

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2505961
Decision Date:	7/7/2025	Hearing Date:	05/13/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Phuong Luc, Pharm.D., ForHealth Consulting at
UMass Chan Medical School—Drug Utilization
Program



*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

Appeal Decision:	Denied	Issue:	Prior Authorization; Drug Utilization Review
Decision Date:	7/7/2025	Hearing Date:	05/13/2025
MassHealth's Rep.:	Phuong Luc	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center (Telephone)	Aid Pending:	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 April 4, 2025, MassHealth denied the Appellant's prior authorization request for *Zepbound 12.5 mg/0.5 ml pen* on the grounds that the Appellant's prescriber did not submit sufficient information to determine medical necessity. 130 CMR 450.204 and Exhibit 1. The Appellant filed this appeal in a timely manner on April 14, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's prior authorization request for *Zepbound 12.5 mg/0.5 ml pen*.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 406.413 and the MassHealth Drug List criteria, in denying the Appellant's prior authorization request.

Summary of Evidence

This hearing was held by telephone. The testimony and record evidence is summarized as follows: The MassHealth representative is a pharmacist and testified that the Appellant's prior authorization recertification request dated April was denied because he did not meet evaluation criteria for approval, as specified by MassHealth's Table 81, Evaluation Criteria for Anti-Obesity Agents. Exhibit 5. The MassHealth representative explained that in order for MassHealth to recertify the medication, the Appellant would have had to have lost 5% or more of his body weight when compared to his baseline weight.¹ *Id.* at 35. The MassHealth representative stated that a person's baseline weight is a person's weight before taking the medication.² The MassHealth representative testified that the Appellant's baseline weight was [REDACTED] on October 18, 2024,³ and [REDACTED] on March 20, 2025.

The MassHealth representative testified that in order for MassHealth to approve the request without the Appellant reducing his body weight by 5% or more, his prescriber would need to demonstrate that requested medication otherwise improved the Appellant's comorbid conditions. The MassHealth representative testified that the Appellant's provider did not submit detailed information showing that the medication had otherwise improved the Appellant's comorbid conditions, such as hypertension and sleep apnea. The MassHealth representative testified that the Appellant's provider submitted another prior authorization request on April 15, 2025, which included the Appellant's medical records but otherwise did not include any new information. The MassHealth representative explained that in order for MassHealth to approve the medication, the provider needs to demonstrate that it is working by including documentation of sufficient weight loss from the Appellant's baseline weight of 5% or more, or that the Zepbound is sufficiently benefiting the Appellant's comorbid conditions.⁴

The MassHealth representative did not testify to when MassHealth first authorized Zepbound for the Appellant. The denial notice states that MassHealth previously approved prior authorization for 12 units of Zepbound on October 18, 2024, with an end date of April 3, 2025. Exhibit 1 at 2. The April 4, 2025 prior authorization request states: "Is the member stabilized on the requested medication?" Exhibit 5 at 4. The Appellant's provider selected "Yes," and the form states, "Please provide start date," and the date "10/18/24" is listed. *Id.* The form also states that the Appellant's baseline weight was 283 lbs. on 10/18/24. *Id.* The April 15, 2025 prior authorization request states: "Is the member stabilized on the requested medication?" *Id.* at 4. The Appellant's provider selected "Yes," and the form states, "Please provide start date," and the date "10/28/24" is listed. *Id.* at 11. The form states that the Appellant's baseline weight was 283 lbs. on 10/28/24. *Id.* In the

¹ When asked by the hearing officer, the MassHealth representative explained that this "5% or more of body weight" criterion was developed by a clinical expert.

² The evaluation criteria and prior authorization form both refer to "baseline weight," but do not define it.

³ Five percent of [REDACTED] is 14.15 pounds.

⁴ The MassHealth representative also stated that the Appellant's new baseline weight would need to be documented on future prior authorization requests.

medical appointment records submitted by the Appellant's provider, it lists the start date of the Appellant taking 10 mg. of Zepbound as 2/20/25. *Id.* at 21.

The Appellant verified his identity. The Appellant testified that he recently got a new nurse practitioner and now all of his medical requests are being declined and it is very frustrating. The Appellant testified that on April 22, 2025, his weight was [REDACTED] but that as of the date of the hearing it was [REDACTED]. The Appellant testified that he has a number of tools in his toolbox but does not feel that they are being used well to improve his health and well-being. The Appellant testified that MassHealth continuing to authorize Zepbound would be the best path forward for his health. The Appellant also stated that he was in the process of changing medical providers.

