



THE PRESCRIBER e-LETTER

Upcoming Changes to MassHealth Coverage of Weight Loss Drugs

MassHealth began covering anti-obesity medications in January 2024. At that time, Wegovy[®] (semaglutide) and Saxenda[®] (liraglutide) were designated as preferred glucagon-like peptide-1 (GLP-1) receptor agonists for the treatment of overweight and obesity.

Effective October 1, 2024, Zepbound[®] (tirzepatide) Is a Preferred Drug

Effective October 1, 2024, Zepbound[®] (tirzepatide) is a preferred GLP-1 for the treatment of overweight and obesity. With this update, Zepbound[®] (tirzepatide) no longer requires a trial with Wegovy[®] (semaglutide) or Saxenda[®] (liraglutide) for prior authorization (PA) approval.

Effective January 1, 2025, Wegovy[®] (semaglutide) and Saxenda[®] (liraglutide) Will Be Designated as Non-Covered Agents

Effective January 1, 2025, Wegovy[®] (semaglutide) and Saxenda[®] (liraglutide) will be non-covered agents for the treatment of overweight and obesity in adults.

- MassHealth members ≥18 years of age receiving Wegovy[®] (semaglutide) or Saxenda[®] (liraglutide) for the treatment of overweight or obesity will be required to switch to Zepbound[®] (tirzepatide) on January 1, 2025.
- MassHealth members ≥12 and <18 years of age may continue to use Wegovy[®] (semaglutide) or Saxenda[®] (liraglutide).
- MassHealth will continue to cover Wegovy[®] (semaglutide) for the indication of reduction of the risk of major adverse cardiovascular events in adults with established cardiovascular disease and either obesity or overweight. A new PA needs to be submitted if not initially approved for this indication.

To aid in transitioning, all MassHealth members ≥18 years of age approved for Wegovy[®] (semaglutide) or Saxenda[®] (liraglutide) for the treatment of overweight or obesity that would have had an approval duration beyond December 31, 2024, will automatically have an approval put in place to allow Zepbound[®] (tirzepatide) to pay at the pharmacy. The Zepbound[®] (tirzepatide) approval will be effective January 1, 2025, and expire six-months after the initial date the current Wegovy[®] (semaglutide) or Saxenda[®] (liraglutide) authorization was approved. At that time, a recertification PA for Zepbound[®] (tirzepatide) will be required and will be reviewed using baseline weight. Please see **Table 1** for guidance on the dosing equivalencies when switching members to Zepbound[®] (tirzepatide). Prescribers should work with their patients to determine which doses are appropriate. There are no restrictions on doses or durations needed. Example:

- Member started on Wegovy[®] (semaglutide) on September 1, 2024, and was issued an initial PA approval with an expiration date of March 1, 2025.
- The Wegovy[®] (semaglutide) PA will be end-dated effective December 31, 2024, and the Zepbound[®] (tirzepatide) approval will automatically be entered for January 1, 2025, through March 1, 2025.

- After March 1, 2025, a new PA needs to be submitted and reviewed for recertification based on weight loss from the baseline weight (prior to initiation of ANY GLP-1).

Effective January 6, 2025, Phentermine Trial Will Be Required before Initiating Weight Loss GLP-1

Effective January 6, 2025:

- Generic phentermine will be available without PA for all MassHealth members ≥ 12 years of age. Lomaira® (phentermine) will also be available without PA for members ≥ 12 to < 17 years of age. For members ≥ 18 years of age, Lomaira® (phentermine) will be available with PA.
- Requests for new starts for GLP-1 medication for the treatment of overweight or obesity will require a step through phentermine, with or without topiramate. Members already stable on GLP-1 therapy will not require this step through. For all new starts on Zepbound® (tirzepatide), PAs will need to document the following:
 - Diagnosis of obesity or overweight
 - Member age is ≥ 18 years
 - Baseline BMI of ≥ 30 kg/m² or ≥ 27 kg/m² with at least one weight-related comorbid condition
 - Baseline weight
 - Member has been counseled to continue reduced-calorie diet and increased physical activity
 - Inadequate response, adverse reaction, or contraindication to phentermine with or without topiramate

Summary of PA Status of Anti-Obesity Agents Effective January 6, 2025

Available without PA

- Generic phentermine (≥ 12 years of age)
- Lomaira® (phentermine) (≥ 12 to < 17 years of age)

PA Required

- benzphetamine
- diethylpropion
- diethylpropion ER
- Lomaira® (phentermine) (≥ 18 years of age)
- phendimetrazine
- phendimetrazine ER
- Xenical® (orlistat)
- Zepbound® (tirzepatide)

Non-Covered

- Saxenda® (liraglutide)
- Wegovy® (semaglutide)

Table 1. Dosing Equivalencies for Injectable Anti-Obesity Agents¹

Agent	Comparative Doses (mg)								
Liraglutide <i>once daily</i>	0.6	1.2	1.8-3						
Semaglutide <i>once weekly</i>		0.25	0.5	1	2-2.4				
Tirzepatide <i>once weekly</i>			2.5		5	7.5	10	12.5	15

Additional information can be found on the [MassHealth Drug List](#).

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.