

December 8, 2025

<Provider Name>  
<Provider Address 1>  
<Provider Address 2>  
<City> <State> zipcode5-zipcode4

Dear Provider:

**RE: Update of Pharmacy Drug Coverage for Treatment of Obesity**

MDHHS Medicaid policy bulletin [MSA 21-49](#), effective February 1, 2022, established Medicaid pharmacy drug coverage of products exclusively for the treatment of obesity only in accordance with approved prior authorization (PA) requirements. Recent enactment of [Public Act 22 of 2025](#) (Fiscal Year 2026 Budget legislation) has updated how Medicaid will approve coverage of anti-obesity medications.

The purpose of this letter is to update and clarify Medicaid pharmacy benefit drug coverage for the treatment of obesity only with Glucagon-like peptide-1 (GLP-1) receptor agonist medications. Some examples of these medications include:

- Liraglutide (generic for Saxenda)
- Saxenda
- Wegovy
- Zepbound

**Effective for Dates of Service On or After January 1, 2026:**

- Coverage of GLP-1 medications when prescribed solely to treat obesity, including requests for continuation, will be reduced.
- Coverage of GLP-1 medications when requested for other existing indications other than to treat obesity will not be changing.
- GLP-1 product coverage requested for treatment of obesity will require additional clinical PA requirements such as the following:
  - Patient must be classified as morbidly obese; and
  - Coverage is contingent on documented failure of all other clinically appropriate weight-loss interventions (including a trial and failure of Preferred Drug List [PDL] preferred anti-obesity agents); and

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- Coverage must be considered only as a measure to avert the need for higher-cost bariatric surgery.

Some of these medications (i.e., Saxenda and Wegovy) will become non-preferred on the Single Preferred Drug List (Single PDL) in new PDL classes for their other covered indications. Non-preferred products have a \$3 copayment responsibility instead of \$1 for program beneficiaries who are not exempt from a copayment or not enrolled in a Medicaid Health Plan.

**PAs for individuals that were approved for these GLP-1 medications before January 1, 2026 will be honored for the remaining six months authorized.** This will prevent unnecessary extra medical appointments for medication changes and avoid potential transportation issues or other unanticipated impacts to program beneficiaries, prescribers, and pharmacies.

Clinical PA criteria for GLP-1 medications requested only for weight loss starting January 1, 2026, will be updated to reflect the new legislative requirements and will be posted on the pharmacy website: <https://mi.primetherapeutics.com/> >> Provider Portal >> Documents >> Other Drug Information >> Clinical and PDL PA Criteria (PDL Class Anti-Obesity Agents). Additionally, an overview of proposed changes to the Single PDL classification of products starting January 1, 2026, will also be available from the pharmacy website as soon as possible in December.

Questions regarding coverage should be directed to the MDHHS Pharmacy Services mailbox at [MDHHSPharmacyServices@michigan.gov](mailto:MDHHSPharmacyServices@michigan.gov). Any inquiries involving Medicaid Health Plan members should be directed to the MDHHS Common Formulary mailbox at [MDHHSCommonFormulary@michigan.gov](mailto:MDHHSCommonFormulary@michigan.gov).

An electronic version of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

Sincerely,



Meghan E. Groen, Chief Deputy Director  
Health Services