



# PHARMACY FACTS

*Current information for pharmacists about  
the MassHealth Pharmacy Program*

[www.mass.gov/lists/masshealth-pharmacy-facts-2016-current](http://www.mass.gov/lists/masshealth-pharmacy-facts-2016-current)

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## **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 on the next page 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 (before 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  $\geq 12$  years of age. Lomaira® (phentermine) will also be available without PA for members  $\geq 12$  to  $\leq 17$  years of age. For members  $\geq 18$  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  $\geq 18$  years
  - Baseline BMI of  $\geq 30$  kg/m<sup>2</sup> or  $\geq 27$  kg/m<sup>2</sup> 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

**Table 1. Dosing Equivalencies for Injectable Anti-Obesity Agents<sup>1</sup>**

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

More 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.