

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510621
Decision Date:	9/10/2025	Hearing Date:	08/21/2025
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:

Pro se

Appearances for ICO:

Cassandra Horne, Appeals & Grievances
Manager, Commonwealth Care Alliance (CCA);
Leah Washabaugh, Pharm.D., CVS Caremark
Medicare Coverage Determinations
Department



*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; ICO; Denial of Level 1 Appeal
Decision Date:	9/10/2025	Hearing Date:	08/21/2025
ICO's Reps.:	Cassandra Horne; Leah Washabaugh, Pharm.D.	Appellant's Rep.:	<i>Pro se</i>
Hearing Location:	Quincy Harbor South 2 (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 level 1 internal appeal determination notice dated May 9, 2025, the Commonwealth Care Alliance (CCA), an integrated care organization (ICO) and managed care contractor for MassHealth,¹ informed the appellant that it upheld its decision to deny her request for prior authorization (PA) for the prescription medication Wegovy for weight loss. *See* Exhibit 1. The appellant filed this external appeal of a final decision of an ICO in a timely manner on July 18, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. A managed care contractor's denial of an internal appeal is grounds for appeal. *See* 130 CMR 610.032(B)(2).²

¹ The term "Managed Care Contractor," as defined by MassHealth Fair Hearing Rules, consists of any MassHealth contracted managed care organization including a SCO, ICO, or behavioral health contractor. *See* 130 CMR 610.004.

² An ICO has 45 days to resolve any internal appeals regarding the original coverage decision. *See* 130 CMR 508.010. If the ICO's internal appeals process denies a member's requested covered benefits in whole or in part, the member may appeal the decision to BOH. *See* 130 CMR 610.018; *see also* M.G.L. c. 118E, § 48; 130 CMR 610.015(7).

Action Taken by ICO

Through a level 1 appeal determination, CCA upheld its decision to deny the appellant's request for prior authorization (PA) for the prescription medication Wegovy for weight loss.

Issue

The appeal issue is whether CCA was correct in denying the appellant's request for prior authorization for the prescription medication Wegovy based on the determination that the requested medication is not covered by MassHealth for weight loss.

Summary of Evidence

An Appeals & Grievances Manager and a licensed Pharmacist represented CCA at the hearing; they appeared remotely. The appellant, an adult between the ages of 19 and 65 who resides in a household of one, appeared telephonically and verified her identity. The following is a summary of the testimony and documentary evidence:

The Appeals & Grievances Manager began CCA's testimony. The appellant is a MassHealth member and is enrolled in CCA's Integrated Care Organization (ICO), also referred to as a "One-Care" program. On May 3, 2025, CCA denied coverage for Wegovy (semaglutide) injection, which the appellant's primary care provider requested for weight loss.³ Written notification of the denial was sent to the appellant on that same date. On May 8, 2025, the appellant submitted a level 1 appeal of the denial to CCA; after internal review by a CVS CareMark Pharmacist and a Medical Director, this appeal was denied on May 9, 2025, and written notice of the denial was again sent to the appellant. Testimony.⁴

The Appeals & Grievances Manager stated that this request was denied due to a recent MassHealth policy change: as of January 1, 2025, Wegovy is no longer covered by MassHealth for weight loss. Unfortunately, CCA must follow MassHealth coverage guidelines; Wegovy is not available for weight loss treatment, regardless of any prior authorization requests. Zepbound is the preferred weight loss drug. Testimony. The CCA pharmacist confirmed that unfortunately, no exceptions or alternative coverage paths for the appellant to receive Wegovy for weight loss exist. She explained that if someone has Type 2 diabetes, alternative medications, like Ozempic,

³ According to the documentation submitted by CCA, the appellant's provider requested WEGOVY Soln Auto-inj 0.25MG 2/30, which is a self-administered injection, two times per month. See Exhibit 6 at 2.

