



HPC Advisory Council Meeting

September 24, 2026



Agenda



Call to Order



UP NEXT: Executive Director's Report

Discussion: Health Planning in Massachusetts

Office of Pharmaceutical Policy and Analysis *Annual Report* Preview: Trends in GLP-1 Drugs

Next Meeting: Thursday, December 3, 2026

Adjourn

Advisory Council 2026 – 2027 Term



Caitlin Beresin, Director, U.S. State Affairs, Johnson & Johnson*

Aimee Brewer, President and CEO, Sturdy Health

Patrick Brown, Director of Policy, Massachusetts Biotechnology Council*

Christopher Carlozzi, Senior State Director - North Region, National Federation of Independent Business

JD Chesloff, President and CEO, Massachusetts Business Roundtable

Cheryl Clark, MD, Associate Chief for Equity Research and Strategic Partnerships, Division of General Internal Medicine and Primary Care, Brigham and Women's Hospital; Executive Director and Senior Vice President, Institute for Health Equity, Massachusetts League of Community Health Centers

Michael Curry, President and CEO, Massachusetts League of Community Health Centers

Joe-Ann Fergus, PhD, Executive Director, Massachusetts Nurses Association*

Valerie Fleishman, Executive Vice President and Chief Innovation Officer at the Massachusetts Health & Hospital Association*

Juan Fernando Lopera, Chief Community and Health Impact Officer, Beth Israel Lahey Health

Timothy Foley, Vice President, Government Relations, UMass Memorial Health*

Mimi Gardner, Vice President, Chief Equity Officer, NeighborHealth*

Christopher Garofalo, MD, Owner Physician, Family Medicine Associates of South Attleboro, MMS Member*

Katherine Gergen Barnett, MD, Vice Chair of Primary Care Innovation and Transformation; Primary Care Provider, Boston Medical Center*

Tara Gregorio, President and CEO, Massachusetts Senior Care Association

Jon Hurst, President and CEO, Retailers Association of Massachusetts

Jake Krilovich, CEO, Home Care Alliance of Massachusetts

Danna Mauch, PhD, President and CEO, Massachusetts Association for Mental Health

Eileen McAnneny, President, Employer Coalition on Health*

Nancy McGovern, Director of Healthcare and Retirement Advocacy, Mass Retirees Association*

Carlene Pavlos, Executive Director, Massachusetts Public Health Alliance

Lora Pellegrini, President and CEO, Massachusetts Association of Health Plans

Lauren Peters, President, Massachusetts Payer-Provider Partnership (MP3)*

Thad Schilling, MD, President and Chief Medical Officer, Atrius Health and Reliant Medical Group*

Christine Schuster, President and CEO, Emerson Health

Alex Sheff, Senior Director, Policy & Government Relations, Health Care For All*

Joseph M. Shields, CEO, Transparency Rising*

Monica Vohra, MD, Chief Medical Officer, DotHouse Health Center*

Harry Weissman, Executive Director, Disability Policy Consortium

Erika Wilkinson, Senior Director, Regulatory Affairs, Blue Cross Blue Shield of Massachusetts

Steven Winn, President and CEO, Behavioral Health Network, Inc.

Ex Officio Members

Audrey Gasteier, Executive Director, Massachusetts Health Connector

Andrew Jackmauh, Executive Director, Center for Health Information and Analysis*

Matthew Veno, Executive Director, Group Insurance Commission

*Indicates Advisory Council Member is new for the 2026 – 2027 term.

2026

ANNUAL HEALTH CARE COST TRENDS HEARING

SAVE THE DATE

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**Tuesday
November 10, 2026**

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**Suffolk University
Law School**

.....



MASSACHUSETTS
HEALTH POLICY COMMISSION

New Publication: Primary Care Access, Delivery, and Payment Task Force Compendium Report

MASSACHUSETTS PRIMARY CARE ACCESS, DELIVERY, AND PAYMENT TASK FORCE

COMPENDIUM REPORT TO THE
MASSACHUSETTS LEGISLATURE

SEPTEMBER 2026

- Last week, the Massachusetts **Primary Care Access, Delivery, and Payment Task Force (PCTF)** published its final compendium report.
- The [report](#) documents the PCTF's work and compiles the seven statutory deliverables to strengthen and sustain the primary care system in the Commonwealth. These recommendations include:
 - Establishing an **aggregate primary care spending target**
 - Developing an **advanced primary care payment model**
 - Reducing sources of **administrative burden and burnout**
 - Creating additional **transparency and oversight of the flow of primary care payments** within health systems
 - Continuing efforts to **improve health care affordability**, including addressing the burden of cost sharing and underlying growth in spending
 - Leveraging the HPC's Office of Health Resource Planning to **conduct assessments of primary care need, supply, capacity, and utilization**
 - Codify the Center for Health Information and Analysis (CHIA) as the agency responsible for **defining, measuring, and reporting on primary care spending**
 - Establishing a **new primary care technical advisory body** to provide technical input on CHIA's data specifications, methodology, measurement, and reporting.

194th General Court Primary Care Legislation



TOPIC	S.3141	H.5630	BOTH BILLS
Primary Care Spending Target	Requires a primary care spending target of 9% of total health care expenditures starting in 2028; increasing to 15% by 2031	Requires a primary care spending target of 9% of total health care expenditures starting in 2030; increasing to 12% by 2033 and to 15% by 2036	<ul style="list-style-type: none"> • Directs the CHIA to define, measure, and report total primary care expenditures against the target. • Direct the HPC to monitor implementation of the spending target
Advanced Primary Care Model	Directs the HPC to develop a statewide advanced primary care payment model for commercial insurers and the Group Insurance Commission	Requires the Division of Insurance (DOI) to establish a framework for a standard advanced primary care payment model to be adopted by commercial insurers	<ul style="list-style-type: none"> • Require health care entities registered with the HPC's Registration of Provider Organizations (RPO) program to report on primary care staffing, patient panels, capacity, and funds flow • Set a minimum reimbursement rate for commercial insurers for services provided by federally qualified community health centers (CHCs).
Primary Care Workforce	Directs the EOHHS to develop a graduate medical education (GME) payment program.	Establishes the Health Care Workforce Transformation Fund, funded with an initial \$25 million, to address workforce shortages and make long-term investments	
Administrative Burden	Calls for a limited set of quality and outcome measures that shall not add to the administrative burden of the primary care practices.	Includes language to reduce administrative burden on providers through consistency and alignment on reporting requirements	

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Executive Director's Report



UP NEXT: Discussion: Health Planning In Massachusetts

Office of Pharmaceutical Policy and Analysis *Annual Report* Preview: Trends in GLP-1 Drugs

Next Meeting: Thursday, December 3, 2026

Adjourn

- Massachusetts has experienced **several recent, significant changes in its health care resources**:
 - The bankruptcy of Steward Health Care and the closures of Carney Hospital and Nashoba Valley Medical Center
 - Unexpected closures of North Adams Regional Hospital, Quincy Medical Center, Norwood Hospital, Signature Brockton Hospital, and Compass Medical
 - Expansion of inpatient services at several hospitals, the proliferation of outpatient surgery sites, and the impending construction of a new oncology hospital
 - A severely strained primary care landscape and a series of inpatient pediatric, behavioral health, and maternity closures
- **The Commonwealth has tools to track and, in some cases, address changes**, e.g., through facility licensure, Determination of Need (DoN), Material Change Notices (MCNs), and essential service closure authorities. However, these authorities are narrow and often focused on a specific change.
- Massachusetts leaders need more information on how the overall supply and distribution of services is changing and whether MA residents have **equitable access to affordable, high-quality health care**.

