



## THE PRESCRIBER e-LETTER

### Overview of More Restrictive Coverage Changes Effective October 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 outlines changes to the MassHealth Drug List for the rollout effective October 1, 2025, that have been identified as more restrictive in nature.

#### Change in Prior Authorization Status

- a. Effective October 1, 2025, the following antiretroviral agent will require PA.
  - Norvir (ritonavir packet) – **PA**
- b. Effective October 1, 2025, the following anti-allergy ophthalmic agent will require PA.
  - epinastine – **PA**; A90
- c. Effective October 1, 2025, the following topical corticosteroid agent will require PA.
  - Olux-E (clobetasol propionate foam/ emollient) – **PA**; A90
- d. Effective October 1, 2025, the following dermatological agent will require PA.
  - Carac (fluorouracil 0.5% cream) – **PA**
- e. Effective October 1, 2025, the following antidiabetic agents will require PA.
  - glipizide 2.5 mg – **PA**; M90
  - Janumet (sitagliptin/metformin) – **PA**
  - Janumet (sitagliptin/metformin extended-release) – **PA**
  - Januvia (sitagliptin tablet) – **PA**
  - sitagliptin/metformin – **PA**

#### Change in MassHealth Brand Name Preferred Over Generic Drug List Status

- a. Effective October 1, 2025, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Aplenzin (bupropion hydrobromide extended-release) – **PA**; BP
  - 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.
  - Carac (fluorouracil 0.5% cream) – **PA**
  - Lotemax (loteprednol 0.5%); #, A90
  - Noxafil (posaconazole injection) – **PA**
  - Olux-E (clobetasol propionate foam/emollient) – **PA**; A90

## 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
  - 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)<sup>PND</sup> – **PA**
  - Omnipod Go (insulin continuous subcutaneous infusion pump)<sup>PND</sup> – **PA**

The [MassHealth Drug List's Upcoming and Recent Updates](#) page summarizes changes that will become effective on October 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.