



THE PRESCRIBER e-LETTER

Overview of More Restrictive Coverage Changes Effective April 1, 2025

MassHealth evaluates the prior authorization (PA) status for drugs on an ongoing basis and updates the MassHealth Drug List accordingly. The list below shows changes to the MassHealth Drug List for the rollout that is effective April 1, 2025. The listed drugs have changes that have been identified as more restrictive in nature.

Change in Prior Authorization Status

Effective April 1, 2025, the following gastrointestinal anti-inflammatory agent will require **PA**.

- Lialda (mesalamine 1.2 gram delayed-release tablet) – **PA**; A90

Effective April 1, 2025, the following insulin agent will require **PA**.

- insulin aspart – **PA**

Effective April 1, 2025, the following topical antifungal agent will require **PA**

- Ertaczo (sertaconazole) – **PA**

Effective April 1, 2025, the following antidiabetic agent will require **PA**

- glimepiride 3 mg – **PA**; M90

Change in MassHealth Brand Name Preferred Over Generic Drug List Status

Effective April 1, 2025, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Betimol (timolol) - **PA**; BP
- Mestinon (pyridostigmine bromide 60 mg tablet, 180 mg extended-release tablet); BP, A90
- Zituvio (sitagliptin) – **PA**; BP, M90

Effective April 1, 2025, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Emend (aprepitant trifold pack) – **PA**; A90
- Marinol (dronabinol 2.5 mg) – **PA > 2 units/day**; #
- Mycobutin (rifabutin); #; A90
- Nucynta (tapentadol) – **PA > 300 mg/day**
- Nucynta ER (tapentadol extended-release) – **PA > 300 mg/day**

Deletions

The following drugs will be removed from the MassHealth Drug List effective April 1, 2025, because they have been discontinued by the manufacturer.

- Amaryl (glimepiride); #, M90
- Boniva (ibandronate tablet); #, M90
- Exkivity (mobocertinib) – **PA**
- Kerydin (tavaborole) – **PA**; A90
- Oxistat (oxiconazole cream) – **PA**; A90

The [MassHealth Drug List's Upcoming and Recent Updates](#) page summarizes changes that will become effective on April 1, 2025. Please refer to the updated summary for more information (including other important upcoming changes). Additional information about coverage status and Prior Authorization requirements can be found on the [MassHealth Drug List website](#).

The Prescriber e-Letter is an update designed to enhance the transparency and efficiency of the MassHealth drug prior-authorization (PA) process and the MassHealth Drug List. Each issue highlights key clinical information and updates to the MassHealth Drug List. The Prescriber E-Letter was prepared by the MassHealth Drug Utilization Review Program and the MassHealth Pharmacy Program.