New Office of Health Resource Planning



- Chapter 343 of the Acts of 2024 establishes a new **Office of Health Resource Planning (OHRP)** within the HPC.
- OHRP's key responsibilities and authorities include:
 - Developing a **State Health Resource Plan**.
 - Conducting **focused assessments of supply, distribution, and capacity** in relation to projected need of a specific health care service and making recommendations to address the drivers of disparities and misalignment of need.
 - Conducting at least one **annual public hearing** seeking input on the development of the plan and any focused assessment under development.
 - Providing direction to DPH to establish and maintain an inventory of all health care resources.
- OHRP also manages the **Massachusetts Registration of Provider Organizations (MA-RPO) Program**, a data collection and transparency effort that collects data on the largest provider organizations in the Commonwealth.



VISION

OHRP is a **trusted source of data, analysis, and recommendations** to ensure that the supply and distribution of health care resources in the Commonwealth are aligned with current and projected needs

APPROACH

- OHRP will produce **long-term, medium-term, and short-term** work products:
 - State Health Resource Plan, providing a broad overview of supply, access, and utilization across service lines
 - Ad hoc assessments at the request of the HPC Board or sister agencies
 - Focused assessments of a single service line, geography, or policy question
- OHRP incorporates **qualitative and quantitative data** into its work and prioritizes:
 - Leveraging existing data and methodology to achieve analytic depth quickly
 - Direct engagement with market participants, patient representatives, policymakers, and the community
- OHRP interfaces with policymakers and market participants to **effectuate its findings**

Strategic Planning

- Defined goals and workplans
- Hiring and contracting
- Spoke with other states engaged in health planning activities (e.g., CT, RI)
- **Next focus area:** Engagement with HPC Board, Advisory Council, and key stakeholder organizations to introduce OHRP and discuss priorities

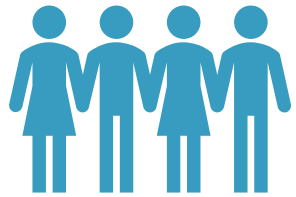
Health Planning

- Provided analytics for Massachusetts' Maternal Health Access Task Force (MHTF)
- Initial scoping of first State Health Resource Plan (SHRP)
- SHRP analytics underway
- **Next focus area:** Finalize and execute on scope of first SHRP

Data Planning

- Assessing and acquiring key data sources for the SHRP
- Preparation for 2025 and 2026 MA-RPO data collection
- **Next focus area:** Identifying, tracking, prioritizing, and strategizing approaches to filling key data gaps identified during SHRP development

The goal of the **State Health Resource Plan** is to promote the **appropriate and equitable distribution of health care resources** across geographic regions of the commonwealth. The plan must identify:



The anticipated needs for health care services, providers, programs, and facilities



The existing health care resources, providers, programs, and facilities available to meet those needs



The projected resources necessary to meet those anticipated needs



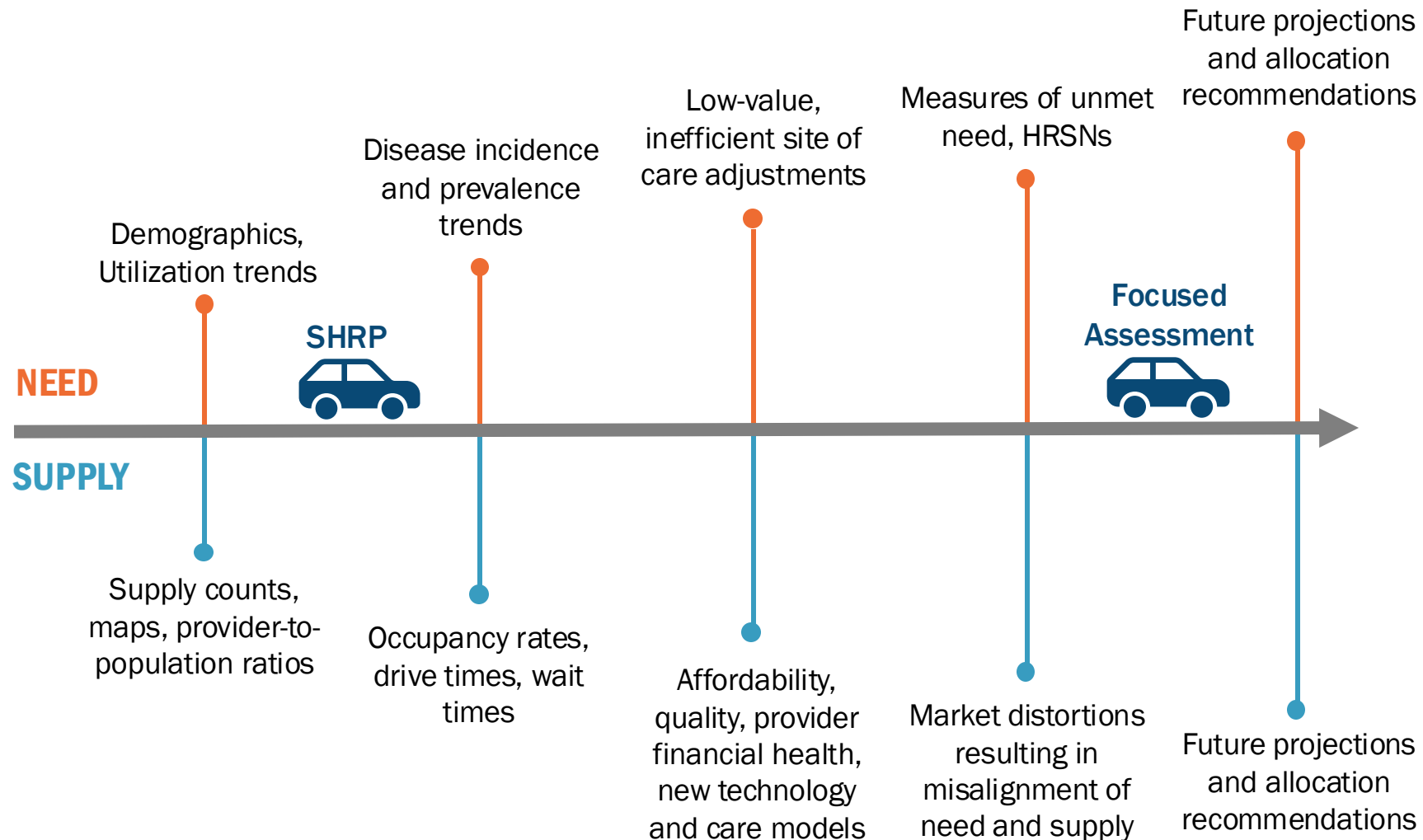
Recommendations for the appropriate supply and distribution of resources, on a statewide and regional basis



Recommendations for any further legislative or regulatory state action

Scope of the State Health Resource Plan vs. a Focused Assessment

- Chapter 343 of the Acts of 2024 outlines more than 24 unique services and an ambitious set of analytics for inclusion in the State Health Resource Plan.
- OHRP must define a feasible scope of work for the SHRP based on the timeline laid out in the law.
- Focused assessments are an opportunity to provide a more comprehensive, analytically rigorous assessment of resource sufficiency.



