

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2510230
<b>Decision Date:</b>	10/6/2025	<b>Hearing Date:</b>	08/12/2025
<b>Hearing Officer:</b>	Kenneth Brodzinski		

**Appearance for Appellant:**

Pro se

**Appearance for MassHealth:**

Phuong Luc, D., R.Ph



*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>	Prior Authorization - Pharmacy
<b>Decision Date:</b>	10/6/2025	<b>Hearing Date:</b>	08/12/2025
<b>MassHealth's Rep.:</b>	Phuong Luc, D., R.Ph	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy		

## 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 27, 2025, MassHealth denied Appellant's request for prior approval (PA) for the prescription medication Lomaira (phentermine) 8 mg tablets (Exhibit B, page 4). Appellant filed for this appeal in a timely manner on July 10, 2025 (130 CMR 610.015 and (Exhibit A)).

## Action Taken by MassHealth

MassHealth denied the appellant's PA request for Lomaira (phentermine) 8 mg tablets.

## Issue

The appeal issue is whether MassHealth properly applied the controlling regulations to accurate facts when it denied Appellant's PA request for Lomaira (phentermine) 8 mg tablets.

## Summary of Evidence

Masshealth was represented by a registered pharmacist from the MassHealth Drug Utilization Review Program who testified that Appellant's provider filed a PA request for brand name Lomaira 8mg tablet, an oral medication (generic name, phentermine) used for short-term weight loss – usually 12 weeks. The requested medication requires PA for low dosages such as the requested 8mg. Higher dose tablets of 15mg, 30mg and 37mg do not require PA.

To obtain PA for the requested lower dose, MH guidelines require a Body Mass Index (BMI) score of 30 or a BMI of 27 with comorbidities. While Appellant does have comorbidities, she does not have the required minimum BMI of 27. According to the PA request, Appellant has a BMI of [REDACTED] (Exhibit B, page 4). The MassHealth representative also explained that even if Appellant had a BMI of at least 27, PA also requires evidence of failed trials of the less-costly higher doses first. Appellant's PA request does not contain any information concerning such trials.

Appellant testified that she had previously been approved for the Lomaira 8mg for December 2024 and January and February 2025. She has been advised by her doctor not to use the higher dosage alternatives due to concerns that it may increase her blood pressure and worsen her current insomnia. Appellant also testified that she is gaining weight and that by the date of hearing, her BMI may have increased to the required 27 minimum. Appellant also testified that she has been paying out of pocket for the Lomaira and is continuing to use it at the requested low dose.

## Findings of Fact

Based on a preponderance of the evidence, this record supports the following findings:

1. Appellant's provider filed a PA request for brand name Lomaira 8mg tablet, an oral medication (generic name, phentermine) used for short-term weight loss – usually 12 weeks.
2. Appellant has comorbidities.
3. Appellant has a BMI of [REDACTED] (Exhibit B, page 4).
4. Appellant has neither asserted nor evidenced trials of the less-costly higher doses of phentermine which do not require PA.
5. Appellant's PA request does not contain any information concerning such trials.
6. Since the PA denial, Appellant has been paying out of pocket for the Lomaira and is

continuing to use it at the requested low dose.

7. Appellant has been gaining weight while on the requested low dose.

## Analysis and Conclusions of Law

MassHealth will not pay a provider for services that are not “medically necessary.” Pursuant to MassHealth regulations at 130 CMR 450.204:

(A) 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 MassHealth.** *Services that are less costly to MassHealth include, but are not limited to, health care reasonably known by the provider, or identified by MassHealth 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.*

Medically necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records available to MassHealth upon request (see, 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

It was undisputed that Appellant has not tried the higher doses which do not require a PA. At hearing, Appellant asserted that her physician does not want her to use the higher doses out of concern for her blood pressure and insomnia. Such concerns must be communicated by the physician in writing, along with supporting medical documentation to MassHealth, as part of the PA request.

On the matter of the requirement of a BMI of 27 or greater in the presence of comorbidities, Lomaira® prescribing information does support the requirement (Exhibit E, page 26). The record is less clear relative to the Masshealth Drug List – “Therapeutic Class Table 81: Anti-Obesity Agents” since the copy that MassHealth provided to this Board became effective on July 1, 2025; therefore, it was not controlling in June 2025 when this PA was considered and denied (See, Exhibit D).

Nevertheless, the failure to rule out the less costly alternatives, as discussed above, is a sufficient basis for MassHealth's denial of the subject PA. For the foregoing reasons, 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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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

MassHealth Representative: Drug Utilization Review Program, ForHealth Consulting at UMass Chan Medical School, P.O. Box 2586, Worcester, MA 01613-2586, 508-722-3269