



PHARMACY FACTS

*Current information for pharmacists about
the MassHealth Pharmacy Program*

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MassHealth Drug List Update

Below are updates to the MassHealth Drug List (MHDL). See the MHDL for a complete listing of updates.

Additions

Effective August 11, 2025, the following newly marketed drugs have been added to the MassHealth Drug List.

- Grafapex (treosulfan) – **PA**; MB
- Ivra (melphalan hydrochloride injection); MB
- Niktimvo (axatilimab-csfr) – **PA**; MB
- Raldesy (trazodone solution) – **PA**
- Romvimza (vimseltinib) – **PA**
- Tryngolza (olezarsen) – **PA**
- ustekinumab, unbranded prefilled syringe, 45 mg/0.5 mL vial – **PA**
- ustekinumab, unbranded 130 mg/26 mL vial – **PA**; MB

Change in Prior Authorization Status

- a. Effective August 11, 2025, the following constipation agent will no longer require PA within established quantity limits.
 - Trulance (plecanatide) – **PA > 1 unit/day**
- b. Effective August 11, 2025, the following iron chelating agents will require PA.
 - Exjade (deferasirox dispersible tablet) – **PA**; BP, A90
 - Jadenu (deferasirox granule packet) – **PA**; A90
- c. Effective August 11, 2025, the following iron agents will no longer require PA.
 - Feraheme (ferumoxytol)
 - Injectafer (ferric carboxymaltose injection); MB
 - Monoferric (ferric derisomaltose)
- d. Effective August 11, 2025, the following injectable antibiotic agents will no longer require PA.
 - Dalvance (dalbavancin)
 - Zyvox (linezolid injection); #
- e. Effective August 11, 2025, the following cardiovascular agent will no longer require PA.
 - Veletri (epoprostenol); #
- f. Effective August 11, 2025, the following anti-tubercular agent will require PA within newly established quantity limits.
 - pretomanid – **PA > 1 unit/day**; A90
- g. Effective August 11, 2025, the following antidiabetic agents will require PA.
 - Byetta (exenatide injection) – **PA**; BP
 - Trulicity (dulaglutide)^{PD} – **PA**

- Victoza (liraglutide) – **PA**; BP
- h. 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)^{PD} – **PA < 12 years and > 11 units/claim**

Updated MassHealth Brand Name Preferred Over Generic Drug List

The MassHealth Brand Name Preferred Over Generic Drug List has been updated to reflect recent changes to the MassHealth Drug List.

- 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) – **PA < 6 years**; 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

Updated MassHealth 90-Day Initiative

The MassHealth 90-day Initiative has been updated to reflect recent changes to the MassHealth Drug List. Effective August 11, 2025, the following agents may be allowed or mandated to be dispensed in up to a 90-day supply, as indicated below.

- Zytuvimet XR (sitagliptin/metformin extended-release) – **PA**; A90

Abbreviations, Acronyms, and Symbols

This designates a brand-name drug with FDA “A”-rated generic equivalents. PA is required for the brand, unless a particular form of that drug (for example, tablet, capsule, or liquid) does not have an FDA “A”-rated generic equivalent.

^{CO} Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements. All requests for one-time cell and gene therapies (as listed on the Acute Hospital Carve-Out Drug List), including for members enrolled in an Accountable Care Partnership Plan (ACPP) or Managed Care Organization (MCO), will be reviewed by the MassHealth Drug Utilization Review (DUR) Program.

^{MB} This drug is available through the healthcare professional who administers the drug or in an outpatient or inpatient hospital setting. MassHealth does not pay for this drug to be dispensed through the retail pharmacy. If listed, PA does not apply through the hospital outpatient and inpatient settings. Please refer to 130 CMR 433.408 for PA requirements for other healthcare professionals. Notwithstanding the above, this drug may be an exception to the unified pharmacy policy; please refer to respective MassHealth Accountable Care Partnership Plans (ACPPs) and Managed Care Organizations (MCOs) for PA status and criteria, if applicable.

* The generic OTC and, if any, generic prescription versions of the drug are payable under MassHealth without PA.

PA Prior authorization is required. The prescriber must obtain PA for the drug in order for the provider to receive reimbursement. Note: PA applies to both the brand-name and the FDA "A"-rated generic equivalent of listed product.

A⁹⁰ Allowable 90-day supply. Dispensing up to a 90-day supply is allowed. May not include all strengths or formulations. Quantity limits and other restrictions may apply.

BP Brand Preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.

M⁹⁰ Mandatory 90-day supply. After dispensing up to a 30-day supply initial fill, dispensing in a 90-day supply is required. May not include all strengths or formulations. Quantity limits and other restrictions may also apply.

PD Preferred Drug. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class.