Key Questions

Supply

- How much supply does MA have statewide and regionally?
- How do supply levels compare to national?
- How have supply levels changed over time?
- How much of existing supply is currently being utilized?

Access

- Are patients reasonably geographically proximate to care?
- Are patients able to access timely care (where data allow)?

Utilization

- How do utilization rates look statewide, regionally, and compared to national?
- Are there notable differences in utilization by demographic group, insurance category, or other segmentation?
- How has utilization trended over time?

Interpretation

- Do the collective answers to these questions provide initial indications of over-supply or under-supply of the service, whether statewide or regionally?

SHRP Potential Service Lines

- Acute care hospitals
- Behavioral health, including mental health and SUD services
- Emergency care
- Imaging
- Maternal health services*
- Outpatient surgery (ASCs, office-based surgery, and HOPDs)
- Pediatric care services
- Physician specialty care
- Primary care*
- Post acute and long-term care, including SNFs, rehabilitation hospitals, LTACHs, and home health
- Urgent care centers

* These chapters are anticipated to include more advanced analytics, building on recent HPC work on these topics.

Literature Scan

- **Overview of the Service Line:**
Service and facility types, where it falls in the continuum of care, potentially substitutable services, populations served, payment and coverage
- **Supply, Access, and Utilization:**
National analysis of changing supply, access, and utilization levels
- **Key Policy Issues:** May include payment, pricing, ownership structures, staffing, quality, financial sustainability, regulatory oversight, etc.

Data and Analysis

- Limited set of measures designed to inventory **supply**, describe **access** and **utilization** trends, and identify excess or limited **capacity**
- **Key measures** include:
 - Raw and per capita supply counts
 - Drive time maps
 - Occupancy rates (inpatient)
 - Appointment wait times (primary care)
 - Utilization rates
- Focus on **time trends, geographic variation, demographic variation.**

Market Interviews

- Identify and interview 6-9 **national and local experts and market participants** per service line for qualitative insights:
 - Researchers
 - Trade and/or professional associations
 - Providers
 - Payers
 - Consumer advocates
 - State agency staff
- Use information as **background** for interpreting quantitative analyses and potential **themes for further study** in a Focused Assessment

POTENTIAL TYPES

- **Deeper analysis** of current and projected supply, capacity, and need for a specific:
 - Service line
 - Geographic area
 - Population or community
- Analysis of a **topical policy issue or market change** related to health care resource adequacy

POTENTIAL SELECTION CONSIDERATIONS

- **Indication of a mismatch** between current or projected supply and need
- **Opportunity for impact** via existing policy levers such as DPH Determination of Need or funding opportunities
- **Priority topic** for the market, policymakers, and/or communities
- **Data availability** and quality

➤ **State Health Resource Plan**

- How does your organization envision using the findings from the State Health Resource Plan?
- Would you propose any changes to the list of services or analytic scope to make it more valuable to your organization?
- How do you hope policymakers, market participants, and others will use the State Health Resource Plan to improve access to high-quality, affordable services across geographic regions of the Commonwealth?

➤ **Future Focused Assessments**

- How would you recommend OHRP approach selecting a service line, geography, population, or policy topic for a focused assessment?
- What service lines, geographies, populations, or policies would most benefit from a Focused Assessment?

Agenda



Call to Order

Executive Director's Report

Discussion: Health Planning in Massachusetts



**UP NEXT: Office of Pharmaceutical Policy and Analysis Annual Report Preview:
Trends in GLP-1 Drugs**

Upcoming Meetings

Adjourn

The HPC's Office of Pharmaceutical Policy and Analysis (OPPA)

- Chapter 342 of the Acts of 2024 established a new **Office of Pharmaceutical Policy and Analysis (OPPA)** within the HPC.
- OPPA's key responsibilities and authorities include:
 - Analyzing **pharmaceutical spending data and information**.
 - Developing **reports on trends related to access, affordability, and spending on pharmaceutical drugs** in the Commonwealth.
 - Advising the **state legislature and state agencies** on matters related to **pharmaceutical drug policy**.
- OPPA also manages the **Drug Pricing Review Program**, which supports MassHealth in its price negotiations with drug manufacturers.



UP NEXT: OPPA Annual Report – GLP-1 Updates: Declining Coverage in an Evolving Market

- The Evolving GLP-1 Market
- Spending, Utilization, and Price Trends in Massachusetts
- State and Federal Initiatives to Improve Affordability

The GLP-1 Market: A Current Snapshot



- > **Indications.** Glucagon-like peptide-1 (GLP-1) agonists are primarily used for **type 2 diabetes** (diabetes) and **weight loss**
 - Some GLP-1s also approved for cardiovascular risk, MASH (metabolic liver disease), and sleep apnea
- > **Prevalence in Massachusetts adults.** Diabetes (all) = 9.6%; Obesity (body mass index ≥ 30.0) = 27%¹
 - Diabetes (all) prevalence by race/ethnicity: Asian: 7.3%; Black: 12.5%; Hispanic or Latine: 11.5%; White: 9.0%; Other & Multiracial: 12.4%
 - Obesity prevalence by race/ethnicity: Asian: 12.4%; Black: 36.1%; Hispanic or Latine: 33.0%; White: 26.8%; Other & Multiracial: 25.5%
- > **Evidence.** Newer GLP-1 drugs for weight loss (Wegovy and Zepbound) have greater efficacy than older GLP-1 drugs
 - Average weight loss of ~10% to 20% in clinical trials;² real-world study results are slightly lower³
- > **Blockbuster GLP-1s.** Four GLP-1 drugs from **Novo Nordisk** and **Eli Lilly** have generated significant sales since launch and currently account for **95% of GLP-1 prescriptions** in the **Massachusetts commercial market**

GLP-1 Drugs (Launch Year)			Net Sales since Launch ⁴	
	Diabetes	Weight Loss	Massachusetts Commercial Market	US Market – All Payers
Novo Nordisk	Ozempic (2017)	Wegovy (2021)	\$1.0 billion	\$72.4 billion
Eli Lilly	Mounjaro (2022)	Zepbound (2023)	\$1.0 billion	\$54.8 billion
Total			\$2.0 billion	\$127.1 billion

