

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2506857
Decision Date:	9/12/2025	Hearing Date:	June 11, 2025
Hearing Officer:	Stanley Kallianidis	Record Open Date:	July 25, 2025

Appellant Representative:

Pro se

WellSense Representative:

William Keough, MD, Senior Medical Director



*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:	Managed Care Organization-Internal Appeals
Decision Date:	9/12/2025	Hearing Date:	June 11, 2025
ACO Rep.:	William Keough, MD	Appellant Rep.:	Pro se
Hearing Location:	Telephonic	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

On April 18, 2025, the appellant received a notice of denial from WellSense Health Plan ACO (WellSense) of an internal appeal request for coverage of Zepbound (Exhibit 1). The appellant appealed the action in a timely manner on May 1, 2025 (130 CMR 610.015(B); Exhibit 2). The denial of a request for prior authorization is valid grounds for appeal (130 CMR 610.032).

On May 1, 2025, MassHealth dismissed the request for hearing, but the dismissal was subsequently rescinded (Exhibit 3). On May 13, 2025, notice of the hearing was sent to the parties (Exhibit 4).

Action Taken by ACO

WellSense denied the appellant's internal appeal request for coverage of Zepbound.

Issue

Was WellSense correct in denying the appellant's prior authorization request due to a lack of medical necessity?

Summary of Evidence

A representative from WellSense testified that the appellant's February 13, 2025 initial request for the anti-obesity drug Zepbound was denied due to a lack of medical necessity. He referenced the MassHealth Drug List Criteria for Anti-Obesity Agents/Zepbound, which states phentermine is the preferred drug for weight loss. The representative added that Zepbound can be approved in some cases, but only if certain criteria are met. Specifically, in addition to meeting the Body Mass Index (BMI) threshold, a member must document a medical reason as to why phentermine can't be taken, or, in the alternative, demonstrate that a poor response had resulted from taking phentermine after a period of at least three months. In this case, the appellant did not submit this medical documentation along with her prior authorization request and it was therefore denied. He added that the appellant's anxiety was not a valid reason because this condition is controlled through medication (Exhibit 5).

The appellant testified that she had been taking Wegovy for weight loss last year but was told that Wegovy is no longer a covered drug. Therefore, she had her physician submit the current initial prior authorization for Zepbound because this was the new preferred drug for weight loss. As a result, she stated that she believed she should have been automatically approved for Zepbound due to being a prior Wegovy user.

In support of her contention, the appellant referenced a notice from WellSense that was attached to her appeal. According to this notice, Wegovy would not be covered after December 31, 2024 and her current prior authorization will be moved to the preferred drug Zepbound (Exhibit 2). The appellant further testified that she does not want to try phentermine due to her anxiety but acknowledged that it is controlled through medication.

The WellSense representative's response to the appellant was that her prior authorization for Wegovy expired on January 6, 2025. Therefore, there was no active prior authorization on file when the appellant made her initial request for Zepbound. Additionally, he stated that there was no continuity of care in the appellant's case because she last filled her prescription for Wegovy in August 2024.

The record was left open for the appellant to submit medical documentation as to why she cannot tolerate phentermine (Exhibit 6).

According to a June 12, 2025 letter from the appellant's physician, he does not recommend the use of phentermine for the appellant "as this is contraindicated with her diagnosis of anxiety" (Exhibit 7).

In its July 9, 2025 response, WellSense indicated that it has upheld its denial of the appellant's request because MassHealth only recognizes "uncontrolled anxiety as an acceptable contraindication to phentermine use" (Exhibit 8).

According to MassHealth's "The Prescriber E-Letter" dated October 2024, effective October 1, 2024, Zepbound replaced Wegovy as the preferred anti-obesity drug. Effective January 1, 2025, Wegovy became a non-covered drug and Wegovy users were switched to Zepbound. Effective January 6, 2025, all new requests for anti-obesity drugs will require a step through phentermine. In order to have Zepbound approved, a member needs to show "an inadequate response, adverse reaction, or contraindication to phentermine" (Exhibit 9).

Findings of Fact

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

1. WellSense denied the appellant's February 13, 2025 initial request for the anti-obesity drug Zepbound denied due to a lack of medical necessity (Exhibit 1).
2. The appellant had been taking the weight-loss drug Wegovy sometime in 2024 (Testimony).
3. The appellant last filled out her prescription for Wegovy in August 2024 (Testimony).
4. The appellant's prior authorization for the weight-loss drug Wegovy expired on January 6, 2025 (Testimony).
5. Effective January 1, 2025, Wegovy was a non-covered drug, and current Wegovy users were switched to Zepbound (Exhibit 9).
6. The MassHealth Drug List Criteria for Anti-Obesity Agents/Zepbound states phentermine is the preferred drug for weight loss (Exhibit 5).
7. Effective January 6, 2025, all new requests for anti-obesity drugs will require a step through phentermine before Zepbound can be consider for approval (Exhibit 9).
8. In order to have Zepbound approved, a member must show among other things "an inadequate response, adverse reaction, or contraindication to phentermine" (Exhibits 5 & 9).
9. The appellant has not tried phentermine because her physician has recommended against this (Testimony).
10. According to a June 12, 2025 letter from the appellant's physician, he does not recommend the use of phentermine for the appellant "as this is contraindicated with her diagnosis of anxiety" (Exhibit 7).
11. The appellant's anxiety is controlled through medication (Exhibit 5 and Testimony).

Analysis and Conclusions of Law

WellSense is a MassHealth managed care contractor as defined by regulations at 130 CMR 610.004 and described in regulations at 130 CMR 508.000. The appellant is a member of WellSense, who submitted a request for prior authorization from to her provider for the anti-obesity drug Zepbound. This request was denied on the basis that it was not medically necessary.

(A) A service is “medically necessary” if:

- (1) it is reasonably calculated to prevent, diagnose, prevent 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. See 130 CMR 450.204.

In this case, the appellant is seeking to have her request for the anti-obesity drug Zepbound approved. WellSense denied the appellant’s February 13, 2025 initial request for the drug due to a lack of medical necessity. The appellant had previously been taking Wegovy for weight loss, but MassHealth no longer covers this drug. While Wegovy users were switched to Zepbound in January 2025, the appellant never made the change before her prior authorization for Wegovy expired. Moreover, the appellant last filled out her prescription for Wegovy in August 2024, so there was no continuity of care in her case and therefore her request for Zepbound was correctly deemed an initial request.

I have found MassHealth has identified phentermine as the less costly, more conservative drug for weight loss. Because the appellant’s request for Zepbound was processed as a new request for the drug, I have also found that the appellant had to first complete the step through phentermine in order to be potentially approved for Zepbound. Specifically, the appellant had to document to WellSense show why she cannot take phentermine, either through a contraindication, or a documented failed trial of the drug.

The appellant contended that she could not take phentermine, and in support of this she submitted a letter from her physician who recommended against taking the drug due to her anxiety. However, I conclude that the letter failed to describe the appellant’s condition in a detailed way or why a trial of phentermine would personally adversely affect her given that her anxiety is controlled. Thus, I agree with WellSense that where the appellant’s anxiety is being controlled through medication, her having a condition of anxiety is not in itself a

contraindication of against at least trying phentermine, notwithstanding her doctor's letter.

The appeal is therefore denied.

Order for ACO

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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc:

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