# Text Description automatically generatedThe Prescriber e-Letter, Volume 15, Issue 11, July 2025

## 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](file:///C:/Users/JLuca/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/QMZ2YZYO/MassHealth%20Drug%20List).

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)\* | | | | | | | | | |
| Exenatide twice daily | 5 µg | 10 µg |  |  |  |  |  |  |  |  |
| Exenatide XR *once weekly* |  |  | 2 |  |  |  |  |  |  |  |
| Dulaglutide *once weekly* |  | 0.75 | 1.5 | 3 | 4.5 |  |  |  |  |  |
| Liraglutide *once daily* | 0.6 | 1.2 | 1.8 |  |  |  |  |  |  |  |
| Semaglutide *once weekly* |  | 0.25 | 0.5 |  | 1 | 2 |  |  |  |  |
| Oral Semaglutide *once daily* | 3 | 7 | 14 |  |  |  |  |  |  |  |
| Tirzepatide *once weekly* |  |  | 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.