



THE PRESCRIBER e-LETTER

Overview of More Restrictive Coverage Changes Effective May 12, 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 that are considered more restrictive. These updates are effective May 12, 2025.

Change in MassHealth Brand Name Preferred Over Generic Drug List Status

Effective May 12, 2025, the following drugs will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Entresto (sacubitril/valsartan tablet) – **PA**; BP
- Nexium (esomeprazole magnesium 2.5 mg, 5 mg suspension) – **PA ≥ 2 years and PA > 1 unit/day**; BP, M90
- Mesnex (mesna tablet); BP
- Motegrity (prucalopride) – **PA**; BP
- Spritam (levetiracetam tablet for oral suspension) – **PA**; BP

Effective May 12, 2025, the following drugs will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Biltricide (praziquantel); #, A90
- Cleocin T (clindamycin lotion); #, A90
- Flovent (fluticasone propionate inhalation aerosol) – **PA ≥ 12 years**; #
- Flovent (fluticasone propionate inhalation powder) – **PA**
- Pred Forte (prednisolone acetate 1% ophthalmic suspension); #, A90
- Sporanox (itraconazole solution); #, A90
- Zegerid (omeprazole/sodium bicarbonate capsule, powder for oral suspension); #, M90

Deletions

The following drugs will be removed from the MassHealth Drug List effective May 12, 2025, because they have been discontinued by the manufacturer.

- Androderm (testosterone patch) – **PA**
- Extavia (interferon beta-1b) – **PA**
- Fortesta (testosterone 2% gel pump) – **PA**
- Namenda (memantine tablet) – **PA < 6 years and PA > 2 units/day**; #, A90
- Razadyne ER (galantamine extended-release capsule) – **PA > 1 unit/day**; #, A90
- Rocaltrol (calcitriol capsule); #, M90

The [MassHealth Drug List's Upcoming and Recent Updates](#) page summarizes changes that will become effective on May 12, 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.