

MassHealth Drug List (MHDL) Update Summary Effective November 16, 2026

Key Changes

Keytruda (pembrolizumab) and Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph)—Management Update

- **Updated** Keytruda (pembrolizumab) criteria to require a trial of Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph) when applicable per FDA labeling.
- At PA recertification, members stabilized on intravenous Keytruda (pembrolizumab) should transition to subcutaneous Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph) when clinically appropriate.

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
Janumet XR	sitagliptin/metformin HCl extended-release
Nuedexta	dextromethorphan/quinidine
Keveyis	dichlorphenamide

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
Carbatrol	carbamazepine extended release

Updates to the 90-day Supply Initiatives

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

Brand	Updates
Farxiga (dapagliflozin)	Added to the allowable 90-day supply list (A90)
Janumet XR (sitagliptin/metformin extended-release)	Added to the allowable 90-day supply list (A90)
Absorica LD (isotretinoin micronized)	Removed from the allowable 90-day supply list (A90)
Acular (ketorolac 0.5% ophthalmic solution)	Removed from the allowable 90-day supply list (A90)
Acular LS (ketorolac 0.4% ophthalmic solution)	Removed from the allowable 90-day supply list (A90)
Alrex (loteprednol 0.2%)	Removed from the allowable 90-day supply list (A90)
bromfenac 0.09%	Removed from the allowable 90-day supply list (A90)
Bromsite (bromfenac 0.075%)	Removed from the allowable 90-day supply list (A90)
dexamethasone sodium phosphate ophthalmic solution	Removed from the allowable 90-day supply list (A90)
diclofenac ophthalmic solution	Removed from the allowable 90-day supply list (A90)
Durezol (difluprednate)	Removed from the allowable 90-day supply list (A90)
Enemeez Plus (docusate/benzocaine enema)	Removed from the allowable 90-day supply list (A90)
flurbiprofen ophthalmic solution	Removed from the allowable 90-day supply list (A90)
FML (fluorometholone 0.1%)	Removed from the allowable 90-day supply list (A90)
FML Forte (fluorometholone 0.25%)	Removed from the allowable 90-day supply list (A90)
Lotemax (loteprednol 0.5%)	Removed from the allowable 90-day supply list (A90)
Multaq (dronedarone)	Removed from the allowable 90-day supply list (A90)
Naphcon-A (naphazoline/pheniramine)	Removed from the allowable 90-day supply list (A90)
Nourianz (istradefylline)	Removed from the allowable 90-day supply list (A90)
Opcon-A (naphazoline/pheniramine)	Removed from the allowable 90-day supply list (A90)
podofilox gel	Removed from the allowable 90-day supply list (A90)
Pred Forte (prednisolone acetate 1% ophthalmic suspension)	Removed from the allowable 90-day supply list (A90)
prednisolone sodium phosphate ophthalmic solution	Removed from the allowable 90-day supply list (A90)
Premarin (estrogens, conjugated cream, vial)	Removed from the allowable 90-day supply list (A90)
Prolensa (bromfenac 0.07%)	Removed from the allowable 90-day supply list (A90)
Versacloz (clozapine suspension)	Removed from the allowable 90-day supply list (A90)
Viread (tenofovir disoproxil fumarate powder)	Removed from the allowable 90-day supply list (A90)

MHDL Deletions

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
Accolate (zafirlukast)
Alomide (lodoxamide)
Apexicon-E (diflorasone cream/emollient)
Condylox (podofilox gel)
Daypro (oxaprozin tablet)
Desowen (desonide cream)
Duexis (ibuprofen/famotidine)
Erwinase (asparaginase erwinia chrysanthemi)
flurandrenolide cream
Fuzeon (enfuvirtide)
Halog (halcinonide ointment)
Ketorolac nasal spray
Locoid (hydrocortisone butyrate lotion)
Locoid Lipocream (hydrocortisone butyrate/emollient)
Luxiq (betamethasone valerate foam)
Olux-E (clobetasol propionate foam/emollient)
Rayos (prednisone delayed-release)
Saizen (somatropin)
Symfi Lo (efavirenz/lamivudine/tenofovir disoproxil fumarate)
Vimovo (naproxen/esomeprazole)
prednicarbate ointment
Zyflo (zileuton)