⁴ The appellant received second copy of this notice from CCA which is dated June 5, 2025; this mailing included Fair Hearing Request instructions. This is the notice that the appellant included with her appeal request to the Board of Hearings, but it was clarified during testimony that the appellant had only the single internal appeal that was the subject of the May 9, 2025 notice. Testimony and Exhibit 1.

may be available and/or covered, but not Wegovy. Only Zepbound is authorized for weight loss. Testimony.

In support of its testimony, CCA included their internal documentation of the prior authorization request. See Exhibit 6. A document titled MedHOK Case Summary was included within this submission. The appellant filed her level 1 appeal of the initial denial via telephone on May 8, 2025. The appellant's appeal was reviewed internally by a licensed pharmacist and a CCA Medical Director. Exhibit 6 at 14. The "Notes" field indicates that all available clinical information for this appeal had been reviewed. *Id.* An entry states that no new clinical information was received with this request. *Id.* The appellant's case is marked as "Denied" under the "Status" field on the form, and the "Status Reason" is indicated as "Non-Formulary – General." *Id.* The form also indicates that no supporting statement from the appellant's provider accompanied the prior authorization request. *Id.*

The appellant offered testimony in response to CCA. She stated that prior to MassHealth discontinuing their coverage of the drug, she had previously taken Wegovy for weight loss with great success. When she was taking Wegovy, the appellant's A1C dropped significantly, and she was no longer diabetic. She was forced to switch to Zepbound in January 2025, and she experienced weight gain on this medication. Testimony. The appellant stated that since she stopped taking her Wegovy injections, she has gained [REDACTED] pounds and her A1C has gone up so much that she is now considered Type 2 diabetic since discontinuing Wegovy. Besides not being an effective medication for weight loss for the appellant, Zepbound has also caused the appellant to experience significant gastrointestinal side effects including an "irritable bowel, terrible, terrible nausea, and diarrhea." Testimony. She denied experiencing any negative side effects when using Wegovy for weight loss support. The appellant stressed that Wegovy was the *only* medication that both controlled her diabetes and did not cause intolerable side effects. She closed her testimony by stating that she was confused and frustrated by this process; neither she nor her doctor could understand why the medication was no longer allowed, given that it was working effectively and the alternative medications were either ineffective or intolerable. Testimony.

After the appellant concluded her testimony, the Hearing Officer queried CCA as to whether *any* documentation or medical need might allow exception for Wegovy coverage for the appellant. The Appeals & Grievances Manager and the pharmacist each confirmed that MassHealth's policy provides no exceptions — there is no coverage or prior authorizations for Wegovy for weight loss after January 1, 2025, and the pharmacist further stated that Wegovy is also not covered for diabetes (as opposed to Ozempic, which is covered for Type 2 diabetes).⁵

⁵ The MassHealth Drug List states that Wegovy is available for non-pediatric MassHealth members that document (i) their weight and [the need for] (ii) cardiovascular protection and the benefit of cardiovascular protection outweighs the risk associated with the use of GLP-1 agents; and provide medical records with their request that document one of the following: history of myocardial infarction (MI); or history of stroke (ischemic or hemorrhagic stroke); or symptomatic peripheral arterial disease (e.g., intermittent claudication with ankle-brachial index <0.85, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease). See

Findings of Fact

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

1. The appellant is an adult MassHealth member, and she is enrolled in CCA's ICO or "One-Care" program. Testimony and Exhibit 6.
2. On May 3, 2025, the appellant's provider submitted a prior authorization request to CCA seeking coverage for the prescription medication Wegovy, to treat the appellant's obesity. Testimony.
3. On May 3, 2025, CCA denied the appellant's request. Testimony and Exhibit 6.
4. On May 8, 2025, the appellant submitted a level 1 appeal of the denial to CCA.
5. On May 9, 2025, CCA denied the appellant's level 1 appeal, and written notice of the denial was sent to the appellant on May 9, 2025. A second notice, which included Fair Hearing Instructions, was sent to the appellant on June 5, 2025. Testimony and Exhibit 1.
6. The appellant timely appealed the level 1 denial to the Board of Hearings on July 18, 2025. Exhibit 2.
7. Wegovy belongs to a class of drugs known as a glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) agonist. Testimony and Exhibit 6.
8. In the prior authorization request to CCA, the appellant's medical provider did not document that the appellant is in need of cardiovascular protection, and the appellant's medical provider did not document that the appellant has a history or diagnosis of myocardial infarction, stroke, or symptomatic peripheral arterial disease. Exhibit 6.