Findings of Fact

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

1. The Appellant is a MassHealth CarePlus member between the ages of [REDACTED] Exhibit 4.
2. On April 4, 2025, [REDACTED] submitted a prior authorization request on behalf of the Appellant for *Zepbound 12.5 mg/0.5 ml pen* for the treatment of obesity. Exhibit 5.
3. On April 4, 2025, MassHealth Drug Utilization Review denied the request. Exhibits 1 & 5.
4. On April 14, 2025, the Appellant filed an appeal with the Board of Hearings. Exhibit 2.
5. On April 15, 2025, [REDACTED] submitted another prior authorization request on behalf of the Appellant for Zepbound. Exhibit 5.
6. On April 15, 2025, MassHealth Drug Utilization Review denied the request. Exhibit 5.
7. On April 23, 2025, MassHealth sent the Appellant a letter indicating that the request was denied because MassHealth did not receive sufficient information and requesting that the Appellant's doctor provide the following for the "recertification for obesity or overweight: . . . ONE of the following: You have a weight loss of 5% or greater from baseline body weight [or] BOTH of the following: Documentation you had improvement in secondary measures [and] Attestation that the improvement in secondary measure is believed to be related to anti-obesity therapy despite lack of reduction in body weight." Exhibit 5 at 26.

Analysis and Conclusions of Law

Generally, MassHealth will only pay for services or prescriptions that are medically necessary. 130 CMR 450.204. A service is "medically necessary" if:

(1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and

(2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

130 CMR 450.204(A).

MassHealth publishes a Drug List that specifies those drugs that are payable under MassHealth.⁵ 130 CMR 406.413(C)(1). Drugs on the Drug List may require prior authorization. 130 CMR 406.413(C)(2)(b).⁶

MassHealth's evaluation criteria for approval for anti-obesity agents requires all prior authorizations "include clinical diagnosis, drug name, dose, and frequency." Exhibit 5 at 29. Further, for "recertification requests, approval may require submission of additional documentation including, but not limited to, documentation of: some or all criteria for the original approval; response to therapy; clinical rationale for continuation of use; status of member's condition; appropriate diagnosis; appropriate age; appropriate dose, frequency, and duration of use for requested medication; complete treatment plan; current laboratory values; and member's current weight." *Id.*

The criteria specifies that documentation of the following is required for Zepbound recertification:

- member weight (dated within the last 90 days); **and**
- one of the following:
 - weight loss of $\geq 5\%$ from baseline body weight; **or**
 - both of the following:
 - improvement in secondary measures; **and**
 - attestation that the improvement in secondary measure[s] is believed to be related to anti-obesity therapy despite lack of reduction in body weight.

Id. at 34-35.

⁵ The MassHealth Drug List can be viewed online at www.mass.gov/druglist, and copies may be obtained upon request. 130 CMR 406.413(C)(1).

⁶ Zepbound is included on that list and specifies that it requires prior authorization.

The Appellant has the burden “to demonstrate the invalidity of the administrative determination.” Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (2007). See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

I am sympathetic to the Appellant’s frustration, and I have heard his testimony that he would like to continue with his current Zepbound medication regimen. However, based on my review of the record, including the testimony presented, I find that the Appellant has not demonstrated the invalidity of MassHealth’s determination. MassHealth’s evaluation criteria require that in order for Zepbound to be recertified, the request must include the member’s weight (dated within the last 90 days), which here, was listed as [REDACTED] on the request. Exhibit 5 at 4. This did not show a weight loss of 5% or greater from his baseline body weight, which would have been 268.85 pounds or less (283 lbs. – 14.15 lbs. (283 x 5%) = 268.85 lbs.). Therefore, in order for MassHealth to recertify the Zepbound authorization, the request would need to show both improvement in secondary measures and an attestation from the requesting provider that the improvement in secondary measures is related to Zepbound. The requests from [REDACTED] do not include this information. See Exhibit 5. Accordingly, MassHealth did not err in denying the request and 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.

Emily Sabo
Hearing Officer
Board of Hearings

cc: MassHealth Representative: Drug Utilization Review Program, ForHealth Consulting at UMass Chan Medical School, P.O. Box 2586, Worcester, MA 01613-2586