Notes: 1. Massachusetts Department of Public Health. A profile of health among Massachusetts adults, 2024: Results from the Behavioral Risk Factor Surveillance System. March 2026. <https://www.mass.gov/lists/brfss-statewide-reports-and-publications#2024>, at 24, 34; CDC. Diabetes Basics. Jan. 2, 2026. <https://www.cdc.gov/diabetes/about/index.html> (noting type 2 diabetes accounts for 90% to 95% of reported cases). 2. Lin GA, et al. Semaglutide and tirzepatide for obesity: Effectiveness and value. Institute for Clinical and Economic Review. October 29, 2025. https://icer.org/wp-content/uploads/2025/10/ICER_Obesity_Evidence_Report_For_Publication_102925.pdf, at ES1. 3. Thomsen RW, et al. Real-world evidence on the utilization, clinical and comparative effectiveness, and adverse effects of newer GLP1RA-based weight-loss therapies. Diabetes Obes Metab. 2025;27 (Suppl 2):66–88. 4. Massachusetts commercial market: HPC²² analysis of Center for Health Information and Analysis Enhanced All-Payer Claims Database, 2026, and US Brand Rx Net Pricing Tool, SSR Health LLC; U.S market: HPC analysis of US Brand Rx Net Pricing Tool, SSR Health LLC.

OPPA Annual Report – GLP-1 Updates: Declining Coverage in an Evolving Market

- **UP NEXT: The Evolving GLP-1 Market**
- Spending, Utilization, and Price Trends in Massachusetts
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Expanding Uses and a Growing Pipeline of GLP-1 Drugs



Expanding Uses

- Early evidence from ongoing research suggests potential benefits for a range of new indications.
 - For example, osteoarthritis, neurodegenerative disease, inflammatory bowel disease, and cancer¹

Pipeline of GLP-1 Drugs

- **Recent new entries.** Oral GLP-1s for weight loss (Wegovy and Foundayo) launched in Q1 and Q2 of 2026
- **Brands.** 39 new GLP-1 drugs are in development from 34 companies²
 - **12** expected to **launch by 2030**³
- **Generics.** Liraglutide (an older GLP-1) launched in 2025
 - Blockbuster GLP-1s Ozempic, Wegovy, Mounjaro, and Zepbound are **patent protected until 2041**⁴
 - By contrast, generic Ozempic and Wegovy launched in Canada and other international markets in 2026⁵

Notes: 1. Gonzalez-Rellan MJ, Drucker DJ. The expanding benefits of GLP-1 medicines. Cell Reports Medicine. 2025;6(7):102214. <https://www.sciencedirect.com/science/article/pii/S2666379125002873>. 2. Ozmosi. Market overview: GLP-1 agonists and the obesity market. Dec. 16, 2025. <https://www.ozmosi.com/market-overview-glp-1-agonists-and-the-obesity-market>. 3. Tabatabai MK, Kerzic C, Kjesbo N. GLP-1 pipeline update. Prime Therapeutics. May 22, 2026. <https://www.primetherapeutics.com/glp-1-pipeline-update-may-2026>. 4. U.S. Food and Drug Administration. Approved Drug Products with Therapeutic Equivalence Evaluations. 2026. <https://www.fda.gov/drugs/drug-approvals-and-databases/approved-drug-products-therapeutic-equivalence-evaluations-orange-book>; Tu S, Kesselheim A, Tadrous M, Beall R. Early generic semaglutide in Canada—Implications for US patients and policy. JAMA Internal Medicine. 2026;186:921-2. <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2850103>. 5. Health Canada. Canada becomes the first G7 country to approve a generic version of semaglutide. April 28, 2026; Salve P, Ohlen E. India is launching cheap weight-loss drugs - but Novo Nordisk is betting its brands will stay on top. CNBC. 2026. <https://www.cnn.com/2026/03/23/novo-nordisk-cheap-weight-loss-drugs-india-generic-ozempic-wegovy-semaglutide.html>.

Recent Trends in Coverage and Access for GLP-1 Drugs for Weight Loss



Coverage Trends

- **Discontinued coverage.** In 2026, several plans discontinued coverage of GLP-1 drugs for weight loss for many of their members, including BCBS of Massachusetts, Point32, and Mass General Brigham Health Plan¹
 - GIC (state employees) and MassHealth also discontinued coverage of GLP-1 drugs for weight loss in 2026
- **More restrictive utilization management requirements.** Some plans have started requiring patients to participate in weight management programs as a condition of covering GLP-1s for weight loss²

Direct-to-Consumer Trends

- Nationally, 1 in 6 adults obtain GLP-1 drugs through online direct-to-consumer (“DTC”) channels³
- **Initial rise in compounded GLP-1s** while drugs were on the FDA shortage list between 2022 and 2025⁴
- **Increased DTC of branded GLP-1s**
 - **Telehealth providers** such as *Hims & Hers*, *Ro*, and *Sesame* have shifted to offering branded GLP-1s
 - **Manufacturer DTC.** Novo Nordisk and Eli Lilly launched their own DTC pharmacies in 2024⁵
 - **Self-pay** now accounts for 35% of Novo Nordisk’s Wegovy sales and 45% of Eli Lilly’s Zepbound prescriptions⁶
- **New direct-to-employer programs** allow employers to contract with a program administrator to purchase GLP-1 drugs directly from manufacturers; these programs are expected to grow among large employers⁷

Notes: 1. Weisman RN, Nickerson S. Blue Cross Blue Shield will stop covering popular weight-loss drugs amid surging costs. Boston Globe. Apr. 17, 2025; Gerber D. Tufts Health Plan, Harvard Pilgrim owner to limit coverage of weight-loss drugs. Boston Globe. May 14, 2025. 2. Point32 Health. Reminder: weight loss medication coverage update. Dec. 2025. <https://www.point32health.org/provider/reminder-weight-loss-medication-coverage-update-122025>; OmadaHealth. Enrolling in Omada for GLP1 coverage through CVS Caremark. 3. Palosky C. Poll: 1 in 8 adults say they are currently taking a glp-1 drug for weight loss, diabetes or another condition, even as half say the drugs are difficult to afford. KFF. Nov. 14, 2025. 4. U.S. Food and Drug Administration. FDA clarifies policies for compounders as national GLP-1 supply begins to stabilize. Apr. 1, 2026. <https://www.fda.gov/drugs/drug-alerts-and-statements/fda-clarifies-policies-compounders-national-glp-1-supply-begins-stabilize>. 5. NovoCare: <https://www.novocare.com>; LillyDirect: <https://www.lilly.com/lillydirect>. 6. Novo Nordisk. Q2 2026 Earnings Call. Aug. 5, 2026; Eli Lilly. Q2 2026 Earnings Call. Aug. 5, 2026. 7. Bardoulas J, Czapar M. Lilly Employer Connect platform launches with over fifteen independent program administrators offering tailored obesity coverage options to expand access to patients. Mar. 5, 2026; Business Group on Health. 2027 Employer Healthcare Strategy Survey. Aug. 25, 2026. <https://www.businessgrouphealth.org/resources/2027-employer-healthcare-strategy-survey-executive-summary>.