MHDL Updates

The following changes are being made to the MHDL.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Androgens	--	<ul style="list-style-type: none"> • Updated criteria to require either lab results of two low testosterone levels or patient's stability on a testosterone product for covered indications.
Anti-Allergy and Anti-Inflammatory Agents—Ophthalmic	--	<ul style="list-style-type: none"> • Added olopatadine to the Over the Counter (OTC) Drug List as covered without PA. • Updated criteria for Xdemvy (lotilaner ophthalmic solution) to accept a dermatologist as a prescriber. • Updated Tryptyr (acoltremon ophthalmic solution) criteria to remove LCA trials of Miebo (perfluorohexyloctane) or Tyrvaya (varenicline nasal spray). • Updated A90 designations to remove agents generally intended for acute use, including ophthalmic corticosteroids, NSAIDs, and vasoconstrictors.
Antidepressants	--	<ul style="list-style-type: none"> • Updated Auvelity (dextromethorphan/bupropion) criteria to reflect expanded indication of agitation associated with dementia due to Alzheimer's disease. Criteria require one LCA trial of either an antidepressant or Rexulti (brexpiprazole), and QLs apply.
Antidiabetics Agents—Non-Insulin and Combination products	--	<ul style="list-style-type: none"> • Updated Ozempic (semaglutide) injection criteria for diabetes with chronic kidney disease (CKD) to align with existing diabetes criteria; removing requirements for eGFR, use with an ACE-I or ARB, and LCA trial of a SGLT2.
Antiemetics, Appetite Stimulants, and Anabolics	Nereus (tradipitant)—PA	<ul style="list-style-type: none"> • Added Nereus (tradipitant) criteria for motion-induced vomiting in adults. PA requires LCA trials, appropriate dosing, and a QL of 8 units per 28 days apply.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Antipsychotics	--	<ul style="list-style-type: none"> • Updated Rexulti (brexpiprazole) criteria for agitation associated with dementia due to Alzheimer's disease to require only one LCA trial with a second generation antipsychotic.
Antiretroviral/HIV Therapy	Idvynso (doravirine/ islatravir) —PA	<ul style="list-style-type: none"> • Added Idvynso (doravirine/islatravir) criteria for adults with virologically suppressed HIV switching from a stable antiretroviral regimen.
Cardiovascular Agents	Baxfendy (baxdrostat) —PA	<ul style="list-style-type: none"> • Added Javadin (clonidine oral solution) off-label criteria for ADHD, autism spectrum disorder, sleep disorders, and other behavioral or neurologic conditions, including medical necessity requirements for use of the oral solution instead of clonidine immediate-release tablets and clonidine patch or clonidine extended-release 0.1 mg tablets, and an LCA trial of a stimulant when used for ADHD. • Added Baxfendy (baxdrostat) criteria for adults with hypertension, requiring use within QLs, LCA trials with other antihypertensive agents and continued use of at least three antihypertensive agents; excluding concomitant therapy with a mineralocorticoid receptor antagonist. • Updated criteria to specify that stability on Tryvio (aproцитentan) or Baxfendy (baxdrostat) is not acceptable rationale for bypassing trials of LCAs.
Cerebral Stimulants and Miscellaneous Agents	--	<ul style="list-style-type: none"> • Added Onyda XR (clonidine extended-release suspension) off-label criteria for autism spectrum disorder, sleep disorders, and other behavioral or neurologic conditions, requiring medical necessity and LCA trials of clonidine patch and clonidine immediate-release tablet.
Corticosteroids—Topical	--	<ul style="list-style-type: none"> • Added criteria for hydrocortisone/pramoxine cream, lotion, and rectal foam, requiring trials of comparable topical corticosteroids available without PA and medical necessity for the requested formulation.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Dermatologic Agents— Topical Chemotherapy, Genital Wart Treatment, and Miscellaneous Dermatologic Agents	--	<ul style="list-style-type: none"> • Added podofilox gel criteria requiring LCA trials of podofilox solution and imiquimod. • Added Velchlor (mechlorethamine gel) criteria requiring two LCA trials. • Added QLs to select dermatologic agents and PA requirements when QLs are exceeded.
Growth Hormones and Increlex	--	<ul style="list-style-type: none"> • Updated growth hormone criteria to clarify acceptance of evidence of short stature or growth failure documented within the last 90 days.
Hereditary Angioedema Agents	--	<ul style="list-style-type: none"> • Added criteria for Kalbitor (ecallantide) for all quantities requiring a LCA trial of either Berinert (C1 esterase inhibitor, human) or icatibant. • Added criteria for Ruconest (C1 esterase inhibitor, recombinant) for all quantities requiring a LCA trial of Berinert (C1 esterase inhibitor, human). • Updated criteria for Andembry (garadacimab-gxii), Haegarda (C1 esterase inhibitor, human), and Orladeyo (berotralstat) to require a LCA trial of Cinryze (C1 esterase inhibitor, human), Dawnzera (donidalorsen), or Takhzyro (lanadelumab-flyo). • Updated Orladeyo (berotralstat) criteria to accept needle phobia as rationale for bypassing LCA trials. • Updated criteria for all agents to clarify that stability on a medication requiring PA is not acceptable rationale to bypass initial approval criteria unless the member has an appropriate diagnosis and a history of laryngeal attacks.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Immunological Agents	<p>dexamethasone 0.25 mg tablet—PA</p> <p>Khindivi (hydrocortisone oral solution)—PA</p>	<ul style="list-style-type: none"> • Added dexamethasone 0.25 mg tablet criteria requiring medical necessity or use over generic glucocorticoid formulations available without PA. • Added Khindivi (hydrocortisone oral solution) criteria for adrenocortical insufficiency in pediatric members, requiring medical necessity for use over hydrocortisone tablets. • Clarified Alkindi (hydrocortisone sprinkle capsule) criteria to clarify medical necessity for use over hydrocortisone tablets.
Iron Agents and Chelators	--	<ul style="list-style-type: none"> • Added MB designation to Feraheme (ferumoxytol), Ferrlecit (sodium ferric gluconate complex), Infed (low molecular weight iron dextran), and Monoferic (ferric derisomaltose). • Updated Accrufer (ferric maltol) and Auryxia (ferric citrate) criteria for iron deficiency anemia to add age requirements. • Updated Ferriprox (deferiprone) criteria to revise age and formulation requirements, clarify medical necessity for tablet formulations, and clarify specialist prescribing requirements. • Clarified Exjade (deferasirox dispersible tablets) and Jadenu (deferasirox granule packets) criteria to note that an LCA trial of Jadenu (deferasirox tablets) applies in young children and patients with swallowing disorders, as the tablets may be crushed and sprinkled over soft food.
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	<p>ibuprofen 300 mg tablet—PA</p> <p>Vyscoxa (celecoxib oral suspension)—PA</p>	<ul style="list-style-type: none"> • Added Vyscoxa (celecoxib oral suspension) criteria requiring medical necessity for use of the oral suspension and LCA trials of ibuprofen and naproxen suspensions. • Added criteria for costly NSAID formulations, including ibuprofen 300 mg tablet, flurbiprofen tablet, ketoprofen, and naproxen enteric coated.

