MassHealth

MASSHEALTH FORMULARY NEWSLETTER

ISSUE 4

MassHealth Drug List (MHDL) Update Summary Effective August 10, 2026

Key Changes

Unless otherwise specified, all updates will be effective August 10, 2026.

GLP-1 Coverage for Obstructive Sleep Apnea (OSA)—Less Restrictive Change

- Effective immediately, MassHealth updated the clinical criteria for GLP-1 coverage for OSA by removing specialist requirements and allowing either a home sleep apnea test (HSAT) or in-laboratory polysomnography (PSG) to document diagnosis.

Herceptin (trastuzumab) Biosimilars—Management Updates

- **Kanjinti (trastuzumab-anns)** will be the preferred trastuzumab product.
- All trastuzumab products require prior authorization (PA) and are restricted to medical billing.
- For non-preferred trastuzumab products, a trial of Kanjinti (trastuzumab-anns) will be required before approval, except for Herceptin Hylecta (trastuzumab and hyaluronidase-oysk).

High-Dose Spinraza (nusinersen)

- Updated Spinraza (nusinersen) criteria to include the recently approved **high-dose regimen, which will be managed at parity with the standard-dose regimen**. Spinraza (nusinersen) continues to be restricted to medical billing.

Constipation Agents—Management Updates

- **Lubiprostone** and **prucalopride** will no longer require PA within quantity limits.

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
Condylox	podofilox gel
Farxiga	dapagliflozin
Rowasa	mesalamine enema

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

Drug Name	Updates
Edarbi (azilsartan)	Added to mandatory 90 day-supply list (M90)
Motegrity (prucalopride)	Added to mandatory 90 day-supply list (M90)

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
Liqrev (sildenafil oral suspension)
Regranex (becaplermin)
Strattera (atomoxetine)
Synagis (palivizumab)
Ventavis (iloprost)

MHDL Updates

The following changes are being made to the MHDL.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Antibiotics and Anti-Infectives— Injectable	**Contepo (fosfomycin injection)**—PA **Xacduro (sulbactam/durlobactam)**—PA	• **Added Contepo (fosfomycin injection)** requiring PA and a trial of two antibiotics available without PA. • **Added Xacduro (sulbactam/durlobactam)** requiring PA . A trial of Xacduro (sulbactam/durlobactam) will be required before approval of Fetroja (cefiderocol) for pneumonia caused by *Acinetobacter baumannii-calcoaceticus*. • **Updated Sivextro (tedizolid injection**) and **Zerbexa (ceftolozane/tazobactam)** criteria to reflect approval in an expanded age group.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Antipsychotics	--	• **Designated Lybalvi (olanzapine/ samidorphan)** as a preferred drug and updated criteria to align with other preferred brand antipsychotics. • **Updated Cobenfy (xanomeline/trospium)** criteria to allow Lybalvi (olanzapine/ samidorphan) as an acceptable trial.
Cardiovascular Agents	**Cardamyst (etripamil)**—PA **Myqorzo (aficamten)**—PA **Sdamlo (amlodipine powder for oral solution)**—PA	• **Designated Camzyos (mavacamten)** as a preferred drug. • **Added Cardamyst (etripamil)** requiring PA for atrioventricular nodal-dependent paroxysmal supraventricular tachycardia in adults who are not candidates for or who have failed catheter ablation. • **Added Myqorzo (aficamten)** PA criteria for obstructive hypertrophic cardiomyopathy requiring a trial of Camzyos (mavacamten). • **Added Sdamlo (amlodipine powder for oral solution)** PA criteria requiring trials of Katerzia (amlodipine suspension) and Norliqva (amlodipine solution). • **Clarified** criteria for Camzyos (mavacamten) and Myqorzo (aficamten) to clarify when a trial of disopyramide may be bypassed.
Constipation Agents	--	• **Removed PA** for **lubiprostone** within QL of 2 units/day. • **Removed PA** for **prucalopride** within QL of 1 unit/day.
Enzyme Replacement and Substrate Reduction Therapies	**Zycubo (copper histidinate)** —PA	--
Hereditary Angioedema Agents	**Orladeyo (berotralstat pellet packet)**—PA	--

