



THE PRESCRIBER e-LETTER

MassHealth Changes to Management of Anti-Obesity Medications

In accordance with anticipated forthcoming changes to MassHealth regulations, 130 CMR 406.413(B), MassHealth will no longer cover drugs used for the treatment of obesity or overweight. Effective July 1, 2026, MassHealth expects that the drugs listed below in Table 1 will no longer be covered for MassHealth members when used for weight loss.

Table 1. Anti-Obesity Agents

Anti-Obesity Agents*
benzphetamine
diethylpropion, diethylpropion extended-release
Saxenda (liraglutide)
Xenical (orlistat)
phendimetrazine, phendimetrazine extended-release
Lomaira, Adipex-P (phentermine capsule, tablet)
Wegovy (semaglutide)
Zepbound (tirzepatide)

*Any drug being used off-label for weight loss is not payable for MassHealth patients.

Weight loss glucagon-like peptide-1 (GLP-1) or GIP (glucose-dependent insulinotropic polypeptide)/GLP-1 medications will be covered beyond June 30, 2026, for members with approved prior authorizations (PAs) for other medically accepted indications including:

- Body Mass Index (BMI) ≥ 27 kg/m² and established cardiovascular disease to reduce the risk of major adverse cardiovascular events (MACE)
- Metabolic dysfunction-associated steatohepatitis (MASH)
- BMI ≥ 30 kg/m² and moderate to severe obstructive sleep apnea (OSA)

All requests for members under 21 years of age will be reviewed for medical necessity in accordance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements.

End Dating of Current Prior Authorizations and Review of New Prior Authorizations

PAs for these agents submitted before February 17, 2026, will be end-dated for June 30, 2026, regardless of indication and will need to be resubmitted to receive paid claims beyond July 1, 2026.

Any PAs submitted for weight loss medications between February 17, 2026, and June 30, 2026, will be reviewed and processed based on the submitted indication.

- **Obesity or Overweight:** If PAs are approved for the indication of obesity or overweight without documented comorbidities, they will expire on June 30, 2026.
- **Diabetes and Prediabetes:** Approvable PAs will expire on June 30, 2026. For continued coverage beginning July 1, 2026, members should be switched to an

antidiabetic GLP-1. Current MassHealth coverage of diabetic GLP-1s and GIP/GLP-1s is outlined in Table 2 below.

- **Other Medically Accepted Indications:**
 - Prior authorizations for MACE, MASH, or OSA will be reviewed and approved for up to six months if all appropriate documentation is attached (e.g., apnea-hypopnea index (AHI) score for OSA and fibrosis stage for MASH).
 - If no documentation is attached certifying severity, PAs for MACE, MASH, and OSA will be end-dated for June 30, 2026.

Please note that the changes to PA criteria for GLP-1 medications announced in [Prescriber e-Letter Volume 16, Issue 2](#) went into effect on February 17, 2026.

Table 2. MassHealth Management of Antidiabetic GLP-1 and GLP-1/GIP agents

GLP-1 Agonists	
Preferred	Non-Preferred
Ozempic (semaglutide injection) ^{PD/POS}	Bydureon Bcise (exenatide extended-release auto-injection)
Trulicity (dulaglutide) ^{PD/POS}	exenatide
Victoza (liraglutide) ^{BP/POS}	Rybelsus (semaglutide tablet)
GIP and GLP-1 Agonist	
Mounjaro (tirzepatide) ^{PD/POS}	

^{BP} Brand Preferred over generic equivalents. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing the non-preferred drug generic equivalent.

^{PD} Preferred Drug. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class.

^{POS} Point of Sale rules will generally allow the claim to pay if the member has a diagnosis (diabetes or pre-diabetes) and the claim is within quantity limits

Please see Table 3 for guidance on the dosing equivalencies when switching patients to Mounjaro[®] (tirzepatide), Ozempic[®] (semaglutide), Trulicity[®] (dulaglutide), or Victoza[®] (liraglutide). Prescribers should work with their patients to determine which dose is appropriate. Prior authorization criteria for diabetic GLP-1 and GIP/GLP-1 medications can be found on the [MassHealth Drug List](#).

Table 3. Dosing Equivalencies for GLP-1 Agents for T2DM¹

Agent	Comparative Doses (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

¹Dosing 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, the MassHealth Pharmacy Program.