

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2302617

**Decision Date:** 5/3/2023

**Hearing Date:** 05/02/2023

**Hearing Officer:** David Jacobs

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Phuong Luc, Registered Pharmacist



*The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street, Quincy, Massachusetts 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Drug Utilization Review
<b>Decision Date:</b>	5/3/2023	<b>Hearing Date:</b>	05/02/2023
<b>MassHealth's Rep.:</b>	Phuong Luc	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Board of Hearings (Remote)	<b>Aid Pending:</b>	No

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

Through a notice dated 03/08/2023, MassHealth denied the appellant's request for prior authorization for the prescription medication Mounjaro, 5 mg/0.5 ml pen. because MassHealth determined that MassHealth does not pay for any drug used for the treatment of obesity (see 130 CMR 406.413(B)(4) and Exhibit 1). The appellant filed this appeal in a timely manner on 03/31/2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for the prescription medication Mounjaro 5 mg/0.5 ml pen.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 406.413(B)(4) and 130 CMR 450.204, in determining that MassHealth does not cover any drug used for the treatment of obesity.

## Summary of Evidence

The appellant appeared telephonically. MassHealth was represented telephonically by a registered pharmacist with MassHealth's Drug Utilization Review Program (DUR). The appellant is between the ages of 19 and 65 and is he has MassHealth benefits. The MassHealth representative testified that the appellant's provider submitted to MassHealth a request for prior authorization for the prescription medication Mounjaro 5 mg/0.5 ml pen, on 03/08/20223 (Exhibit 5). The provider listed the appellant's primary diagnosis related to the medication request as obesity (Exhibit 5). The MassHealth representative stated that the request was denied on 03/08/2023 pursuant to 130 CMR 406.413(B)(4) which states that MassHealth does not pay for any drug used for the treatment of obesity (Exhibits 1 and 6).

The MassHealth representative explained that Mounjaro, which has the generic name tirzepatide, is an injectable medication used for the treatment of type 2 diabetes (Exhibit 8). The MassHealth representative noted that the package insert for Ozempic states that Mounjaro is a glucagon like peptide 1 receptor agonist indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus (Exhibit 8). The MassHealth representative testified that the provider did not indicate that the appellant has a diagnosis of type 2 diabetes and wrote on the prior authorization request that the Mounjaro was prescribed for obesity.

The appellant replied that that even though she does not have a diagnosis of type 2 diabetes, her family has a history of diabetes, and she has been paying for Mounjaro out-of-pocket to manage her weight and not become diabetic herself. The appellant further read a letter into the record from her nurse practitioner that states in part that Mounjaro had been effective in managing the appellant's weight. The appellant concluded by testifying that she understood the rationale for MassHealth's decision but asks the hearing officer to consider the spirit of the law in my decision to approve or deny the appellant's request.

## Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The appellant is between the ages of 19 and 65 and is open on MassHealth benefits.
2. The appellant's provider submitted to MassHealth a request for prior authorization for the prescription medication Mounjaro 5 mg/0.5 ml pen, on 03/08/2023.
3. The provider listed the appellant's primary diagnosis related to the medication request as obesity.

4. Mounjaro, which has the generic name tirzepatide, is an injectable medication used for the treatment of type 2 diabetes; the package insert for Mounjaro states that Mounjaro is a glucagon like peptide 1 receptor agonist indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
5. The appellant does not have a diagnosis of diabetes.
6. The appellant's physician has stated that Mounjaro has been effective at controlling the appellant's weight.

## **Analysis and Conclusions of Law**

Drug Exclusions. The MassHealth agency does not pay for the following types of prescription or over-the-counter drugs or drug therapy...

- (4) Obesity Management. The MassHealth agency does not pay for any drug used for the treatment of obesity.

(130 CMR 406.413(B)(4)).

Service Limitations.

- (1) MassHealth covers drugs that are not explicitly excluded under 130 CMR 406.413(B). The limitations and exclusions in 130 CMR 406.413(B) do not apply to medically necessary drug therapy for MassHealth Standard and CommonHealth enrollees under age 21. The MassHealth Drug List specifies those drugs that are payable under MassHealth. Any drug that does not appear on the MassHealth Drug List requires prior authorization, as set forth in 130 CMR 406.000. The MassHealth Drug List can be viewed online at [www.mass.gov/druglist](http://www.mass.gov/druglist), and copies may be obtained upon request. See 130 CMR 450.303: Prior Authorization.

- (2) The MassHealth agency does not pay for the following types of drugs, or drug therapies or non-drug products without prior authorization:

- (a) immunizing biologicals and tubercular (TB) drugs that are supplied to the provider free of charge through local boards of public health or through the Massachusetts Department of Public Health (DPH); and

- (b) any drug, drug therapy, or non-drug product designated in the MassHealth Drug List as requiring prior authorization.

- (3) The MassHealth agency does not pay for any drug prescribed for other than the FDA approved indications as listed in the package insert, except as the MassHealth agency determines to be consistent with current medical evidence.

- (4) The MassHealth agency does not pay for any drugs that are provided as a component of a more comprehensive service for which a single rate of pay is established in accordance with 130 CMR 450.307: Unacceptable Billing Practices.

(130 CMR 406.413(C)).

#### Prior Authorization

(A) Prescribers must obtain prior authorization from the MassHealth agency for drugs identified by MassHealth in accordance with 130 CMR 450.303: Prior Authorization. If the limitations on covered drugs specified in 130 CMR 406.412(A) and 406.413(A) and (C) would result in inadequate treatment for a diagnosed medical condition, the prescriber may submit a written request, including written documentation of medical necessity, to the MassHealth agency for prior authorization for an otherwise noncovered drug.

(130 CMR 406.422(A)).

The appellant's provider prescribed the prescription medication Mounjaro to treat the appellant's obesity. The only diagnosis listed on the prior authorization request is obesity and there is no indication that the appellant is diagnosed with diabetes. Pursuant to 130 CMR 406.413(B)(4), MassHealth does not pay for any drug used for the treatment of obesity. This is not a limitation listed in 130 CMR 406.413(A) or (C), and thus it is irrelevant whether the limitation would result in adequate treatment (130 CMR 406.422(A)). Medication for treatment of obesity is simply not covered by MassHealth. Although the appellant asked for the spirit of the law to be considered, the regulations clearly state that drugs for the treatment of obesity are not covered by MassHealth, and an exception for medical necessity is specifically not included in 130 CMR 406.422(A). Therefore, it is concluded that the drafters of the regulations intended drugs for the treatment for obesity to not be covered in these circumstances.

If the appellant is diagnosed with diabetes or pre-diabetes, she is advised to have her physician consult the MassHealth Drug List for the prior authorization requirements for Mounjaro for the treatment of diabetes.

The appeal is denied.

### **Order for MassHealth**

None.

## Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

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David Jacobs  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: UMMS Drug Utilization Review, Commonwealth Medicine,  
333 South Street, Shrewsbury, MA 01545