



## THE PRESCRIBER e-LETTER

### Overview of More Restrictive Coverage Changes Effective August 11, 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 August 11, 2025, that have been identified as more restrictive in nature.

#### Change in Prior Authorization Status

- a. Effective August 11, 2025, the iron chelating agents will require PA.
  - Exjade (deferasirox tablet) – **PA**; BP, A90
  - Jadenu (deferasirox packet) – **PA**; A90
- b. Effective August 11, 2025, the following COVID-19 treatment agent will require PA within newly established age and quantity limits.
  - Paxlovid (nirmatrelvir/ritonavir 300/150-100 mg)<sup>PD</sup> – **PA < 12 years and > 11 units/claim**
- c. Effective August 11, 2025, the following anti-tubercular agent will require PA within newly established quantity limits.
  - pretomanid – **PA > 1 unit/day**; A90
- d. Effective August 11, 2025, the following antidiabetic agents will require PA.
  - Byetta (exenatide injection) – **PA**; BP
  - Trulicity (dulaglutide)<sup>PD</sup> – **PA**
  - Victoza (liraglutide) – **PA**; BP

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

- a. Effective August 11, 2025, the following agents will be added to the MassHealth Brand Name Preferred Over Generic Drug List.
  - Acular LS (ketorolac 0.4% ophthalmic solution); BP, A90
  - Anoro (umeclidinium/vilanterol); BP, A90
  - Carbatrol (carbamazepine extended-release); BP, A90
  - Cipro (ciprofloxacin suspension); BP, A90
  - Tygacil (tigecycline) – **PA**; BP
- b. Effective August 11, 2025, the following agents will be removed from the MassHealth Brand Name Preferred Over Generic Drug List.
  - Efudex (fluorouracil 5% cream); A90
  - Firvanq (vancomycin oral solution); #, A90

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). 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.