denosumab-bmwo) – **PA**
- Qfitlia (fitusiran) – **PA**
- Stoboclo (denosumab-bmwo) – **PA**
- Symbravo (meloxicam/rizatriptan) – **PA**
- Vyvgart Hytrulo (efgartigimod alfa/hyaluronidase-qvfc prefilled syringe) – **PA**
- Wyost (denosumab-bbdz) – **PA**
- Yeztugo (lenacapavir) – **PA**
- Zevaskyn (prademagene zamikeracel) – **PA**; CO
- Zunveyl (benzgalantamine) – **PA**

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### New FDA “A”-Rated Generics

Effective November 17, 2025, the following FDA “A”-rated generic drugs have been added to the MassHealth Drug List. The brand name is listed with a # symbol to indicate that PA is required for the brand.

<u>New FDA “A”-Rated Generic Drug</u>	<u>Generic Equivalent of</u>
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phentermine 8 mg tablet	Lomaira #
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### Change in Prior Authorization Status

- Effective November 17, 2025, the following immunomodulator agent will require PA.
  - methotrexate 5 mg, 7.5 mg, 10 mg, 15 mg tablet – **PA**; A90
- Effective November 17, 2025, the following muscle relaxant agent will require PA.
  - methocarbamol 1,000 mg tablet – **PA**

- c. Effective November 17, 2025, the following urinary antispasmodic agent will no longer require PA when exceeding quantity limits.
  - darifenacin; A90
- d. Effective November 17, 2025, the following inhaled respiratory agent will require PA.
  - Tudorza (aclidinium) – **PA**
- e. Effective November 17, 2025, the following antihistamine agent will no longer require PA.
  - Clarinex (desloratadine tablet); #, M90
- f. Effective November 17, 2025, the following antihistamine agent will require PA.
  - promethazine suppository – **PA**; A90
- g. Effective November 17, 2025, the following antibiotic agents will require PA.
  - amoxicillin/clavulanate chewable tablet – **PA**; A90
  - cephalexin tablet – **PA**; A90
  - erythromycin delayed-release capsule – **PA**; A90
  - minocycline extended-release 55 mg, 65 mg, 80 mg, 115 mg tablet – **PA**; A90
- h. Effective November 17, 2025, the following antipsychotic agent will no longer require PA within established quantity and age limits.
  - Erzofri (paliperidone extended-release 1-month injection) <sup>PD</sup> – **PA <10 years and PA >1 injection/28 days**
- i. Effective November 17, 2025, the following antibiotic agents will no longer require PA.
  - doxycycline hyclate 75 mg, 150 mg tablet; A90
  - minocycline extended-release 135 mg tablet; A90
- j. Effective November 17, 2025, the following headache therapy agents will now require PA when exceeding updated quantity limits.
  - Imitrex (sumatriptan tablet) – **PA > 16 units/30 days**; #, A90
  - Maxalt MLT (rizatriptan orally disintegrating tablet) – **PA > 16 units/30 days**; #, A90
  - Maxalt (rizatriptan tablet) – **PA > 16 units/30 days**; #, A90
  - naratriptan – **PA > 16 units/30 days**; A90
  - sumatriptan 5 mg, 20 mg nasal spray – **PA < 6 years and > 16 units/30 days**; #, A90
  - Zomig (zolmitriptan tablet) – **PA > 16 units/30 days**; #, A90

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## New or Revised Therapeutic Tables

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- Table 9 – Growth Hormones and mecasermin (Increlex)
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- Table 13 – Lipid-Lowering Agents
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### Updated and New Prior Authorization Request Forms

- Anti-Hemophilia Non-Genetic Therapy Agents
- Antihistamine Agents Prior Authorization Request
- Anti-Obesity Agents Prior Authorization Request
- Antipsychotic Prior Authorization Request
- Antiretroviral Agents Prior Authorization Request
- Colorectal Cancer Agents Prior Authorization Request
- Diabetes Medical Supplies Prior Authorization Request
- Gout Agents Prior Authorization Request
- Growth Hormone and Increlex Prior Authorization Request
- Headache Therapy (Calcitonin Gene-Related Peptide (CGRP) Inhibitors) Prior Authorization Request
- Headache Therapy (Ergot Alkaloids and Serotonin Receptor Agents) Prior Authorization Request
- Inhaled Respiratory Agents Prior Authorization Request
- Oncology Agents Prior Authorization Request
- One-Time Cell and Gene Therapies
- Oral Antibiotics and Anti-Infectives Prior Authorization Request
- Oral Respiratory Agents Prior Authorization Request
- Osteoporosis Agents and Calcium Regulators Prior Authorization Request
- Pediculicides and Scabicides Prior Authorization Request
- Progesterone Agents 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 November 17, 2025, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Arnuity (fluticasone furoate inhalation powder) – BP, A90
  - Cardura (doxazosin immediate-release); BP, M90
  - Difucid (fidaxomicin tablet) – **PA**; BP
  - Timoptic Ocudose (timolol 0.25% ophthalmic unit dose solution) – **PA**; BP, M90

- Xarelto (rivaroxaban suspension) – **PA ≥ 18 years**; BP, A90
  - Xopenex HFA (levalbuterol inhaler); BP, A90
- b. Effective November 17, 2025, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
- Airduo Respiclick (fluticasone/salmeterol inhalation powder) – **PA**; A90
  - Pradaxa (dabigatran capsule); #, M90
  - Qudexy XR (topiramate extended-release capsule) – **PA < 6 years**; #, A90
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### **Updated MassHealth 90-day Initiative**

Effective November 17, 2025, the following agents will no longer be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- methocarbamol 1,000 mg tablet – **PA**
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### **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 November 17, 2025, the following antipsychotic agent will be added to the MassHealth Supplemental Rebate/Preferred Drug List.

