ISSUE 3

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

Key Changes

Termination of Coverage of Medications Used Soley for the Treatment of Overweight or Obesity

Effective July 3, 2026, MassHealth will no longer cover medications used solely for weight loss, including GLP-1 agents. This applies to GLP-1 medications prescribed for weight loss (including off-label use of diabetic GLP-1s) as well as oral weight-loss drugs. More information can be found in Prescriber e-Letter Volume 16, Issue 7.

Wegovy (semaglutide) will be the sole non-diabetic GLP-1 preferred medication to treat ALL other medically accepted conditions, such as the following.

- Body mass index (BMI) >27 kg/m2 and established cardiovascular disease to reduce the risk of major adverse cardiovascular events (MACE)
- BMI >30 kg/m2 and moderate-to-severe obstructive sleep apnea (OSA)
- Metabolic dysfunction-associated steatohepatitis (MASH)
- Members younger than 21 when deemed medically necessary under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements

Zepbound (tirzepatide) will be non-preferred and will require a trial with Wegovy (semaglutide) for moderate-to-severe OSA.

Patients with a comorbid condition of diabetes or prediabetes will require a new prescription from their prescriber for an appropriate diabetes medication.

Stelara Biosimilars

- **Effective July 1, 2026, Starjemza (ustekinumab-hmny) and ustekinumab-aekn** will become preferred ustekinumab biosimilars. Imuldosa (ustekinumab-srlf), Pyzchiva (ustekinumab-ttwe), and Steqeyma (ustekinumab-stba) will no longer be preferred drugs, and will require a trial of all preferred biosimilars.
- More information can be found in Prescriber e-Letter Volume 16, Issue 8.

NPH Insulin

- Effective July 1, 2026, MassHealth will require PA for Novolin N (insulin NPH) and remove PA from Humulin N (insulin NPH).
- MassHealth patients prescribed Novolin N (insulin NPH) will need a new prescription for Humulin N (insulin NPH), or have their provider submit a PA for continued use of Novolin N (insulin NPH). For those that require Novolin N (insulin NPH), prior authorizations must document an appropriate diagnosis and an inadequate response, adverse reaction, or contraindication to Humulin N (insulin NPH).
- More information can be found in Prescriber e-Letter Volume 16, Issue 6.

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/Biosimilar
Belbuca	buprenorphine buccal film
Endometrin	progesterone vaginal insert
Humulin N	insulin NPH
Incruse Ellipta	umeclidinium
Lumigan	bimatoprost 0.01% ophthalmic solution

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
Fabior	tazarotene foam
Xenical	orlistat

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

Drug Name	Updates
Astagraf XL (tacrolimus extended-release capsule)	Added to allowable 90 day-supply list (A90)
Incruse (umeclidinium)	Added to allowable 90 day-supply list (A90)
Lumigan (bimatoprost 0.01% ophthalmic solution)	Added to mandatory 90 day-supply list (M90)
Revlimid (lenalidomide)	Removed from the allowable 90-day supply list (A90)
Samsca (tolvaptan)	Removed from the allowable 90-day supply list (A90)
Xenical (orlistat)	Removed from the allowable 90-day list (A90)

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
Androgel (testosterone 1.62% gel packet)
Androgel (testosterone 1% gel packet)
Beqvez (fidanacogene elaparvovec-dzkt)
Cosmegen (dactinomycin)
Cymbalta (duloxetine 20 mg, 30 mg, 60 mg capsule)

Drug Name
Exservan (riluzole film)
Namenda (memantine titration pack)
Namenda XR (memantine extended-release)
Prozac (fluoxetine 10 mg, 20 mg, 40 mg capsule, solution)
Qlosi (pilocarpine 0.4% ophthalmic solution)
Qtern (dapagliflozin/saxagliptin)
Rilutek (riluzole tablet)
Roctavian (valoctocogene roxaparvovec-rvox)
Trecator (ethionamide)
Vizz (aceclidine ophthalmic solution)

