



THE PRESCRIBER e-LETTER

Overview of More Restrictive Coverage Changes Effective November 17, 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 November 17, 2025, that have been identified as more restrictive in nature.

Change in Prior Authorization Status

- a. Effective November 17, 2025, the following immunomodulator agent will require PA.
 - methotrexate 5 mg, 7.5 mg, 10 mg, 15 mg tablet – **PA**; A90
- b. 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 inhaled respiratory agent will require PA.
 - Tudorza (aclidinium) – **PA**
- d. Effective November 17, 2025, the following antihistamine agent will require PA.
 - promethazine suppository – **PA**; **A90**
- e. 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

Change in MassHealth Brand Name Preferred Over Generic Drug List Status

- 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
 - Difacid (fidaxomicin tablet) – **PA**; BP
 - Furodantin (nitrofurantoin 25 mg/5 mL suspension) – **PA**; BP, A90
 - 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 agent 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

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**
 - Macrodantin (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

The [MassHealth Drug List's Upcoming and Recent Updates](#) page summarizes changes that will become effective on November 17, 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.