- Erzofri (paliperidone extended-release 1-month injection) <sup>PD</sup> – **PA < 10 years and PA > 1 injection/28 days**
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### **Updated MassHealth Accountable Care Partnership Plans and Managed Care Organizations**

#### **Pharmacy Information**

Effective October 9, 2025, MassHealth Accountable Care Partnership Plans and Managed Care Organizations Pharmacy Information has been updated to reflect updated Medical Benefit link for Fallon Health.

Effective October 24, 2025, MassHealth Accountable Care Partnership Plans and Managed Care Organizations Pharmacy Information has been updated to reflect Hospital Outpatient PA MHDL Unified Class Drugs document.

Effective November 17, 2025, MassHealth Accountable Care Partnership Plans and Managed Care Organizations Pharmacy Information has been updated to reflect the addition of the Off-Label Non-FDA Approved Indication link.

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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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### **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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### **Independent Pharmacy and Federally Qualified Health Center or Rural Health Center Entity-Owned Pharmacy Attestation**

Effective October 15, 2025, MassHealth collects and maintains a copy of the Independent Pharmacy and Federally Qualified Health Center or Rural Health Center Entity-Owned Pharmacy Attestation for each of its participating pharmacies, signed by someone with actual authority to bind the participating pharmacy.

Effective November 10, 2025, the Independent Pharmacy and Federally Qualified Health Center or Rural Health Center Entity-Owned Pharmacy Attestation was removed from the MassHealth Drug List as the attestation process has concluded.

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## Deletions

- a. The following drugs have been removed from the MassHealth Drug List because they have been discontinued by the manufacturer.
    - Aemcolo (rifamycin) – **PA**
    - Airduo Digihaler (fluticasone/salmeterol inhalation powder) – **PA**
    - Armonair Digihaler (fluticasone propionate inhalation powder) – **PA**
    - Augmentin (amoxicillin/clavulanate chewable tablet, 200/28.5, 400/57 suspension); #, A90
    - Flagyl (metronidazole 375 mg capsule) – **PA**; A90
    - hydroxyprogesterone caproate injection – **PA**
    - Lymepak (doxycycline hyclate 100 mg tablet pack) – **PA**
    - Macrochantin (nitrofurantoin macrocrystals); #, A90
    - Patanase (olopatadine nasal spray) – **PA**; A90
    - Proair Digihaler (albuterol inhalation powder) – **PA**
    - Solodyn (minocycline extended-release 55 mg, 65 mg, 80 mg, 105 mg, 115 mg tablet); #, A90
    - Vibramycin (doxycycline hyclate 100 mg capsule); #, 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.
    - Droxia (hydroxyurea capsule)
    - Fenoglide (fenofibrate 40 mg, 120 mg tablet) – **PA**; M90
    - Hydrea (hydroxyurea capsule); #, A90
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## Corrections / Clarifications

- a. The following drugs have been added to the MassHealth Drug List. These changes do not reflect any change in MassHealth policy.
    - Arbli (losartan suspension) – **PA**
    - ergotamine – **PA**
  - b. The following listings have been clarified. These changes do reflect a change in MassHealth policy.
    - Timoptic Ocudose (timolol ophthalmic unit dose solution) – **PA**; BP, M90
  - c. The following listings have been clarified. These changes do not reflect any change in MassHealth policy.
    - amoxicillin/clavulanate 200/28.5 mg/5mL, 400/57 mg/5 mL suspension; A90
    - amoxicillin/clavulanate chewable tablet – **PA**; A90
    - Augmentin (amoxicillin/clavulanate 250/62.5 mg/5 mL suspension, tablet); #, A90
    - Augmentin ES (amoxicillin/clavulanate 600/42.9 mg/5 mL suspension); #, A90
    - Beyfortus (nirsevimab-alip) – **PA ≥ 8 months of age**; 1
    - Difucid (fidaxomicin suspension) – **PA**
    - methotrexate 2.5 mg tablet; A90
    - methocarbamol 500 mg, 750 mg tablet – **PA < 16 years**; A90
    - minocycline extended-release 105 mg, 135 mg tablet; A90
    - minocycline extended-release 45 mg, 55 mg, 65 mg, 80 mg, 90 mg, 115 mg tablet; – **PA**; A90
    - promethazine solution, tablet, vial; A90
    - Vyvgart Hytrulo (efgartigimod alfa/hyaluronidase-qvfc vial) – **PA**; MB
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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 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.

**A<sup>90</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.

**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.

**M<sup>90</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.

**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.

<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.