MHDL Updates

The following changes are being made to the MHDL.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Anti-Hemophilia and Bleeding Disorder Agents	Fesilty (fibrinogen, human-chmt)	PA **added** for desmopressin 1.5 mg/mL nasal spray.
Antibiotics and Anti-Infectives—Oral and Inhaled		PA **added** for **cycloserin** requiring diagnosis of multidrug resistant tuberculosis; use in combination with at least three other antitubercular agents; and appropriate dosing. **Updated** criteria for Sirturo (bedaquiline) to require appropriate dosing.
Antidepressants	**Exxua (gepirone)**—PA **buspirone capsule**—PA **escitalopram capsule**—PA	PA **added** for buspirone capsule and escitalopram capsule. **Updated** criteria for **Spravato (esketamine)** and **Ketalar (ketamine injection)** for the indication of major depressive disorder (MDD) to clarify diagnosis and required trials for monotherapy and augmentation. New starts now require medical records documenting baseline depression scores and current depression scores upon recertification.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Asthma/Allergy Monoclonal Antibodies	**Exdensur (depemokimab)**—PA; MB	PD designation **added** to **Fasenra (benralizumab)** and **Nemluvio (nemolizumab-ilto)**. **Added** criteria for **Tezspire (tezepelumab-ekko)** to reflect the expanded indication of chronic rhinosinusitis with nasal polyps. Required trials include Dupixent (duplilumab) and Nucala (mepolizumab). **Updated** criteria for **Tezspire (tezepelumab-ekko)** for severe asthma to require a trial of Dupixent (dupilumab) and Fasenra (benralizumab) in patients with an eosinophilic phenotype. **Updated** criteria for **Nemluvio (nemolizumab-ilto)** for atopic dermatitis and prurigo nodularis to remove LCA trials through other biologics. **Updated** criteria for **Cinqair (reslizumab), Fasenra (benralizumab),** and **Nucala (mepolizumab)** for the indication of severe eosinophilic asthma.
Cardiovascular Agents	**Enbumyst (bumetanide nasal spray)**—PA	PA **removed** for clonidine patch. PA **removed** for **Inzirqo (hydrochlorothiazide suspension)** for members <13.
	Javadin (clonidine oral solution)—PA	PA **added** for **eplerenone**. Pharmacy claims will generally pay if the member has prior claims for spironolactone.
	Lasix ONYU (furosemide on-body infusor)—PA	PA **added** to **amlodipine/valsartan/HCTZ**.
	Lopressor (metoprolol immediate-release oral solution)—PA	**Updated** sacubitril/valsartan to require PA only when exceeding two units/day. **Updated** criteria to reflect expanded indication for **Furoscix (furosemide on-body infusor)** in patients with chronic kidney disease. Criteria updated to require a step through Lasix ONYU (furosemide on-body infusor) for chronic heart failure in adults.
	Lopressor (metoprolol immediate-release 12.5 mg tablet)—PA	**Updated** criteria for **Katerzia (amlodipine suspension)** to require a trial of Norliqva (amlodipine solution) with point-of-sale edits for members <13. **Updated** quinidine sulfate criteria to step through quinidine gluconate ER for new starts. Pharmacy claims will generally pay if the member has prior claims for quinidine gluconate ER.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Complement Inhibitors and Miscellaneous Immunosuppressive Agents	--	**Updated** criteria for **Fabhalta (iptacopan)** for the diagnosis of immunoglobulin A nephropathy to require trial of systemic glucocorticoid and Tarpeyo (budesonide). **Updated** criteria for **Izervay (avacincaptad pegol)** to allow for use beyond 12 months.
Enzyme and Metabolic Disorder Therapies	**Forzinity (elamipretide)**—PA	
Headache Therapy	--	**Updated** criteria for **Ajovy (fremanezumab-vfrm)** to reflect the expanded indication of prevention of episodic migraine in pediatric patients.
Hormone Replacement Therapy	--	**Updated** criteria for testosterone products to allow review for off-label use in members with pediatric hypogonadism. **Updated** criteria for delayed puberty and pediatric hypogonadism to permit one documented low testosterone level in place of two laboratory results.
Immune Suppressants—Topical	--	**Added** a criterion for **Opzelura (ruxolitinib cream)** for atopic dermatitis limiting total BSA involvement to ≤20%. **Added PD designation** to **Vtama** to align criteria with other preferred agents, including a step through one LCA for both atopic dermatitis and plaque psoriasis. **Updated** criteria **for Anzupgo (delgocitinib), Eucrisa (crisaborole), and Opzelura (ruxolitinib cream)** to allow BSA involvement of >2% as acceptable rationale for medical necessity. **Updated** criteria for **Vtama (tapinarof) and Zoryve (roflumilast cream, foam)** to allow BSA involvement of >4% as acceptable rationale for medical necessity.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Immunological Agents	**Avtozma (tocilizumab-anoh vial)**—PA; MB **Avtozma (tocilizumab-anoh vial COVID)**; MB **ustekinumab-aauz, unbranded**—PA **Starjemza (ustekinumab-hmny prefilled syringe, 45 mg/0.5 mL vial)**—PA **Starjemza (ustekinumab-hmny 130 mg/26 mL vial)**—PA; MB	**Updated** criteria for **Fabior (tazarotene foam)** to require trials of both a topical tretinoin agent and a topical tazarotene agent. **Updated** criteria for **Cibinqo (abrocitinib)** and **Rinvoq (upadacitinib)** for atopic dermatitis to require a step through Nemluvio (nemolizumab-ilto). **Actemra (tocilizumab vial)** and **Tofidence (tocilizumab-bavi)** will require a trial with Avtozma (tocilizumab-anoh vial) and Tyenne (tocilizumab-aazg vial).
Iron Agents and Chelators	--	**Removed** Velphoro (sucroferric oxyhydroxide) as a required trial for Auryxia (ferric citrate)**.**
Neuromuscular Agents—Duchenne Muscular Dystrophy and Spinal Muscular Atrophy	--	**Updated** recertification criteria for **Spinraza (nusinersen)** and **Evrysdi (risdiplam)** to require that the member has not previously been treated with gene therapy **Updated** criteria for exon-skipping agents **Amondys 45 (casimersen), Exondys 51 (eteplirsen), Viltepso (viltolarsen),** and **Vyondys 53 (golodirsen)** to limit use in combination with other disease- modifying therapies for DMD. **Updated** criteria for **Elevidys (delandistrogene moxeparvovec-rokl)** to limit use of disease-modifying therapies for DMD following gene therapy.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Oncology Agents	**Inluriyo (imlunestrant)**—PA **Komzifti (ziftomenib)**—PA **Unloxcyt (cosibelimab-ipdl)**—PA; MB **Rybrevant Faspro (amivantamab/hyaluronidase-lpuj)**—PA; MB **Hyrnuo (sevabertinib)**—PA	**Added** PA criteria for **Komzifti (ziftomenib)** for acute myeloid leukemia (AML) with an NPM1 gene mutation. **Added** PA criteria for **Hyrnuo (sevabertinib)** for unresectable or metastatic non-small cell lung cancer with activating HER2 (ERBB2) mutations. **Added** PA criteria for **Rybrevant Faspro (amivantamab/hyaluronidase-lpuj)** matching existing Rybrevant (amivantamab-vmjw) criteria. **Added** PA criteria for **Unloxcyt (cosibelimab-ipdl)** for locally advanced or metastatic cutaneous squamous cell carcinoma. **Added** PA criteria for **Inluriyo (imlunestrant)** for ER-positive, HER2-negative, ESR1-mutated advanced or metastatic breast cancer. **Updated** criteria to reflect an expanded indication for **Revuforj (revumenib)** for AML with an NPM1 gene mutation. **Updated** criteria to reflect an expanded indication for **Gazyva (obinutuzumab)** for lupus nephritis. **Updated** criteria to reflect an expanded indication for **Welireg (belzutifan)** for locally advanced, unresectable, or metastatic pheochromocytoma or paraganglioma. **Updated** criteria for **Elahere (mirvetuximab soravtansine-gynx)** to require members be ≥18.
		Updated criteria for **Koselugo (selumetinib)** to reflect the expanded indication for neurofibromatosis type 1 with plexiform neurofibromas. **Updated** criteria for **Cabometyx (cabozantinib)** to reflect expanded indications for well-differentiated pancreatic neuroendocrine tumors and extra-pancreatic neuroendocrine tumors and to remove the renal cell carcinoma histology requirement. **Updated** criteria for **Sutent (sunitinib)** and **Vanflyta (quizartinib**) to align with FDA-approved indications and remove the Rydapt (midostaurin) trial requirement for Vanflyta (quizartinib).