OPPA Annual Report – GLP-1 Updates: Declining Coverage in an Evolving Market

- The Evolving GLP-1 Market
- **UP NEXT: Spending, Utilization, and Price Trends in Massachusetts**
- State and Federal Initiatives to Improve Affordability

- **Spending, gross prices, utilization, and cost sharing data.** CHIA Enhanced All-Payer Claims Database, 2019 - Q1 2026
- **Population.** Commercially insured Massachusetts residents with full-year pharmacy coverage, age 12 - 64
- **GLP-1 drug products.** Identified using MicroMedex REDBOOK therapeutic class codes and product names
- **Manufacturer rebate and discount data used to estimate net spending.** US Brand Rx Net Pricing Tool from SSR Health, LLC

Products included in HPC analysis

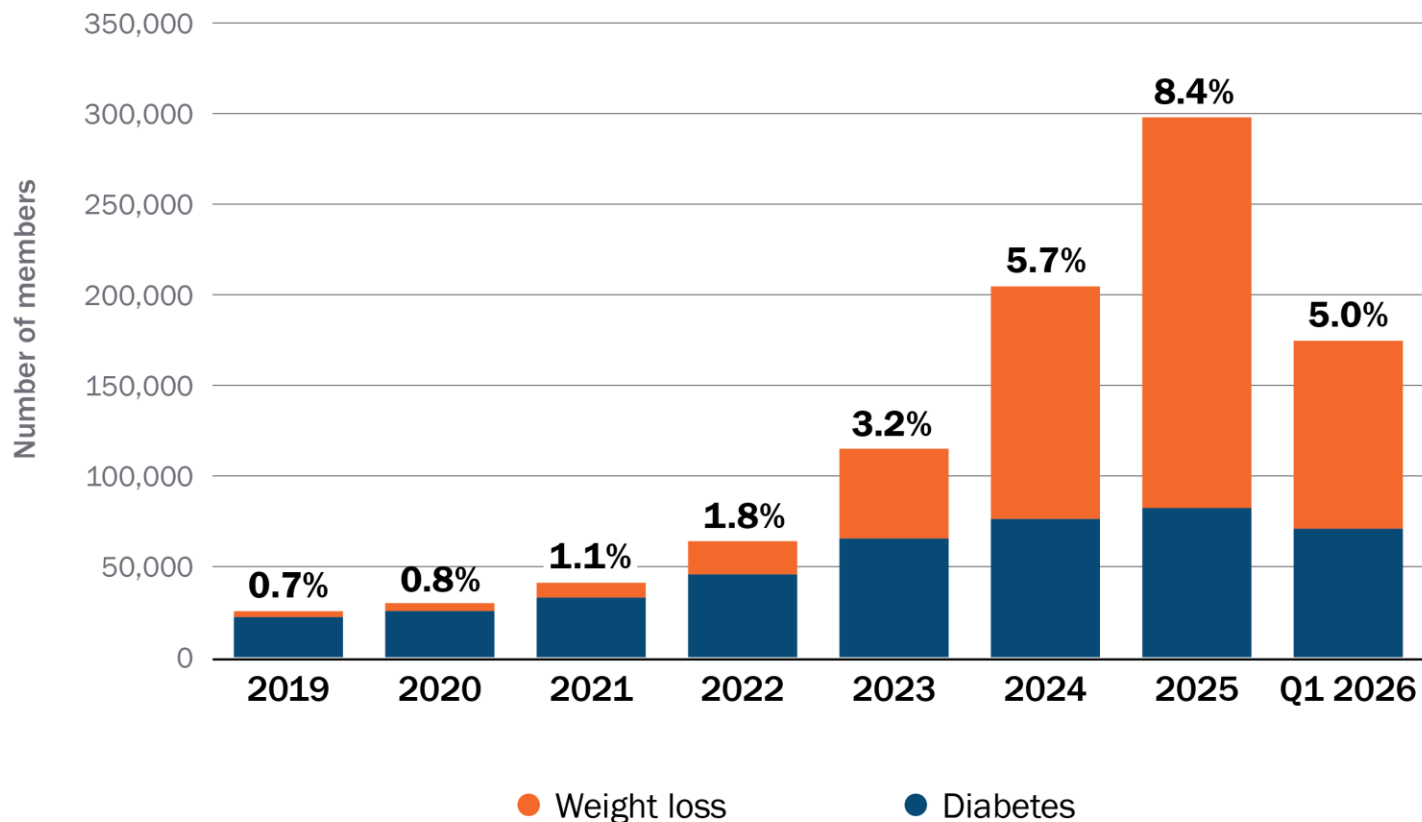
Brand	Active Ingredient	Manufacturer	Launch
Type 2 diabetes			
Byetta	Exenatide	Astra Zeneca	2005
Victoza	Liraglutide	Novo Nordisk	2010
Bydureon	Exenatide	Astra Zeneca	2012
Trulicity	Dulaglutide	Eli Lilly	2014
Adlyxin	Lixisenatide	Sanofi	2016
Ozempic	Semaglutide	Novo Nordisk	2017
Rybelsus	Semaglutide	Novo Nordisk	2019
Mounjaro	Tirzepatide	Eli Lilly	2022
Generic	Liraglutide	Teva	2024
Weight loss			
Saxenda	Liraglutide	Novo Nordisk	2015
Wegovy (injectable)	Semaglutide	Novo Nordisk	2021
Zepbound	Tirzepatide	Eli Lilly	2023
Generic	Liraglutide	Teva	2025
Wegovy (oral)	Semaglutide	Novo Nordisk	2026

Notes: Foundayo (Eli Lilly) launched in April 2026 and is not included in analysis. Selected GLP-1 drugs are FDA-approved for additional indications, including cardiovascular risk reduction (Victoza, Mounjaro, Wegovy), metabolic liver disease (Wegovy), and sleep apnea (Zepbound). For more information on SSR Health data, see Ippolito B, Levy J. Best practices using SSR Health net drug pricing data. Health Affairs Forefront. 2022.

The number of commercially insured members using a GLP-1 drug for weight loss has increased significantly but declined in Q1 2026 as payers discontinued coverage.



