ISSUE 2

MassHealth Drug List (MHDL) Update Summary Effective May 11, 2026

Key Changes

Antidiabetic Agents – Insulin Utilization Management Updates

There are multiple insulin products that will require prior authorization (PA) effective May 11, 2026, and will require trials of less costly formulations.

PA Required	Preferred Lower-Cost Alternatives (LCAs)
Humalog (insulin lispro 200 units/mL)	Humalog (insulin lispro 100 units/mL)
Novolin 70/30 (insulin NPH/regular insulin 70/30)	Humulin 70/30 (insulin NPH/regular insulin 70/30)
Toujeo (insulin glargine)*	Insulin glargine prefilled syringe or vial
Tresiba (insulin degludec)*	

*POS stability rule may allow members currently stable on Toujeo and Tresiba to continue treatment.

- Biosimilar products Kirsty (insulin aspart-xjhz) and Merilog (insulin aspart-szjj) will be added to the MHDL requiring an inadequate response, adverse reaction, or contraindication to Humalog (insulin lispro). If members require insulin aspart, Novolog (insulin aspart) is the preferred formulation.
- Semglee (insulin glargine-yfgn) and Rezvoglar (insulin glargine-aglr) medical necessity criteria have been updated to require clinical rationale for use over insulin glargine prefilled syringe or vial (branded or unbranded Lantus SoloSTAR or Lantus vial).

Anti-Hemophilia Agents

Effective May 11, 2026, Hemlibra (Hemophilia A) will require PA. The clinical criteria will require documentation of an appropriate diagnosis, specialist involvement, current weight (used to calculate appropriate dosing), and the member's baseline annualized bleed rate (ABR). Members stable on Hemlibra will require documentation of appropriate dose based on member's current weight.

Additions to the Brand Name Preferred over Generic Drug List

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

Brand	Generic
Besivance	besifloxacin ophthalmic suspension
Eliquis	apixaban sprinkle capsule, tablet for oral suspension
Zylet	tobramycin/loteprednol ophthalmic suspension

Removals from the Brand Name Preferred over Generic Drug 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
Sporanox	itraconazole 100 mg capsule

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

Drug Name	Updates
Atrovent HFA (ipratropium inhalation aerosol)	Added to allowable 90 day-supply list (A90)
melatonin	Added to mandatory 90 day-supply list (M90)
Ofev (nintedanib)	Added to allowable 90 day-supply list (A90)
Savella (milnacipran)	Added to allowable 90 day-supply list (A90)
Ultravate (halobetasol lotion)	Added to allowable 90 day-supply list (A90)
dihydroergotamine nasal spray	Removed from the 90-day supply list
ergotamine/caffeine suppository	Removed from the 90-day supply list
Golytely (polyethylene glycol-electrolyte solution)	Removed from the 90-day supply list
palonosetron 0.25 mg/2 mL injection	Removed from the 90-day supply list
polyethylene glycol-electrolyte solution	Removed from the 90-day supply list
Suprep (sodium sulfate/potassium sulfate/magnesium sulfate)	Removed from the 90-day supply list

The following drugs will be removed from the MHDL because they have either been discontinued by the manufacturer or the manufacturer no longer participates in the Medicaid Drug Rebate Program (MDRP).

Drug Name
Abelcet (amphotericin B lipid complex)
Anzemet (dolasetron)
Jesduvroq (daprodustat)
Levemir (insulin detemir)
Mentax (butenafine)
paromomycin
Zontivity (vorapaxar)

MHDL Updates

The following changes are being made to the MHDL.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Acromegaly, Carcinoid Syndrome, and Cushing's Syndrome Agents	**Palsonify** (paltusotine)—PA **Bynfezia** (octreotide auto-injection)	
Anti-Allergy and Ant-Inflammatory Agents—Ophthalmic	**Byqlovi** (clobetasol ophthalmic suspension)—PA	
Anti-Hemophilia Agents		• PA **added** for **Hemlibra.** Stability criteria updated. Members stable on Hemlibra will require documentation of appropriate dose based on member's current weight. Requests for stable members can bypass the criteria requirement for specialist involvement and baseline ABR**.**
Anti-Obesity Agents	**Wegovy** (semaglutide tablet)—PA, PD	
Anticoagulants and Antiplatelet Agents		• PA **removed** and PD status will be added for **Eliquis Sprinkle capsule** and **Eliquis tablet for oral suspension**.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Antidiabetic Agents	**Cycloset** (bromocriptine 0.8 mg tablet) **Kirsty** (insulin aspart-xjhz)—PA **Merilog** (insulin aspart-szjj)—PA	• **Semglee (insulin glargine-yfgn)** and **Rezvoglar (insulin glargine-aglr)** medical necessity criteria have been updated to require clinical rationale for use over insulin glargine prefilled syringe or vial (branded or unbranded Lantus SoloSTAR or Lantus vial). • PA **added** for **Humalog (insulin lispro 200 units/mL), Novolin 70/30 (insulin NPH/ regular insulin 70/30), Toujeo** and **Tresiba** • **POS stability rule** has been added for **Toujeo** and **Tresiba** to allow members already on medication to continue therapy.
Antiemetics, Appetite Stimulants, and Anabolics		• QL **added** for **Cinvanti**, **Sancuso**, and **Sustol**. • Updated criteria for **Emend** for chemotherapy-induced nausea and vomiting (CINV) indication to modify LCA to generic equivalent. • Updated **granisetron tablet** in CINV/ radiotherapy-induced nausea and vomiting (RINV) criteria to require inadequate response, adverse reaction, or contraindication to ondansetron oral tablets or ODT. Additionally, off-label use for postoperative nausea and vomiting (PONV) require LCA of generic equivalent. • Updated **Sustol** PA criteria to require stepping through both granisetron injection and Sancuso.
Antifungal Agents—Topical	**econazole 1% foam**—PA **Ertaczo** (sertaconazole 2% cream)—PA	
Antipsychotics	**Zyprexa Zydis** (olanzapine orally disintegrating tablet)—PA	• Updated **Cobenfy** polypharmacy criteria to allow for cross-tapering from an antipsychotic.
Antiretroviral/HIV Therapy	**Egrifta WR** (tesamorelin)—PA	
Cardiovascular Agents	**Cardene** (nicardipine injection)—MB	
Hormones—Gonadotropin-Releasing Hormone Analogs		The following agent is no longer restricted to medical billing. • **Supprelin LA**

