

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**

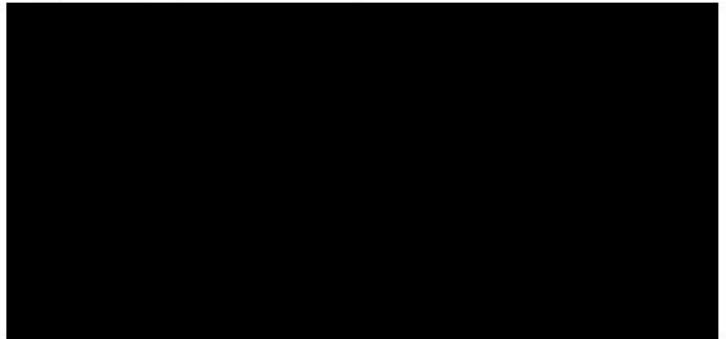


<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2509618
<b>Decision Date:</b>	09/26/2025	<b>Hearing Date:</b>	09/03/2025
<b>Hearing Officer:</b>	Radha Tilva	<b>Record Open to:</b>	n/a


**Appearance for Appellant:**



**Appearance(s) for ACO:**



## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization – Pharmaceutical
<b>Decision Date:</b>	09/26/2025	<b>Hearing Date:</b>	09/03/2025
<b>ACO's Rep.:</b>	Jacqueline Arabasz, Jacqueline Bigbee, Felicia DeSciscio, William Keough, and Priya Mehta	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Virtual	<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 June 26, 2025, WellSense/Boston Medical Center HealthNet Plan (WellSense), a MassHealth accountable care organization (ACO), informed the appellant that it had denied her internal appeal of a prior authorization request for Xelstry 13.5 mg/9 hour patches because it does not meet the criteria (Exhibit 1). The appellant filed a timely appeal on June 26, 2025 (see 130 CMR 610.015(B) and Exhibit 2). An ACO's denial of a request for prior authorization is valid grounds for appeal to the Board of Hearings (130 CMR 610.032(B)(2)).<sup>1</sup>

### Action Taken by ACO

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<sup>1</sup> An accountable care organization is defined at 130 CMR 501.001 as an entity that enters into a population-based payment model contract with EOHHS as an accountable care organization, wherein the entity is held financially accountable for the cost and quality of care for an attributed or enrolled member population. ACOs include Accountable Care Partnership Plans, Primary Care ACOs, and MCO-Administered ACOs.

WellSense denied the appellant's prior authorization request for Xelstrym 13.5 mg/9 hour patches.

## **Issue**

The appeal issue is whether MassHealth's agent or designee, WellSense, was correct in denying the appellant's internal appeal of a prior authorization request for Xelstrym 13.5 mg/9 hour patches because the submitted information does not meet the criteria for coverage for the requested drug.

## **Summary of Evidence**

The appellant's mother, appeared at hearing virtually along with the nurse practitioner who prescribed the requested drug. WellSense appeared at hearing via telephone and was represented by its assistant general counsel, SVP associate chief medical officer, physician reviewer, senior director of member appeals and grievances, and plan manager of member appeals and grievances.

WellSense testified as follows: on May 9, 2025, it received a prior authorization request for Xelstrym 13.5 mg/9 hr patches on behalf of the appellant, a minor, for the treatment of ADHD. Xelstrym is a cerebral stimulant used to treat ADHD. On May 13, 2025, WellSense denied the request, which was appealed on the same day.

On June 26, 2025, WellSense issued a final denial because they did not receive clinical documentation confirming that the child had a negative reaction to the preferred medication, lisdexamfetamine (Exhibit 1). WellSense explained at hearing that the MassHealth Drug List sets forth which drugs have to be tried first and in this case there are other alternatives, including a patch or a pill version that should be trialed first. The MassHealth Drug List Criteria for Cerebral Stimulants and Misc Agents – Long-Acting Amphetamine Agents was used to determine medical necessity. WellSense explained that there was nothing in the record to demonstrate why the other alternatives cannot be used and the peer reviewer final report, dated June 20, 2025 detailed that the preferred drug lisdexamfetamine had not yet been trialed by appellant. They agreed that swallowing is a real issue, but that the capsules can be opened and sprinkled. The alternatives that were discussed included Vivance (pill) that can be opened and sprinkled and Daytrana (patch) which does not require a prior authorization. WellSense explained that in the Stimulant Class D there are amphetamine related and non-amphetamine related alternatives that can be taken before initiating the patch that was requested.