MHDL Therapeutic Class	Additions	Summary of Change(s)
Neuromuscular Agents—Duchenne Muscular Dystrophy and Spinal Muscular Atrophy	--	• **Updated Spinraza (nusinersen)** criteria to reflect the recently approved higher-dose regimen, which will be managed at parity with the standard-dose regimen. Spinraza (nusinersen) continues to be restricted to medical billing.
Oncology Agents	**Lymphir (denileukin diftitox-cxdl)**—PA; MB	• Designated **Kanjinti (trastuzumab-anns) as the preferred trastuzumab biosimilar.** Updated criteria to require a trial of Kanjinti before approval of other trastuzumab products, except for Herceptin Hylecta (trastuzumab and hyaluronidase-oysk). • **Updated Padcev (enfortumab vedotin-ejfv)** criteria to reflect expanded indication for treatment of muscle-invasive bladder cancer. • **Updated Keytruda (pembrolizumab)** and **Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph)** criteria to reflect expanded indications for muscle-invasive bladder cancer and epithelial ovarian, fallopian tube, and primary peritoneal carcinomas. • **Updated Opdivo (nivolumab)** and **Opdivo Qvantig (nivolumab and hyaluronidase-nvhy)** criteria to reflect expanded indications and revised criteria for melanoma; resectable non-small cell lung cancer; and classical Hodgkin lymphoma. • **Updated Opdivo Qvantig (nivolumab and hyaluronidase-nvhy)** criteria for hepatocellular carcinoma to remove the sorafenib trial requirement. • **Updated Libtayo (cemiplimab-rwlc)** criteria to reflect the expanded indication for adjuvant treatment of cutaneous squamous cell carcinoma. (continued on next page)

MHDL Therapeutic Class	Additions	Summary of Change(s)
Oncology Agents	**Lymphir (denileukin diftitox-cxdl)**—PA; MB	• **Updated Imfinzi (durvalumab)** criteria to reflect the expanded indication for resectable gastric or gastroesophageal junction adenocarcinoma. • **Updated Tecentriq Hybreza (atezolizumab/hyaluronidase-tqjs)** criteria to reflect expanded use in adolescent patients with unresectable or metastatic alveolar soft part sarcoma. • **Updated Akeega (niraparib/abiraterone acetate)** criteria to reflect the expanded indication for metastatic castration-sensitive prostate cancer. • **Updated Nubeqa (darolutamide)** criteria to reflect the expanded indication for castration-sensitive prostate cancer**.** • **Updated abiraterone acetate** criteria for metastatic castration-sensitive and metastatic castration-resistant prostate cancer and removed the required trial of the 250 mg tablet before approval of the 500 mg tablet. • **Updated** criteria for oncology immunotherapies to remove maximum treatment-duration requirements and allow NCCN-supported alternative treatment regimens when clinically appropriate.
Pulmonary Hypertension Agents	--	• **Updated Winrevair (sotatercept-csrk)** criteria for use in members with World Health Organization (WHO) functional class IV disease.
Thalassemia, Myelodysplastic Syndrome, and Sickle Cell Disease Agents	**Aqvesme (mitapivat)**—PA	--
Agents Not Otherwise Classified—C-Type Natriuretic Peptide	**Yuviwel (navepegritide)**—PA	--

MHDL Therapeutic Class	Additions	Summary of Change(s)
Agents Not Otherwise Classified— Monoclonal Antibodies	--	• **Updated Benlysta (belimumab)** criteria for lupus nephritis to expand acceptable triple-therapy regimens and clarify concomitant use restrictions. • **Updated Saphnelo (anifrolumab-fnia**) criteria for systemic lupus erythematosus to allow approval without a trial of Benlysta (belimumab) in members with moderate-to-severe cutaneous manifestations. • **Updated Lupkynis (voclosporin)** criteria for lupus nephritis to expand approval pathways, add LCA requirements, and clarify concomitant use restrictions • **Added specialist requirements** for lupus nephritis and systemic lupus erythematosus indications.
Agents Not Otherwise Classified—Wound Care	--	• **Updated Vyjuvek (beremagene geperpavec-svdt)** criteria to reflect the expanded age indication from birth. • **Updated Santyl (collagenase)** criteria to clarify use in combination with debridement.

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.