



THE PRESCRIBER e-LETTER

Upcoming Changes in MassHealth Coverage of Glucagon-Like Peptide-1 (GLP-1) Medications – Effective February 17, 2026

Antidiabetic GLP-1 agonists

- **Ozempic® (semaglutide) will be added as a preferred drug** managed at parity with Mounjaro® (tirzepatide). Mounjaro® (tirzepatide), Trulicity® (dulaglutide), and Victoza® (liraglutide) will continue to be preferred agents for the treatment of type 2 diabetes mellitus and prediabetes (off-label).
- Non preferred antidiabetic GLP-1s, **Rybelsus® (semaglutide) and Bydureon Bcise® (exenatide)**, will require a step through the preferred GLP-1s.
- **In patients with prediabetes, a trial of metformin will be required**, unless contraindicated, for new requests for diabetes GLP-1 medications.
- **Documentation of baseline A1c** will be required for new starts on diabetes GLP-1s. Approval for continuation of coverage for diabetes or prediabetes will require documentation of meeting A1c treatment goal, reduction from baseline A1c, and/or treatment a plan.

Anti-Obesity GLP-1 agonists

- **Wegovy® (semaglutide) will be added as a preferred drug** managed at parity with Zepbound® (tirzepatide) with new body mass index (BMI) and comorbidities eligibility criteria for adults.
 - a. Members with a BMI $\geq 35 \text{ kg/m}^2$
 - b. Members with a BMI ≥ 30 to $< 35 \text{ kg/m}^2$, and one of the following conditions:
 - Heart failure with preserved ejection fraction
 - Uncontrolled hypertension despite pharmacotherapy
 - Chronic kidney disease stage 3a or above
 - Moderate or severe obstructive sleep apnea
 - c. Members with a BMI $\geq 27 \text{ kg/m}^2$, and one of the following conditions:
 - Type 2 diabetes mellitus or prediabetes (member needs to use an antidiabetic GLP-1)
 - Prior myocardial infarction or stroke
 - Symptomatic peripheral artery disease
 - Metabolic dysfunction-associated steatohepatitis with moderate to advanced fibrosis
- **Please note:** For members stable on a GLP-1, baseline BMI (defined as the BMI prior to starting an anti-obesity medication) is used to determine eligibility for continued treatment. Some members currently utilizing a weight-loss GLP-1 medication may no longer be eligible under these revised criteria and will be denied coverage at the time of recertification.
- **Saxenda® (liraglutide)** will continue to be covered with prior authorization for pediatric members ≥ 12 years of age. It requires a trial with Wegovy® (semaglutide), unless contraindicated.
- **A phentermine trial will no longer be required** before treatment with a weight loss GLP-1.

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.

Please send any **suggestions or comments** to prescribereletter@massmail.state.ma.us