The appellant's mother and the requesting provider testified to the following: it takes appellant approximately 2-3 hours to take medication as he cannot swallow and even when sprinkled into yogurt or applesauce it is a problem for him and sometimes she feels that he does not get all the medication from it. They were not aware that other medications such as Daytrana would be

approved without prior authorization. There is no reason that appellant cannot take Daytrana, but the provider feels that adverse reactions can happen when you switch from one class of drugs to another. An amphetamine-based stimulant has been effective for him and Daytrana is another class of a stimulant.

## **Findings of Fact**

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

1. On May 9, 2025, WellSense received a prior authorization request for Xelstrym 13.5 mg/9 hr patch on behalf of appellant, a minor child, for the treatment of ADHD.
2. The request was denied on May 13, 2025 and the appellant appealed it the same day.
3. A final denial issued on June 26, 2025 which was appealed to the Board of Hearings
4. The reason for the denial was that WellSense did not receive clinical documentation confirming that the child had a negative reaction to the lisdexamfetamine, the preferred medication.
5. WellSense followed the MassHealth Drug List Criteria, specifically for Cerebral Stimulants and Misc Agent – Long Lasting Amphetamine Agents in determining medical necessity.
6. The appellant's provider requested the medication as it is a patch and the appellant has difficulty swallowing.
7. Lisdexamfetamine is a pill that can be opened and sprinkled onto food that appellant can eat.
8. The appellant has not trialed lisdexamfetamine.
9. WellSense would also approve another patch, Daytrana, without prior authorization, however this medication is a different class of drug.

## **Analysis and Conclusions of Law**

MassHealth members who are younger than 65 years old must enroll in a MassHealth managed care provider available for their coverage type. Members described in 130 CMR 508.001(B) or who are excluded from participation in a MassHealth managed care provider pursuant to 130 CMR 508.002(A) are not required to enroll with a MassHealth managed care provider. 130 CMR 508.001(A).

Pursuant to 130 CMR 508.010(B), members are entitled to a fair hearing under 130 CMR 610.000: *MassHealth: Fair Hearing Rules* to appeal:

(B) a determination by the MassHealth behavioral health contractor, by one of the MCOs, Accountable Care Partnership Plans, or SCO as further described in 130 CMR 610.032(B), if the member has exhausted all remedies available through the contractor's internal appeals process...

The appellant exhausted the internal appeal process offered through her ACO, and thus is entitled to a fair hearing pursuant to the above regulations. As MassHealth's agent, WellSense is required to follow MassHealth rules and regulations pertaining to a member's care. Under 130 CMR 406.412(A), the MassHealth Drug List specifies the drugs that are payable under MassHealth. The requested drug, *Xelstrym* requires a prior authorization and can be covered, however, the following criteria outlined in the MassHealth Drug List must be met:

**Adzenys XR-ODT, amphetamine extended-release 1.25 mg/mL oral suspension, amphetamine salts extended-release (generic Mydayis), Dyanavel XR, lisdexamfetamine chewable tablet, Xelstrym**

- Documentation of all of the following is required:
  - Appropriate diagnosis; **and**
  - for amphetamine salts extended-release (generic Mydayis) member is greater than or equal to 13 years of age; **and**
  - clinical rationale for use of the requested agent instead of lisdexamfetamine capsule; **and**
  - for Dyanavel XR suspension, one of the following:
    - requested quantity is less than or equal to 8 mL (20 mg)/day; or
    - clinical rationale for exceeding the FDA approved maximum dose.

(Exhibit 6, p. 82). The documentation provided supports an appropriate diagnosis (ADHD) for the use of the requested drug, however, the documentation and testimony presented does not support the clinical rationale for use of the requested agent over the preferred lisdexamfetamine capsule(s). The record supports that lisdexamfetamine has not yet been trialed (Exhibit 6, p. 20). While there is no dispute that appellant has difficulty swallowing, there is no convincing evidence to support that opening and sprinkling the lisdexamfetamine capsule has not and will not work for appellant. In general, MassHealth requires a trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class (Exhibit 6, p. 81). Despite the mother's concerns that her son takes a long time to eat and that all of medication is not being ingested by appellant if the capsule is sprinkled, more convincing evidence such as a letter from a clinician that lisdexamfetamine has either been trialed or clinical rationale for prescribing the patch could support appellant's argument. The testimony of WellSense supports that there is another non-oral alternative (albeit a different

class of drug), Daytrana, which has not yet been trialed and does not require prior authorization.

For these reasons, the appeal is 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.

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Radha Tilva  
Hearing Officer  
Board of Hearings



MassHealth Representative: BMC Wellsense, Member Appeals & Grievances, Attn: Felicia DiSciscio, 529 Main Street, Ste. 500, Charlestown, MA 02129