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THE PRESCRIBER e-LETTER

MassHealth Pharmacy Program

Upcoming Changes to MassHealth Management of Ustekinumab Biosimilars

Effective July 1, 2026, MassHealth will update its preferred ustekinumab biosimilars. Biosimilars are Food and Drug Administration (FDA) approved biologic medications with no clinically meaningful differences in safety or efficacy compared to the reference product.

Imuldosa® (ustekinumab-srlf), Pyzchiva® (ustekinumab-ttwe), and Steqeyma® (ustekinumab-stba) will no longer be Preferred Biosimilars

Effective July 1, 2026, Imuldosa® (ustekinumab-srlf), Pyzchiva® (ustekinumab-ttwe), and Steqeyma® (ustekinumab-stba) will no longer be preferred drug, and **will require a trial of all preferred biosimilars.**

Effective July 1, 2026, Starjemza® (ustekinumab-hmny) and unbranded ustekinumab-aekn will be Preferred MassHealth Biosimilars

Starting July 1, 2026, preferred ustekinumab biosimilars will include Starjemza® (ustekinumab-hmny) and unbranded ustekinumab-aekn.

Starjemza® (ustekinumab-hmny) and ustekinumab-aekn are interchangeable biosimilars and can be automatically substituted for Stelara® (ustekinumab), Pyzchiva® (ustekinumab-ttwe), or Steqeyma® (ustekinumab-stba) at the pharmacy.

Patients using Imuldosa® (ustekinumab-srlf) will need a new prescription for either Starjemza® (ustekinumab-hmny) or ustekinumab-aekn. Imuldosa® (ustekinumab-srlf) cannot be automatically substituted.

To aid in transitioning, all MassHealth members approved for Imuldosa® (ustekinumab-srlf), Pyzchiva® (ustekinumab-ttwe), or Steqeyma® (ustekinumab-stba) with an approval duration beyond July 1, 2026, will automatically have an approval put in place to allow a covered biosimilar to pay beginning July 1, 2026. The end date for the new biosimilar PA will match the end date on file for the previous biosimilar.

MassHealth Management of Ustekinumab Biosimilars

Preferred Biosimilars – 1/1/26 to 7/1/26	Preferred Biosimilars – Effective 7/1/26
Imuldosa® (ustekinumab-srlf)PD 45 mg/0.5 mL syringe Pyzchiva® (ustekinumab-ttwe)PD 45 mg/0.5 mL syringe Steqeyma® (ustekinumab-stba) 45 mg/0.5 mL syringe	Starjemza® (ustekinumab-hmny) 45 mg/0.5 mL syringe unbranded ustekinumab-aekn 45 mg/0.5 mL syringe
Imuldosa® (ustekinumab-srlf)PD 90 mg/1 mL syringe Pyzchiva® (ustekinumab-ttwe)PD 90 mg/1 mL syringe Steqeyma® (ustekinumab-stba) 90 mg/1 mL syringe	Starjemza® (ustekinumab-hmny) 90 mg/1 mL syringe unbranded ustekinumab-aekn 90 mg/1 mL syringe
Pyzchiva® (ustekinumab-ttwe)PD 45 mg/0.5 mL vial	Starjemza® (ustekinumab-hmny) 45 mg/0.5 mL vial
Imuldosa® (ustekinumab-srlf)PD 130 mg/26 mL vial Pyzchiva® (ustekinumab-ttwe)PD 130 mg/26 mL vial Steqeyma® (ustekinumab-stba) 130 mg/26 mL vial	Starjemza® (ustekinumab-hmny) 130 mg/26 mL vial

PD=preferred drug

The MassHealth Drug List is on the MassHealth Pharmacy Program website at www.mass.gov/masshealth/pharmacy.

The Prescriber e-Letter is an update designed to enhance the transparency and efficiency of the MassHealth drug prior-authorization (PA) process and the MassHealth Drug List. Each issue highlights key clinical information and updates to the MassHealth Drug List. The Prescriber e-Letter was prepared by the MassHealth Drug Utilization Review Program and the MassHealth Pharmacy Program.