



ISSUE 1 MassHealth Drug List (MHDL) Update Summary Effective April 1, 2026

Key Changes

Adalimumab (Humira) and ustekinumab (Stelara) Preferred Biosimilars

- Current state: before January 2026, MassHealth preferred Humira and Stelara reference products. As noted below, MassHealth will be preferring biosimilars. To aid in the transition, MassHealth allowed both the reference products and the preferred biosimilars to be used for members with a prior authorization (PA) on file. More information can be found in [Prescriber e-Letter volume 15, issue 19](#).
- Effective April 1, 2026: Humira and Stelara will be non-preferred and will be subject to a step-therapy requirement. Members will be required to have tried and failed all preferred biosimilars before coverage will be granted for Humira or Stelara. A new PA will be required for patients who have not switched to a preferred biosimilar.

Preferred Biosimilars

Interchangeability

Hadlima
adalimumab-adaz

Hadlima and adalimumab-adaz are interchangeable with Humira.

Pyzchiva
Steqeyma
Imuldosa

Pyzchiva and Steqeyma are interchangeable with Stelara.
Imuldosa is not FDA-approved as interchangeable with Stelara and will therefore require a new prescription.

Buprenorphine Sublingual Tablets

- Current state: MassHealth requires PA for buprenorphine sublingual tablets regardless of quantity. Buprenorphine/naloxone and long-acting injectable buprenorphine are available without PA.
- Effective April 1, 2026: MassHealth members will be permitted to receive a five-day supply of buprenorphine sublingual tablets within the dose limit of 32 mg/day, without PA. A PA will be required for a day's supply beyond five days, or if additional prescriptions (for a five-day supply) are requested within a 180-day period.

Additions to the Brand Preferred over Generic List

The following brand name medications will need to be dispensed by pharmacies in place of the generic equivalent.

Brand	Generic
Cipro HC	ciprofloxacin and hydrocortisone
Mavenclad	cladribine tablet
Rowasa	mesalamine enema

Removals from the Brand Preferred over Generic List

The following brand name medications will no longer need to be dispensed by pharmacies in place of the generic. Pharmacies will be required to dispense the generic or biosimilar unless a PA is on file for the brand name product.

Brand	Generic/Biosimilar
Cardura	doxazosin immediate release
Daytrana	methylphenidate transdermal
Entresto	sacubitril/valsartan tablet
Inspra	eplerenone tablet
Sancuso	granisetron transdermal system
Humira	adalimumab-adaz; Hadlima
Stelara	Imuldosa; Pyzchiva; Steqeyma

The 90-day initiative has been updated to reflect the following recent changes to the MHDL.

Drug Name	Updates
Jentaduetto (linagliptin/metformin)	Added to mandatory 90 day-supply list (M90)
Farxiga (dapagliflozin)	Removed from the 90-day supply list

The following drugs will be removed from the MHDL because they have been discontinued by the manufacturer.

Drug Name
Abilify Mycite (aripiprazole tablet with sensor)
Atripla (efavirenz/emtricitabine/tenofovir)
Delzicol DR (mesalamine 400 mg delayed-release capsule)
Fentora (fentanyl buccal tablet)
Finacea (azelaic acid gel)
Idacio (adalimumab-aacf)
Ortikos (budesonide extended-release capsule)
Portrazza (necitumumab)
Tarceva (erlotinib)
Zyprexa Zydis (olanzapine orally disintegrating tablet)

