



## THE PRESCRIBER e-LETTER

### Overview of More Restrictive Coverage Changes Effective January 6, 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 January 6, 2025, that have been identified as more restrictive in nature.

#### Change in Prior Authorization Status

Effective January 6, 2025, the following psoriasis agent will require PA.

- methoxsalen capsule – PA; A90

Effective January 6, 2025, the following thyroid agent will require PA.

- Tirosint (levothyroxine capsule) – PA; M90

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

Effective January 6, 2025, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.

- Auryxia (ferric citrate) – **PA**; BP
- Fycompa (perampanel) – **PA**; BP
- Namzaric (memantine/donepezil extended-release) – **PA**; BP
- Ravicti (glycerol phenylbutyrate) – **PA**; BP
- Rytary (carbidopa/levodopa extended-release capsule) – **PA**; BP
- Sancuso (granisetron transdermal system) – **PA**; BP
- Sandostatin LAR (octreotide injectable suspension); BP
- Xarelto (rivaroxaban 10 mg, 15 mg, 20 mg tablet, starter pack); BP
- Xarelto (rivaroxaban 2.5 mg tablet) – **PA**; BP

Effective January 6, 2025, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.

- Afinitor (everolimus 2.5 mg, 5 mg, 7.5 mg, 10 mg) – **PA**; A90
- Focalin XR (dextmethylphenidate extended-release) – **PA < 3 years or ≥ 21 years and PA > 2 units/day; #**
- Gelnique (oxybutynin gel)

- Kombiglyze XR (saxagliptin/metformin) – **PA**; M90
- Revatio (sildenafil oral suspension) – **PA**; A90
- Samsca (tolvaptan) – **PA**; A90
- Tirosint (levothyroxine capsule) – **PA**; M90
- Vascepa (icosapent ethyl) – **PA**; M90

### **Deletions**

The following drugs will be removed from the MassHealth Drug List effective January 6, 2025, because they have been discontinued by the manufacturer.

- Aduhelm (aducanumab-avwa) – PA
- Docefrez (docetaxel); MB
- Gelnique (oxybutynin gel)
- Lunesta (eszopiclone) – PA < 6 years and PA > 1 unit/day; #
- Oxbryta (voxelotor) – PA
- Oxsoralen (methoxsalen topical); A90

The [MassHealth Drug List's Upcoming and Recent Updates](#) page summarizes changes that will become effective on January 6, 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.