Analysis and Conclusions of Law

As a MassHealth ICO, CCA will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. *See* 130 CMR 508.007. Upon enrollment, the ICO is required to provide evidence of its coverage, the range of available covered services, what to do for emergency conditions and urgent care needs, and how to obtain access to specialty, behavioral health, and long-term services and supports. *See* 130 CMR 508.007.

<https://mhdل.pharmacy.services.conduent.com/MHDL/>

CCA is responsible for providing enrolled members with the full continuum of MassHealth covered services. See 130 CMR 450.105. Those services include pharmacy services governed by the regulations at 130 CMR 406.000. As an ICO, CCA can provide more to members than MassHealth allows but not less.

MassHealth does not cover a medical service unless it is “medically necessary.” The threshold considerations for determining whether a service is medically necessary are set forth under 130 CMR 450.204, which states, in full:

450.204: Medical Necessity

(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 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.

(B) 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. ...

(C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

(D) Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.

(130 CMR 450.204) (emphasis added).

As subsection (D) indicates, MassHealth establishes additional medical necessity criteria throughout its regulations and publications governing specific health-related service-types. For coverage of prescription drugs, MassHealth publishes and routinely updates a “Drug List” - a

formulary that identifies whether a covered drug is subject to prior approval and the specific criteria required to establish medical necessity for the drug. See 130 CMR 406.422; 130 CMR 450.303. The criteria used to determine medical necessity is “based upon generally accepted standards of practice, review of the medical literature, federal and state policies, as well as laws applicable to the Massachusetts Medicaid Program.”⁶ Further, the criteria set forth reflects MassHealth’s policy as described in its pharmacy regulations and the reviews conducted by the agency and the DUR board. *Id.*

As published in its Drug List, MassHealth has imposed the following PA criteria for coverage of Wegovy for non-pediatric cases:

Wegovy

- For recertification in members ≥ 18 years of age, documentation of the following is required:
 - member weight (dated within the last 90 days); **and**
 - member requires Wegovy **for cardiovascular protection and the benefit of cardiovascular protection outweighs the risk associated with the use of GLP-1 agents; and**
 - **medical records documenting one of the following:**
 - history of myocardial infarction (MI); **or**
 - history of stroke (ischemic or hemorrhagic stroke); **or**
 - symptomatic peripheral arterial disease (e.g., intermittent claudication with ankle–brachial index <0.85 , peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease).

(emphases added).

At issue in this case is MassHealth’s denial of a PA request for the injectable prescription medication Wegovy. MassHealth denied the request on the basis that MassHealth does not cover Wegovy for weight loss for non-pediatric members. The regulations allow for a non-pediatric member to receive a prescription for Wegovy if the requesting provider documents in the request that the member needs Wegovy for cardiovascular protection, and that the member has a history of heart attacks, strokes, or arterial diseases. Here, the appellant does not deny or dispute the fact that she is only seeking a Wegovy prescription for weight loss, but she argues that MassHealth should pay for the medication because the appellant and the appellant’s provider believes it will help the appellant lower her A1C level and her weight.

Based on the evidence in the record, MassHealth did not err in denying the appellant’s PA request for Wegovy. While there is no question that the appellant has lost weight and successfully managed her A1C levels while taking Wegovy, the appellant’s provider did not submit

⁶ See <https://mhdل.pharmacy.services.conduent.com/MHDL/>

documentation to establish the requisite criteria that the appellant requires Wegovy “for cardiovascular protection.” *Id.* Thus, I find that the appellant has not demonstrated, by a preponderance of the evidence, that CCA should authorize payment for Wegovy in accordance with the pertinent regulations set forth above.

On this record, the appeal is DENIED.

Order for ICO

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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: ICO Commonwealth Care Alliance, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108