



THE PRESCRIBER e-LETTER

Changes in MassHealth Management of Mounjaro® (tirzepatide), Trulicity® (dulaglutide), and Victoza® (liraglutide): Effective August 11, 2025

Effective August 11, 2025, Mounjaro® (tirzepatide) will be a preferred drug on the MassHealth Drug List (MHDL). Mounjaro® (tirzepatide), Trulicity® (dulaglutide), and Victoza® (liraglutide) will require prior authorization (PA). Criteria for approval include diagnosis of type 2 diabetes (T2DM) or prediabetes, quantity limits, and that the agent will not be used in combination with another glucagon like peptide-1 (GLP-1) agonist.

Most claims for Mounjaro® (tirzepatide), Trulicity® (dulaglutide), and Victoza® (liraglutide) will pay at the pharmacy without a PA request if a member has a diagnosis of either diabetes or pre-diabetes, the claim is within quantity limits, and the agent is not used in combination with another GLP-1 agonist.

Effective August 11, 2025, all other GLP-1 Agents for Diabetes will require Trials of Mounjaro® (tirzepatide), Trulicity® (dulaglutide), and Victoza® (liraglutide)

Effective August 11, 2025, GLP-1 agents Bydureon Bcise® (exenatide), Byetta® (exenatide), Ozempic® (semaglutide), and Rybelsus® (semaglutide) will require prior authorization. Criteria for approval include appropriate diagnosis, a trial of each of the following agents: Mounjaro® (tirzepatide), Trulicity® (dulaglutide), and Victoza® (liraglutide), quantity limits, and that the agent will not be used in combination with another GLP-1 agonist. Additional information can be found on the [MassHealth Drug List](#).

Please see **Table 1** for guidance on the dosing equivalencies when switching patients to Mounjaro® (tirzepatide), Trulicity® (dulaglutide), or Victoza® (liraglutide). Prescribers should work with their patients to determine which dose is appropriate.

Table 1. Dosing Equivalencies for GLP-1 Agents for Diabetes¹

Agent	Dosing (mg)*									
	5 µg	10 µg								
Exenatide twice daily										
Exenatide XR <i>once weekly</i>			2							
Dulaglutide <i>once weekly</i>		0.75	1.5	3	4.5					
Liraglutide <i>once daily</i>	0.6	1.2	1.8							
Semaglutide <i>once weekly</i>		0.25	0.5		1	2				
Oral Semaglutide <i>once daily</i>	3	7	14							
Tirzepatide <i>once weekly</i>			2.5			5	7.5	10	12.5	15

*Dosing is in mg unless otherwise noted

References

1. Whitley HP, Trujillo JM, Neumiller JJ; Special Report: Potential Strategies for Addressing GLP-1 and Dual GLP-1/GIP Receptor Agonist Shortages. Clin Diabetes 1 July 2023; 41 (3): 467–473.

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.