MHDL Updates

The following changes are being made to the MHDL.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Alzheimer's Agents	Leqembi IQLIK —PA	
Antibiotics and Anti-Infectives	Blujepa —PA Orlynvah —PA Pivya —PA	
Antipsychotics		<ul style="list-style-type: none"> Update LCA trials for Cobenfy, Fanapt, Nuplazid, and Lybalvi. Update polypharmacy criteria for members ≥ 18 years old, including polypharmacy restrictions for Cobenfy and Nuplazid. Remove the step-through requirement for Perseris from the Rykindo criteria due to product discontinuation. Allow clinical rationale for initiating Caplyta at lower doses (10.5 or 21 mg).
Antiretroviral/HIV Therapy		<ul style="list-style-type: none"> PA will be removed for Yeztugo. Add coding at the POS to allow Genvoya and Stribild to pay at the pharmacy without requiring PA.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Antiviral Agents		<ul style="list-style-type: none"> Update criteria to reflect an expanded indication for Prevymis for cytomegalovirus prophylaxis in pediatric allogenic hematopoietic stem cell transplant recipients. Add medical necessity criteria and quantity limits to Prevymis pellet packet.
Dermatologic Agents		<ul style="list-style-type: none"> Update the criteria for Absorica and Isotretinoin for members ≥ 21 years old to clarify LCA trials. Update criteria for Azelex and Finacea for acne criteria to accept oral antibiotic trial. Update criteria for doxepin cream to include topical anesthetics as an LCA trial. Remove medical record requirements for the LCA criteria for trifarotene; PA-requiring adapalene and metronidazole products; tazarotene cream and gel; and oral tretinoin. The following medications are now non-rebate and will follow MHDL non-rebate criteria. <ul style="list-style-type: none"> Adapalene 0.1% solution BPO 2.5% wash Benzepro 6% foaming cloths Brand Veltin gel
Drug and Alcohol Cessation Agents		<ul style="list-style-type: none"> Update criteria for buprenorphine sublingual tablets to allow five days of therapy per 180 days without PA within the dose limit. Update dose limit for buprenorphine tablets to a max dose of 32 mg/day only, and 22.8mg/day for Zubsolv.
Hereditary Angioedema Agents	Andembry —PA Dawnzera —PA Ekterly —PA	<ul style="list-style-type: none"> PA will be removed for the following medications and will be managed with QL only. <ul style="list-style-type: none"> Berinert Firazyr Kalbitor Ruconest

MHDL Therapeutic Class	Additions	Summary of Change(s)
Hormones— Gonadotropin-Releasing Hormone Analogs		<ul style="list-style-type: none"> Update criteria for Orgovyx for diagnosis of advanced prostate cancer to add step through Trelstar. Update LCA trials for Lupron 11.25 mg for diagnosis of endometriosis and fibroids and Lupron products for central precocious puberty and advanced prostate cancer.
Immunological Agents	Papzimeos —PA, MB Rhapsido —PA	<ul style="list-style-type: none"> adalimumab-adaz or Hadlima are the preferred adalimumab products. Imuldosa, Pyzchiva, and Steqeyma are the preferred ustekinumab biosimilars.
Nonsteroidal Anti-Inflammatory Drugs	Zybic —PA	
Oncology Agents	Ensacove —PA Modeyso —PA	<ul style="list-style-type: none"> Update criteria to reflect the expanded indications for Zepzelca in extensive-stage small cell lung cancer; Braftovi in first line metastatic colorectal cancer; Lumakras and Krazati in locally advanced or metastatic colorectal cancer; and Tecentriq and Tecentriq Hybreza for use as maintenance therapy in extensive-stage small cell lung cancer. PA will be removed for Gleostine. Update Mekinist and Tafinlar criteria for unresectable or metastatic solid tumors. Add Opdualag as trial requirement for metastatic melanoma indication. Update Proleukin criteria for chronic graft-versus-host disease to require hematologist prescriber; update LCA trials and clinical rationale for use over rebated treatment alternatives.
Opioids and Analgesics	Tramadol 75 mg —PA	

MHDL Therapeutic Class	Additions	Summary of Change(s)
Pulmonary Hypertension Agents		<ul style="list-style-type: none"> Update criteria for Uptravi to add appropriate dosing criteria and quantity limits for 200 mcg tablet and 200-800 mcg titration pack.
Respiratory Agents- Oral	Brinsupri —PA	
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors		<ul style="list-style-type: none"> Update criteria for new starts of Austedo, Ingrezza, and tetrabenazine for tardive dyskinesia to require AIMS score. Update Austedo and Austedo XR criteria to require dose consolidation.
Agents Not Otherwise Classified		
Acetylcholinesterase Inhibitors		<ul style="list-style-type: none"> PA will be added for pyridostigmine bromide solution.
Epinephrine Agents		<ul style="list-style-type: none"> Update criteria for Neffy to allow use in members weighing ≥ 15 kg.
Interferon Gamma Inhibitor		<ul style="list-style-type: none"> Update criteria for Gamifant to reflect the expanded indication of hemophagocytic lymphohistiocytosis (HLH) and macrophage activation syndrome (MAS) in Still's disease.
Nonhormonal Agents for Menopausal Symptoms	Lynkuet —PA	<ul style="list-style-type: none"> Update criteria for Veozah to accept claims history for menopausal hormonal agents, and update LCA trials.
Presbyopia Agents	Vizz —PA	
Thyroid Preparations		<ul style="list-style-type: none"> Update criteria for Tirosint solution to add malabsorption as medical necessity.

Abbreviations, Acronyms, and Definitions

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.

MB Drug is restricted to medical billing.

LCA Lower-cost alternative

PA Prior authorization

QL Quantity limit

Non-rebate criteria Please refer to the [MassHealth Pharmacy Operational Page](#) for non-rebate drugs and biologics criteria.