Number of commercially insured members with at least one prescription for a GLP-1 drug by indication and percentage of total members, 2019 - Q1 2026



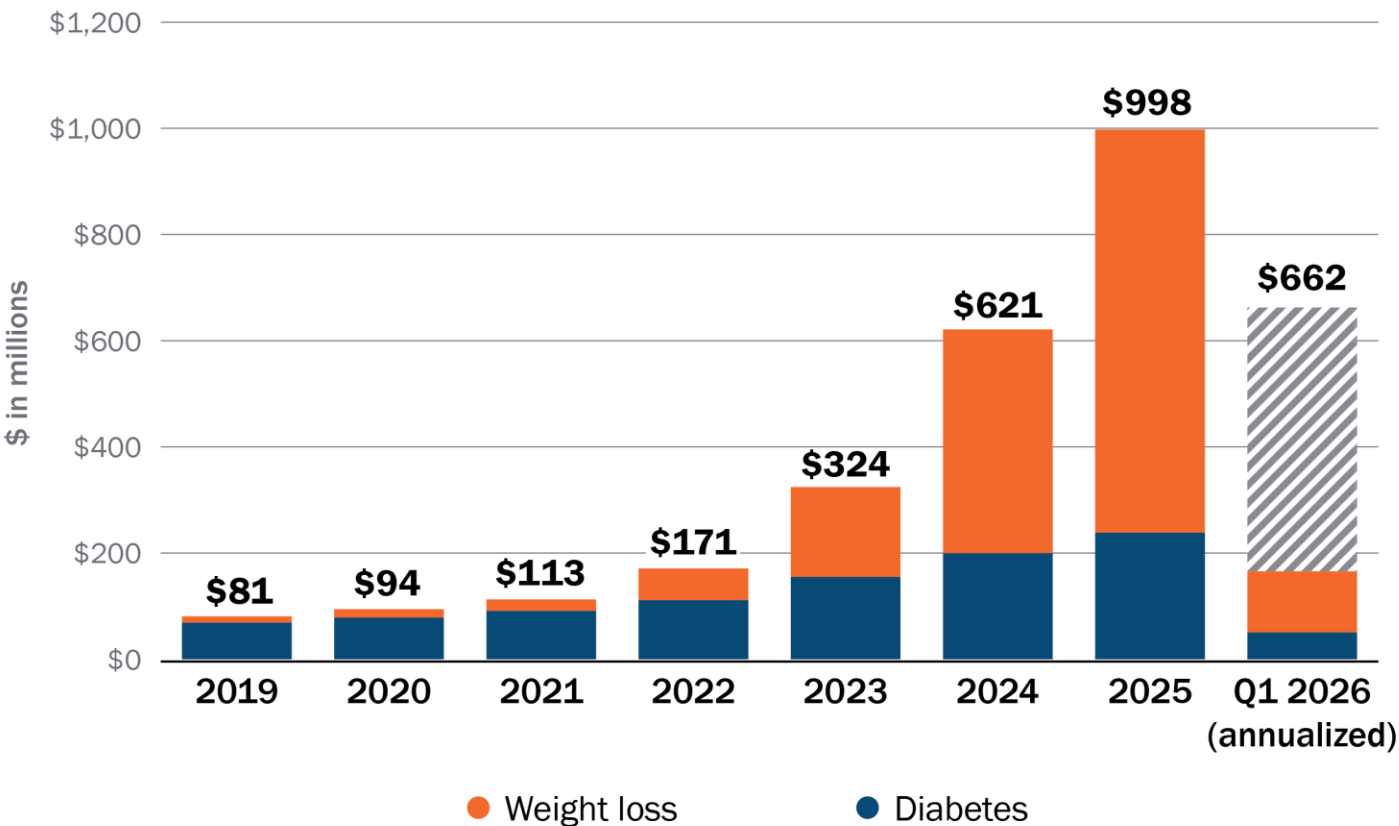
- In 2025, **nearly 300,000** commercially insured Massachusetts residents utilized a GLP-1 drug
- The number of members utilizing a **GLP-1 drug for weight loss** grew significantly from 3,300 in 2019 to 216,000 in 2025
- Between **2025** and **Q1 2026**, however, **112,000 fewer members** utilized a GLP-1 drug for weight loss – **a 52% decline**

Notes: Reflects estimated net spending after rebates in the private, commercially insured population. Results extrapolated to the full commercial market. Drugs indicated for weight loss include Saxenda, Wegovy, and Zepbound. Drugs indicated for diabetes include Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza, and generic liraglutide. Selected GLP-1 drugs are FDA-approved for additional indications, including cardiovascular risk reduction (Victoza, Mounjaro, Wegovy), metabolic liver disease (Wegovy), and sleep apnea (Zepbound). Sources: HPC analysis of Center for Health Information and Analysis Enhanced All-Payer Claims Database, 2026; Center for Health Information and Analysis Health Insurance Enrollment Trends Databooks, 2019-2025.

Net spending on GLP-1 drugs for commercially insured Massachusetts residents totaled nearly \$1 billion in 2025.



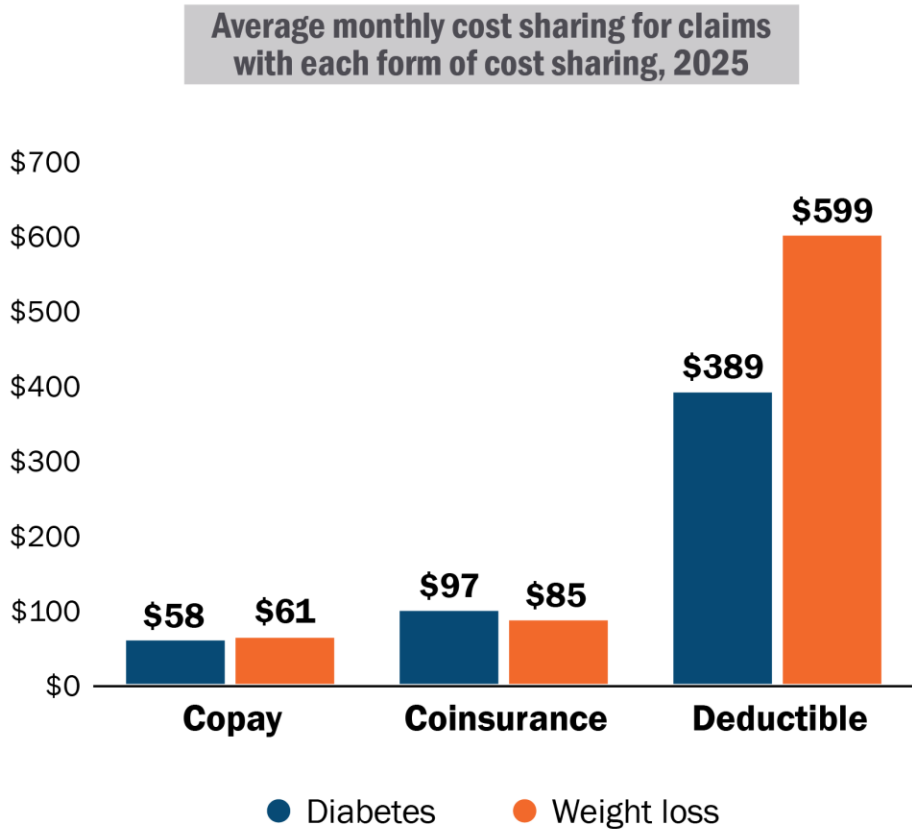
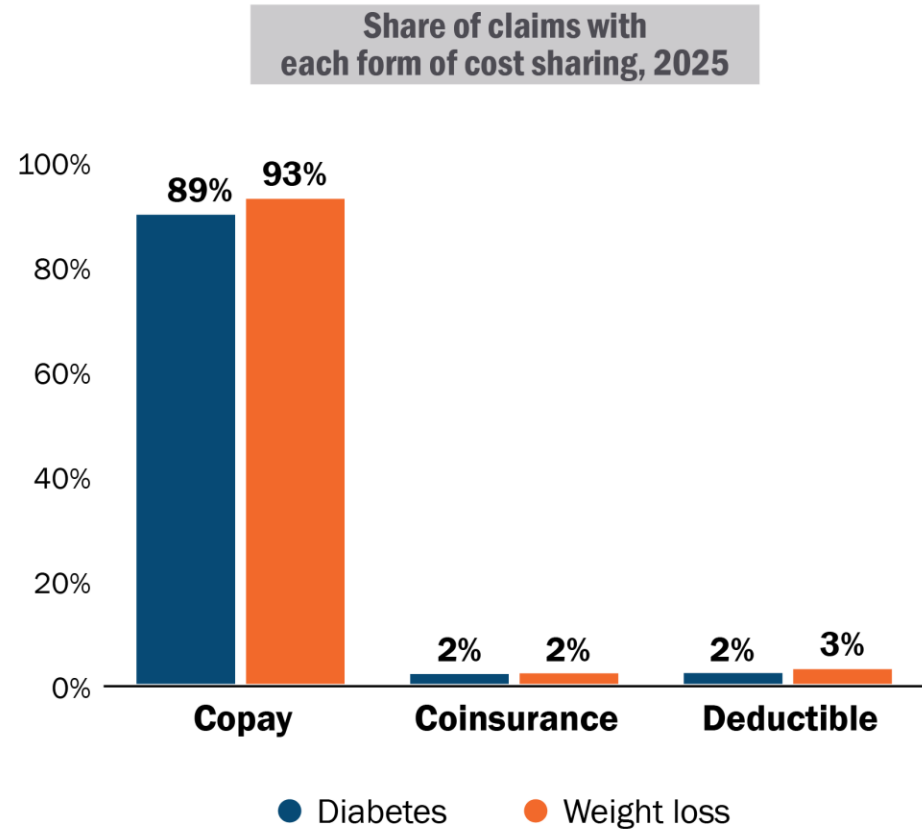
Net spending by indication, 2019 - 2026 (annualized)