MHDL Therapeutic Class	Additions	Summary of Change(s)
Ophthalmic Preparations	**Yuvezzi (carbachol/ brimonidine tartrate)**—PA	**Added** PA criteria for **Yuvezzi (carbachol/ brimonidine tartrate)** requiring a trial of Vuity (pilocarpine ophthalmic solution).
Renal Disorder Agents	**potassium chloride 40 mEq powder packet**—PA **Pokonza (potassium chloride oral solution)**—PA **Veltassa (patiromer 1 g packet)**—PA **Voyxact (sibeprenlimab-szsi)**—PA	PA **added** for **Velphoro (sucroferric oxyhydroxide)** requiring a trial of two phosphate binders available without PA. PA **added** for **Pokonza (potassium chloride oral solution),** requiring medical necessity for use over potassium replacement products available without PA. **Updated** PA criteria for **Veltassa (patiromer)** 1g packets to require PA for adults when quantities exceed four packets per day. **Updated Kerendia** (finerenone) heart failure criteria to accept Inpefa (sotagliflozin) as an LCA trial.
T-Cell Immunotherapies	--	**Updated** criteria for **Epkinly (epcoritamab-bysp**) to reflect an expanded indication and distinguish criteria for use after one versus two or more lines of therapy.
Agents Not Otherwise Classified—Adrenocorticotropic Hormone	--	**Updated** criteria for **Cortrophin (corticotrophin prefilled syringe)** to align with Acthar (corticotropin) prefilled syringe criteria. **Acthar prefilled syringe** will no longer require medical necessity for use over the vial formulation.
Agents Not Otherwise Classified—Oral Immunotherapy Agent	--	**Updated** criteria for **Odactra (house dust mite allergen extract)** and **Palforzia (peanut allergen powder-dnfp)** to reflect expanded age indications.
Agents Not Otherwise Classified—Transthyretin Amyloidosis Agents	--	**Updated** criteria for **Vyndamax (tafamidis) and Vyndaqel (tafamidis)** to step through Attruby (acoramidis). Members with an existing approval for Vyndamax or Vyndaqel may continue therapy without a trial of Attruby.
Agents Not Otherwise Classified—Agents for Menopause Symptoms	--	**Lynkuet (elinzanetant)** criteria was updated to require a trial of Veozah (fezolinetant).

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

Over the Counter	The following agents are removed from coverage outside of compounds.
	• cherry syrup • gelatin capsule, empty • hydrophilic ointment • Ora-Plus suspending vehicle • Ora-Sweet oral syrup • Ora-Sweet-SF oral syrup • simple syrup

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.