MHDL Therapeutic Class	Additions	Summary of Change(s)
Immunological Agents	**Otezla XR** (apremilast extended-release)—PA	• Updated **Zilretta** criteria to require clinical rationale for use over other comparable long-acting steroids and allow trial of methylprednisolone acetate (Depo-Medrol) as an LCA trial. • Updated **Tremfya** criteria for expanded use for plaque psoriasis and psoriatic arthritis in pediatrics.
Lipid-Lowering Agents	**Redemplo** (plozasiran)—PA	• Updated **Tryngolza** criteria to require stepping through **Redemplo**.
Neuromuscular Agents—Duchenne Muscular Dystrophy and Spinal Muscular Atrophy	**Itvisma** (onasemnogene abeparvovec-brve) —PA, CO, PD	• Updated criteria to disallow use of **Evrysdi** and **Spinraza** for members previously treated with gene therapy for SMA. • Updated recertification criteria to clarify that updated functional test results are required for continuation of therapy to document positive response.
Oncology Agents	**Imkeldi** (imatinib solution)—PA	• Updated **Adcetris** criteria to reflect the following. o Expanded indication for relapsed/refractory large B-cell lymphoma (LBCL), including diffuse large B-cell lymphoma (DLBCL). o Updated diagnosis language from Hodgkin lymphoma (HL) to classical Hodgkin lymphoma (cHL). o Removed clinical rationale as to why the other available treatment regimens cannot be used. o Updated relapsed/refractory cHL criteria to clarify post-auto-HSCT requirements, and to separate criteria for members who are not candidates for auto-HSCT and have had inadequate response or adverse reaction to two prior multi-agent chemotherapy regimens. o Updated systemic anaplastic large cell lymphoma (sALCL) criteria to address monotherapy use.
Ophthalmic Preparations	**Visudyne** (verteporfin)	

MHDL Therapeutic Class	Additions	Summary of Change(s)
Opioid and Analgesics	**tapentadol**—PA **tapentadol extended release**—PA	
Osteoporosis and Bone Metabolism Agents	**Bildyos** (denosumab-nxxp)—PA **Bilprevda** (denosumab-nxxp)—PA **Bonsity** (teriparatide)—PA **Enoby** (denosumab-qbde)—PA **Xtrenbo** (denosumab-qbde)—PA	• Updated criteria for Prolia and its biosimilars to require Enoby as an LCA trial. • Updated criteria for Xgeva and its biosimilars to require Xtrenbo as an LCA trial. • Updated Prolia and Xgeva recertification requirements to align with new LCA trials. • Updated criteria for all agents to accept claims history for LCA trials (except LCA trials of bisphosphonates). • Updated criteria to remove teriparatide 620 mcg formulation. • Updated criteria for teriparatide, calcitonin salmon injection, Evenity, and Tymlos to remove "prevention" from indication of osteoporosis. • Updated criteria for teriparatide for indication of prevention of glucocorticoid induced osteoporosis.
Respiratory Agents—Oral	**Jascayd** (nerandomilast)—PA	
Thrombocytopenic Agents	**Wayrilz** (rilzabrutinib)—PA	• Updated **Promacta** criteria to require stepping through of **Alvaiz** for members ≥ 6 years of age. • Updated **Doptelet** tablet and **Cablivi** criteria to reflect expanded age indications.

The **MassHealth Over-the-Counter Drug List** has been updated to reflect recent changes to the MassHealth Drug List.

Over the Counter	The following drug is added. • **butenafine**	The following drugs are removed from coverage. • **Cod liver oil** • **Magaldrate** • **Witch hazel**

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.
CO	Carve-Out. This agent is listed on the Acute Hospital Carve-Out Drugs List and is subject to additional monitoring and billing requirements.
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
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.
QL	Quantity limit
Non-rebate criteria	Please refer to the MassHealth Pharmacy Operational Page for non-rebate drugs and biologics criteria.