Notes: Reflects estimated net spending after rebates in the private, commercially insured population. Results extrapolated to the full commercial market. Drugs indicated for weight loss include Saxenda, Wegovy, Zepbound, and generic liraglutide. Drugs indicated for diabetes include Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Trulicity, Victoza, and generic liraglutide. Selected GLP-1 drugs are FDA-approved for additional indications, including cardiovascular risk reduction (Victoza, Mounjaro, Wegovy), metabolic liver disease (Wegovy), and sleep apnea (Zepbound).
Sources: HPC analysis of Center for Health Information and Analysis Enhanced All-Payer Claims Database, 2026; Center for Health Information and Analysis Health Insurance Enrollment Trends Databooks, 2019-2025; US Brand Rx Net Pricing Tool, SSR Health LLC.

- Gross spending on GLP-1 drugs (before manufacturer rebates and discounts) reached over \$2.3 billion in 2025
- Spending on GLP-1s drugs for weight loss grew at an **average annual rate of 99.5%** over the 2019-2025 period
- In 2025, roughly **three-quarters of spending** on GLP-1 drugs was for weight loss
- Spending in 2026 is expected to drop significantly, driven by lower utilization as coverage changed

Copays account for majority of patient cost sharing for GLP-1 drugs, which totaled \$45.9 million for diabetes drugs and \$136.3 million for weight loss drugs in 2025.



- In 2025, monthly cost sharing averaged \$66 for GLP-1 drugs for diabetes and \$78 for GLP-1 drugs for weight loss
- Cost sharing levels have generally remained stable over the past several years

OPPA Annual Report – GLP-1 Updates: Declining Coverage in an Evolving Market

- The Evolving GLP-1 Market
- Spending, Utilization, and Price Trends in Massachusetts
- **UP NEXT: State and Federal Initiatives to Improve Affordability**

GLP-1 Drug Price Comparisons



	Direct-to-consumer		Maryland PDAB	Medicare		International Reference Prices		
	Manufacturer Direct	TrumpRx	Upper Payment Limit	Maximum Fair Price	GLP-1 Bridge	Highest	Second Lowest	Lowest
Diabetes: Ozempic	\$499	\$499	\$274	\$274	--	\$197	\$155	\$150
Diabetes: Mounjaro	\$499	\$499	--	--	--	\$478	\$209	\$167
Weight Loss: Wegovy	\$349	\$349	--	--	\$245	\$260	\$193	\$182
Weight Loss: Zepbound	\$449	\$449	--	--	\$245	--	--	\$221

Notes: Prices reflect the following doses: Ozempic 2 mg; Mounjaro 12.5 mg; Wegovy 2.4 mg; and Zepbound 12.5 mg. Manufacturer direct and TrumpRx prices as of Aug. 17, 2026; Maryland PDAB upper payment limit effective Jan. 1, 2027; Medicare Maximum Fair Price effective Jan. 1, 2027; Medicare GLP-1 Bridge prices effective July 1, 2026; international reference prices as of Mar. 31, 2026. The Medicare Maximum Fair Price also applies to Wegovy but only for cardiovascular risk reduction. International reference prices include prices for the relevant drug-dosage form of Ozempic, Wegovy, Mounjaro, and Zepbound from the 19 countries included in the CMS GLOBE and GUARD demonstration programs; the countries with the highest, second lowest, and lowest prices include: for Ozempic, United Kingdom, Germany, and France; for Mounjaro, Italy, Japan, and Belgium; for Wegovy, Denmark, Austria, and Switzerland; and for Zepbound, Japan (prices not reported for other countries).

