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PHARMACY FACTS

Current information for pharmacists about the MassHealth Pharmacy Program

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Upcoming Changes to MassHealth Management of Adalimumab and Ustekinumab Biosimilars

Effective January 5, 2026, MassHealth will prefer several adalimumab and ustekinumab biosimilars. A biosimilar is a biologic medication that is similar to the original biologic medication approved by the FDA, sometimes called the "reference product." Biosimilars have no clinically meaningful differences and are as equally safe and effective as the reference product.

Effective January 5, 2026, Hadlima® (adalimumab-bwwd), adalimumab-adaz, Pyzchiva® (ustekinumab-ttwe) and Imuldosa® (ustekinumab-srlf) are Preferred Drugs

Preferred adalimumab biosimilars will include Hadlima® (adalimumab-bwwd) and adalimumab-adaz. Preferred ustekinumab biosimilars will include Pyzchiva® (ustekinumab-ttwe) and Imuldosa® (ustekinumab-srlf). In addition, Steqeyma® (ustekinumab-stba) will be accessible at parity with preferred ustekinumab biosimilars.

Biosimilars, including Hadlima® (adalimumab-bwwd), adalimumab-adaz, Steqeyma® (ustekinumab-stba), and Pyzchiva® (ustekinumab-ttwe), approved by the Food and Drug Administration (FDA) as interchangeable to the reference product, can be substituted at the pharmacy without requiring a new prescription. See M.G.L. c. 112, s 12EE. Imuldosa® (ustekinumab-srlf) was not approved as interchangeable by the FDA and would require a new prescription. For more information on biosimilars, please visit www.FDA.gov/biosimilars.

Effective April 1, 2026, Humira® (adalimumab) and Stelara® (ustekinumab) Will No Longer be Preferred Drugs

Humira and Stelara will continue to be covered through March 31, 2026, to allow patients to transition to biosimilar products. Effective April 1, 2026, Humira® (adalimumab) and Stelara® (ustekinumab) will be non-preferred and will require a trial of all preferred biosimilars or rationale for use of the reference product.

To aid in transitioning, all MassHealth members approved for Humira® (adalimumab) or Stelara® (ustekinumab) that would have had an approval duration beyond April 1, 2026, will automatically have an approval put in place to allow a covered biosimilar to pay beginning January 5, 2026. The end date for the biosimilar PA will match the end date on file for the reference product.

Reference Product	Covered Biosimilars
Humira® (adalimumab) Biosimilars	
Humira® (adalimumab)^{PD} (CF) 10 mg/0.1 mL	adalimumab-adaz^{PD} (CF) 10 mg/0.1 mL
Humira® (adalimumab)^{PD} (CF) 20 mg/0.2 mL	adalimumab-adaz^{PD} (CF) 20 mg/0.2 mL
Humira® (adalimumab)^{PD} (CF) 40 mg/0.4 mL	adalimumab-adaz^{PD} (CF) 40 mg/0.4 mL Hadlima® (adalimumab-bwwd)^{PD} (CF) 40 mg/0.4 mL
Humira® (adalimumab)^{PD} 40 mg/0.8 mL	Hadlima® (adalimumab-bwwd)^{PD} 40 mg/0.8 mL
Humira® (adalimumab)^{PD} (CF) 80 mg/0.8 mL	adalimumab-adaz^{PD} (CF) 80 mg/0.8 mL

Reference Product	Covered Biosimilars
Stelara® (ustekinumab) Biosimilars	
Stelara® (ustekinumab)PD 45 mg/0.5 mL syringe	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
Stelara® (ustekinumab)PD 90 mg/1 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
Stelara® (ustekinumab)PD 45 mg/0.5 mL vial	Pyzchiva® (ustekinumab-ttwe)PD 45 mg/0.5 mL vial
Stelara® (ustekinumab)PD 130 mg/26 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

CF=citrate free, PD=Preferred Drug