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PHARMACY FACTS

Current information for pharmacists about the MassHealth Pharmacy Program

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Editor: Ryan Bettencourt Contributors: Eliza Anderson, Aimee Evers, Simin Falsafi, Breeyn Green, Neha Kashalikar, Kim Lenz, Gregory Low, Mckenzie McVeigh, Katelyn Meyer, Kyle Semmel

Changes in MassHealth Management of Diabetes and Prediabetes Medications—Effective January 4, 2027

Jardiance Management Update—Effective January 4, 2027

- **Jardiance (empagliflozin) will require prior authorization (PA) and a trial of generic dapagliflozin, which does not require PA**.
- Beginning January 4, 2027, providers requesting Jardiance (empagliflozin) must submit PA documenting an inadequate response, adverse reaction, or contraindication to dapagliflozin.
- PA submissions for Jardiance (empagliflozin) received before January 4, 2027, will be returned citing no PA currently required.

Prediabetes GLP-1 Management Update—Effective January 4, 2027

MassHealth is updating coverage requirements for GLP-1 therapy used off-label for the treatment of prediabetes. Although preferred GLP-1 medicines for this indication are changing, MassHealth will continue to cover certain GLP-1 medicines when coverage requirements are met, including for treatment of prediabetes, which is outside of current FDA-approved labeling.

- Currently, members with a diagnosis of prediabetes who are stable on GLP-1 therapy are exempt from the existing metformin trial requirement, which applies only to members newly starting treatment.
- Effective January 4, 2027, MassHealth will remove this exemption and require a trial of metformin for all members currently receiving GLP-1 therapy for prediabetes, including those currently stable on treatment.
- **Trulicity (dulaglutide) or Victoza (liraglutide)** may process without PA through a point-of-sale (POS) rule for members with a diagnosis of prediabetes who have either
  - recent claims for metformin (defined as paid claims for ≥84 out of the past 120 days); or
  - recent claims for any GLP-1 (defined as paid claims for ≥84 out of the past 120 days).
- **Mounjaro (tirzepatide) and semaglutide products** used for prediabetes will require PA.
  - PA requests for treatment of prediabetes must document an inadequate glycemic response, adverse reaction, or contraindication to the following medications when taken together: **metformin, Trulicity (dulaglutide), and an SGLT2 inhibitor**.
- Prior to January 4, 2027, pharmacies should work with members with prediabetes who do not have a qualifying diagnosis to transition to Trulicity (dulaglutide) or Victoza (liraglutide).

- On or after January 4, 2027, providers should complete PA requests for members with prediabetes who also have a separate qualifying diagnosis or indication (i.e., type 2 diabetes, obstructive sleep apnea, metabolic dysfunction-associated steatohepatitis, or reduction of the risk of major adverse cardiovascular events) to ensure continuity of treatment with a tirzepatide or semaglutide product.
- **These changes do not impact GLP-1 coverage for members receiving treatment for diabetes.**

Summary of MassHealth Prediabetes GLP-1 Management—January 4, 2027

GLP-1	New Starts	Stable Members
Victoza (liraglutide)[BP]	• Trial of metformin required prior to approval.	• No change required for stable members.
Trulicity (dulaglutide)		
Ozempic (semaglutide) injection or tablet	• Trials of metformin, SGLT2, and Trulicity (dulaglutide) required prior to approval.	• Stable members may switch to Trulicity (dulaglutide) or Victoza (liraglutide) through POS rule.
Mounjaro (tirzepatide)		

BP=Brand name preferred over generic
PD=Preferred drug