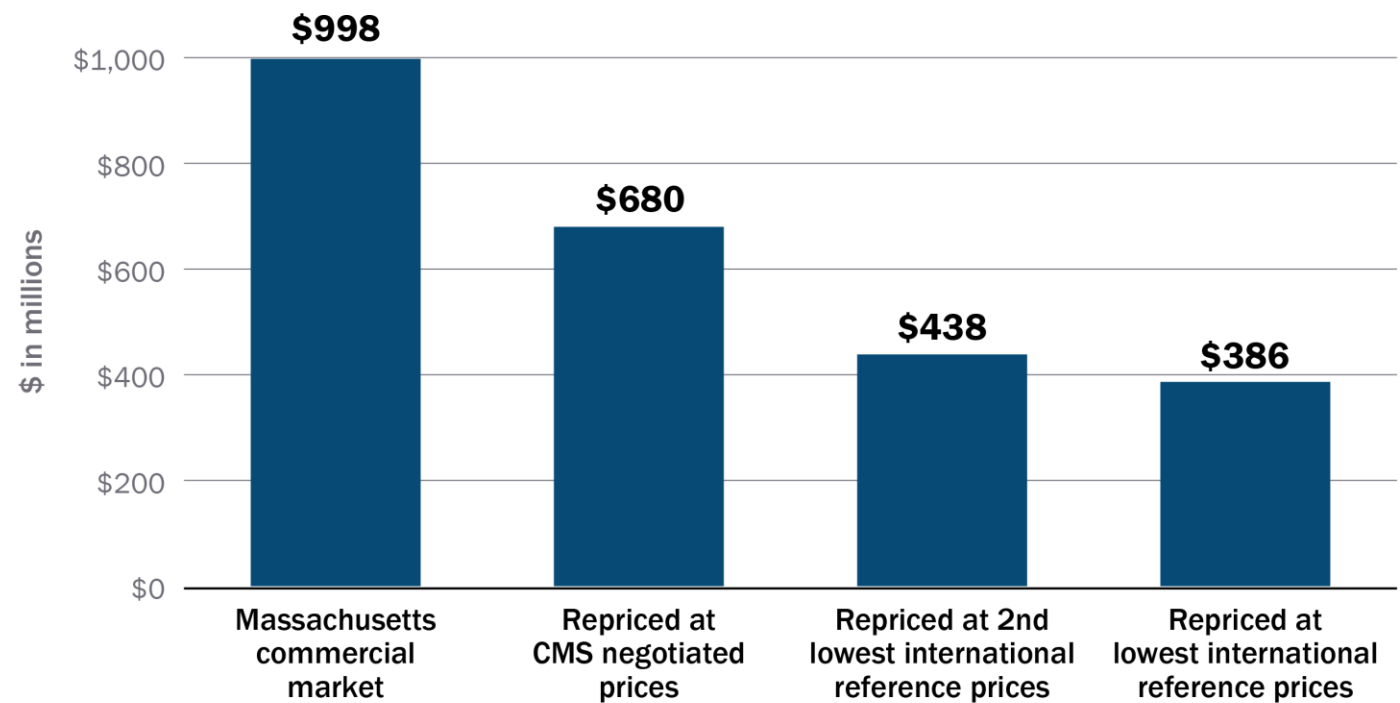
Sources: For direct-to-consumer: NovoCare. <https://www.novocare.com/pharmacy.html>; LillyDirect. <https://www.lilly.com/lillydirect>; TrumpRx. <https://trumprx.gov>. For Maryland PDAB: Maryland PDAB. Ozempic Upper Payment Limit Framework. Jan. 26, 2026. <https://pdab.maryland.gov/media/899>. For Medicare: CMS. Overview: Medicare Drug Price Negotiation Program. June 15, 2026. <https://www.cms.gov/initiatives/medicare-prescription-drug-affordability/overview/medicare-drug-price-negotiation-program>; CMS. Medicare GLP-1 Bridge. Jul. 13, 2026. <https://www.cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge>.

For international reference prices: NAVLIN Price & Access Data, EVERSANA LLC.

Spending on GLP-1s in Massachusetts would decrease significantly if commercial health plans paid CMS negotiated prices or international prices.



Net spending on GLP-1 drugs among the commercially insured population and projected spending if Ozempic, Wegovy, Mounjaro, and Zepbound were repriced, 2025



Notes: Massachusetts commercial market reflects estimated net spending after rebates in the private, commercially insured population. Results extrapolated to the full commercial market. CMS negotiated prices include the Medicare Maximum Fair Price for Ozempic (\$274/month) and the Medicare GLP-1 Bridge prices for Wegovy and Zepbound (\$245/month); Mounjaro is not repriced. International reference prices include the lowest and 2nd lowest prices for each drug-dosage form of Ozempic, Wegovy, Mounjaro, and Zepbound from the 19 countries included in the CMS GLOBE and GUARD demonstration programs. Because Zepbound pricing data is reported for only one of country (Japan), these prices are employed in both the lowest and 2nd lowest spending estimates. Total health care spending excludes non-claims expenditures.

Sources: HPC analysis of CHIA Enhanced All-Payer Claims Database, 2026; Center for Health Information and Analysis Health Insurance Enrollment Trends Databooks, 2019-2025; US Brand Rx Net Pricing Tool, SSR Health LLC; NAVLIN Price & Access Data, EVERSANA LLC.

Spending on GLP-1 drugs among the commercially insured population in 2025 if Ozempic, Wegovy, Mounjaro, and Zepbound were repriced based on:

- **CMS negotiated prices** would have been **32% lower**, reducing:
 - Pharmacy spending by **4.7%**
 - Total health care spending by **1.0%**
- **2nd lowest international reference prices** would have been **56% lower**, reducing:
 - Pharmacy spending by **8.3%**
 - Total health care spending by **1.7%**
- **Lowest international reference prices** would have been **61% lower**, reducing:
 - Pharmacy spending by **9.0%**
 - Total health care spending by **1.8%**

- **Blockbuster GLP-1 drugs.** Four GLP-1 drugs from Novo Nordisk and Eli Lilly have generated net sales of \$2 billion in the Massachusetts commercial market and over \$125 billion in the U.S. across all payers since launch
- **GLP-1 drug pipeline.** 12 new GLP-1s are expected to launch by 2030, but blockbuster GLP-1s are patent protected until 2041
- **Declining commercial coverage for weight loss.** Many payers discontinued coverage of GLP-1s for weight loss in 2026
- **Increasing direct-to-consumer of branded GLP-1s.** Self-pay now accounts for 35% of Novo Nordisk's Wegovy sales and 45% of Eli Lilly's Zepbound prescriptions (annual costs for Wegovy = \$4,188 and Zepbound = \$5,388)¹
- **GLP-1 spending and utilization.** In 2025, net spending in the Massachusetts commercial market reached ~\$1 billion with ~300,000 members utilizing a GLP-1 drug; however, spending and utilization dropped significantly in Q1 2026 as coverage changed
- **Patient cost sharing.** Most claims (~90%) required copays
- **Current coverage vs. repricing analysis**
 - **Current coverage:** In Q1 2026, 112,000 fewer commercially insured members utilized a GLP-1 drug for weight loss, contributing to decreased 2026 annualized spending of **\$662 million**
 - **Repricing analysis:** If blockbuster GLP-1 drugs were repriced in 2025, spending would decrease:
 - CMS negotiated prices = **\$680 million** (reducing pharmacy spending by 4.7%; total health care spending by 1.0%)
 - International reference prices = **\$386 million** (reducing pharmacy spending by 9.0%; total health care spending by 1.8%)

Agenda



Call to Order

Executive Director's Report

Discussion: Health Planning in Massachusetts

Office of Pharmaceutical Policy and Analysis Annual Report Preview: Trends in GLP-1 Drugs



NEXT MEETING: Thursday, December 3, 2026

Adjourn

Schedule of Upcoming 2026 Meetings



HPC BOARD



December 10
1:00 PM

ADVISORY COUNCIL



December 3
12:00 PM

SPECIAL EVENTS



November 10
**2026 Health Care
Cost Trends Hearing**

masshpc.gov/meetings



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