MHDL Therapeutic Class	Additions	Summary of Change(s)
Oncology Agents	<p>Blenrep (belantamab mafodotin-blmf)— PA; MB</p> <p>Sarclisa Escena (isatuximab-irfc)— PA; MB</p>	<ul style="list-style-type: none"> • Updated Asparlas (calaspargase pegol-mknl) criteria to remove LCA trial of Oncaspar (pegaspargase) and clarify age criteria. • Added Blenrep (belantamab mafodotin-blmf) criteria for multiple myeloma following at least two prior lines of systemic therapy, including a proteasome inhibitor and an immunomodulatory agent, for use in combination with bortezomib and dexamethasone. Medical billing, quantity limits, and specialist prescriber requirements apply. • Added Sarclisa Escena (isatuximab-irfc) for multiple myeloma managed similarly to Sarclisa (isatuximab-irfc). • Updated Darzalex Faspro (daratumumab/hyaluronidase-fihj) criteria to reflect the expanded indication for high-risk smoldering multiple myeloma. Use is limited to monotherapy, and specialist prescriber requirements and quantity limits apply. • Updated Xpovio (selinexor) criteria to include Sarclisa Escena (isatuximab-irfc) as an acceptable anti-CD38 monoclonal antibody trial. • Updated stability criteria for multiple myeloma agents to accept stability on a regimen that is FDA-approved or literature supported as rationale for approval.
Respiratory Agents—Oral	--	<ul style="list-style-type: none"> • Updated zileuton ER criteria to remove Zylflo (zileuton) as a LCA trial and require trials of both montelukast and zafirlukast. • Removed PA from roflumilast tablet within QLs.

MHDL Therapeutic Class	Additions	Summary of Change(s)
T-Cell Immunotherapies	--	<ul style="list-style-type: none"> • Updated Keytruda (pembrolizumab) criteria to require a LCA trial of Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph) when applicable per FDA labeling, including at time of PA recertification. • Updated Keytruda (pembrolizumab), Keytruda Qlex (pembrolizumab and berahyaluronidase alfa-pmph), and Welireg (belzutifan) criteria to reflect the expanded indication for adjuvant treatment of renal cell carcinoma (RCC) with a clear cell component. • Updated Padcev (enfortumab vedotin-ejfv) criteria for neoadjuvant/adjuvant treatment of muscle-invasive bladder cancer to remove the requirement for contraindication to cisplatin therapy.
Agents Not Otherwise Classified—lunsotogene parvec-cwha (Otarmeni)	Otarmeni (lunsotogene parvec-cwha) —PA; CO	<ul style="list-style-type: none"> • Added Otarmeni (lunsotogene parvec-cwha) criteria for severe-to-profound hearing loss associated with OTOF variants. Criteria require preserved outer hair cell function, otolaryngologist involvement, qualified-center administration, and no prior cochlear implant or gene therapy for hearing loss.
Agents Not Otherwise Classified—Miscellaneous GIP/GLP-1 and GLP-1 Receptor Agonists	--	<ul style="list-style-type: none"> • Updated Wegovy (semaglutide injection) criteria to remove specialist prescriber requirement and clarify acceptable liver staging tests. • Clarified metabolic dysfunction associated steatohepatitis (MASH) reauthorization criteria to specify acceptable documentation demonstrating a positive response to treatment.
Agents Not Otherwise Classified—Thyroid Hormone Receptor-Beta Agonist	--	<ul style="list-style-type: none"> • Updated Rezdifra (resmetirom) criteria to clarify acceptable liver staging tests and remove the requirement for use in combination with Wegovy (semaglutide). • Clarified MASH reauthorization criteria to specify acceptable documentation demonstrating a positive response to treatment.

Abbreviations, Acronyms, and Definitions

- 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.
- 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.