



## THE PRESCRIBER e-LETTER

### Overview of More Restrictive Coverage Changes Effective July 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 that are considered more restrictive. These updates are effective July 1, 2025.

### Change in Prior Authorization Status

- a. Effective July 1, 2025, the following benzodiazepine agents will require PA within newly established age limits. Criteria from the Pediatric Behavioral Health Medication Initiative will apply. For additional information, please see the documents for the Pediatric Behavioral Health Initiative at [www.mass.gov/druglist](http://www.mass.gov/druglist).
  - alprazolam solution – PA < 6 years and ≥ 13 years
  - lorazepam solution – PA < 6 years and ≥ 13 years
- b. Effective July 1, 2025, the following benzodiazepine agent will require PA. Criteria from the Pediatric Behavioral Health Medication Initiative will apply. For additional information, please see the documents for the Pediatric Behavioral Health Initiative at [www.mass.gov/druglist](http://www.mass.gov/druglist).
  - diazepam 25 mg/5 mL solution – PA
- c. Effective July 1, 2025, the following thyroid preparation agent will require PA.
  - Euthyrox (levothyroxine) – PA; M90
- d. Effective July 1, 2025, the following gastrointestinal agent will require PA.
  - Zegerid (omeprazole/sodium bicarbonate powder for oral suspension) – PA; M90

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

- a. Effective July 1, 2025, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Adzenys XR-ODT (amphetamine extended-release orally disintegrating tablet) – PA; BP
  - Depen (penicillamine tablet); BP, A90
  - Ridaura (auranofin); BP
  - Xeljanz (tofacitinib) – PA; BP
  - Xeljanz XR (tofacitinib extended-release) – PA; BP
- b. Effective July 1, 2025, the following agent will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
  - Dermotic (fluocinolone oil, otic drops); A90

## Deletions

- a. The following drug will be removed from the MassHealth Drug List on July 1, 2025, because it has been discontinued by the manufacturer.
  - Tegsedi (inotersen) – **PA**

The [MassHealth Drug List's Upcoming and Recent Updates](#) page summarizes changes that will become effective on July 1, 2025. Please refer to the updated summary for more information (including other important upcoming changes). More 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.