



PHARMACY FACTS

*Current information for pharmacists about
the MassHealth Pharmacy Program*

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Editor: Ryan Bettencourt

Contributors: Eliza Anderson, Rena Cui, Aimee Evers, Breeyn Green, Neha Kashalikar,
Kim Lenz, Mckenzie McVeigh, Katelyn Meyer, Jennifer O'Keefe, Kyle Semmel.

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 a treatment 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 ≥ 35 kg/m²
 - b. Members with a BMI ≥ 30 to < 35 kg/m², 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 ≥ 27 kg/m², 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.