

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:

[REDACTED]

Appeal Decision:	Denied	Appeal Number:	2510925
Decision Date:	11/13/2025	Hearing Date:	9/2/2025
Hearing Officer:	Cynthia Kopka	Record Open to:	10/15/2025

Appearances for Appellant:

[REDACTED]

Appearances for Respondent:


Cassandra Horne, Appeals and Grievances
Manager, CCA

[REDACTED] CVS/Caremark



*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 – Denial of Internal Appeal
Decision Date:	11/13/2025	Hearing Date:	9/2/2025
Respondent’s Rep.:	Cassandra Horne, Craig Rozario	Appellant’s Rep.:	
Hearing Location:	Quincy (remote)	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

By notice dated June 30, 2025, Commonwealth Care Alliance (CCA), a MassHealth Integrated Care Organization (ICO) and managed care contractor,¹ denied Appellant's Level I appeal for prior authorization of the prescription medication Wegovy Soln Auto-Inj (“Wegovy”). Exhibit 1. Appellant filed this appeal in a timely manner on July 24, 2025. Exhibit 2. 130 CMR 610.015(B). A managed care contractor’s denial of an internal appeal is a valid basis for external appeal. 130 CMR 508.010, 130 CMR 610.032(B)(2). The hearing record was held open and extended at Appellant’s request through October 15, 2025. Exhibit 5.

Action Taken by Respondent

CCA denied Appellant’s Level I appeal, upholding the denial of Appellant’s request for prior authorization for the prescription medication Wegovy.

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

Issue

The appeal issue is whether CCA was correct in determining that Wegovy was not covered.

Summary of Evidence

CCA was represented at telephonic hearing by an Appeals & Grievances Manager and a licensed Pharmacist/Pharm.D., who provided written materials in support. Exhibit 4. Appellant appeared by phone with his doctor and an outreach worker and submitted documents in support, Exhibit 2. A summary of testimony and written materials follows.

Appellant has been enrolled in CCA's OneCare program since April 1, 2022. The request on appeal was for prior authorization (PA) for the prescription medication Wegovy. CVS/CareMark received the initial PA request on June 26, 2025. On June 26, 2025, CCA denied the PA request because CCA does not cover the medication. Exhibit 4 at 4. On the denial, CCA notified Appellant that

The requested drug is not covered for weight loss for most people. Your plan's preferred drug for weight loss is Zepbound (tirzepatide) pens which may be approved with prior authorization. This is a similar type of medication as the one being requested and is a once weekly injection. Talk to your prescriber to see if Zepbound Pens would be right for you.

Id.

On June 27, 2025, CVS/CareMark received Appellant's Level I appeal of the denial. *Id.* at 12. On June 30, 2025, CCA denied the Level I appeal for the same reason. Exhibit 1, Exhibit 4 at 17. CCA's representatives testified that as of January 1, 2025, Wegovy is not covered by MassHealth for weight loss. Zepbound is the preferred GLP-1 medication for weight loss. CCA approved Appellant for Zepbound on February 1, 2025.

Appellant testified that he tried Zepbound earlier in the year but could not continue taking it due to chest pain. Appellant tried Zepbound for approximately four weeks or so. Appellant ended up going to the emergency room several times, but they found nothing wrong. Appellant's therapist told him that other clients have reported chest pains from Zepbound. Appellant testified that he has tried Wegovy in the past and has not had problems with it.

Appellant's weight management specialist testified that he has been seeing Appellant for the past few years. Appellant has other conditions such as sleep apnea and attention deficit hyperactivity disorder (ADHD). Appellant has struggled to lose weight. Appellant has tried other weight loss medications such as stimulants, anti-anxiety medications, and metformin, but he cannot tolerate these drugs due to side effects such as nausea, diarrhea, and headaches. Appellant is not able to

tolerate many medications, including Adderall, Wellbutrin, phentermine/Qsymia, and Topamax. Exhibit 2 at 3. Appellant's doctor testified that a GLP-1 drug would be the best option for Appellant, but Appellant could not tolerate the Zepbound. *Id.* Appellant's doctor testified that Wegovy is used for weight loss in addition to other conditions such as diabetes. Zepbound is not GLP-1 but a different medication. Appellant's doctor testified that he was working with Appellant at the time Appellant tried Zepbound. After Appellant reported having chest pains, Appellant's doctor decided not to continue Zepbound. Appellant's doctor agreed to provide medical records documenting Appellant's trial of Zepbound.

The CCA representatives testified that prior to 2025, MassHealth covered Wegovy for weight loss. However, effective January 1, 2025, MassHealth does not cover Wegovy or Saxenda for weight loss for individuals 18 years or older. The CCA representatives testified that one exception is that Wegovy is covered for overweight adults with established cardiovascular disease to reduce risk of major adverse cardiovascular event.

Appellant does not have cardiovascular disease, but Appellant's doctor argued that the time to act is now, as it will prevent Appellant from experiencing more serious complications and medical issues down the road. Appellant's doctor testified that it does not make sense to wait until Appellant experiences a heart attack or stroke before intervening.

The hearing record was held open and extended through October 15, 2025 at Appellant's request for submission of evidence in support, including evidence of the emergency room visits and medical records indicating Appellant's reaction to Zepbound. Exhibit 5. No additional evidence was provided to date.

Findings of Fact

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

1. Appellant has been enrolled in CCA's OneCare program since April 1, 2022.
2. On June 26, 2025, CCA denied Appellant's PA request for prescription medication Wegovy. Exhibit 4 at 4.
3. On June 27, 2025, Appellant filed a Level I appeal of the denial. *Id.* at 12.
4. On June 30, 2025, CCA denied the Level I appeal for the same reason. Exhibit 1, Exhibit 4 at 17.
5. Appellant filed this appeal in a timely manner on July 24, 2025. Exhibit 2.

6. The hearing record was held open and extended at Appellant's request through October 15, 2025. Exhibit 5.
7. Appellant's provided medical records do not show a history of cardiovascular disease. Exhibit 2.

Analysis and Conclusions of Law

MassHealth members younger than 65 years old, except those excluded under 130 CMR 508.004, must enroll in the Primary Care Clinician (PCC) Plan or a MassHealth-contracted MCO available for their coverage type. 130 CMR 450.117(A) and 130 CMR 508.002. MassHealth managed care options include an integrated care organization (ICO) for MassHealth Standard and CommonHealth members who also meet the requirements for eligibility set forth under 130 CMR 508.007. Members who participate in an ICO obtain all covered services through the ICO. 130 CMR 450.117(K).

A member may enroll in an ICO if he or she meets the following criteria:

(A) Eligibility.

(1) In order to be eligible to enroll in an integrated care organization (ICO), a MassHealth member must meet all of the following criteria, and may not be enrolled or concurrently participate in any of the programs or plans listed in 130 CMR 508.007(F):

- (a) be 21 through 64 years of age at the time of enrollment;
- (b) be eligible for MassHealth Standard as defined in 130 CMR 450.105(A): *MassHealth Standard* or MassHealth CommonHealth as defined in 130 CMR 450.105(E): *MassHealth CommonHealth*;
- (c) be enrolled in Medicare Parts A and B, be eligible for Medicare Part D, and have no other health insurance that meets the basic-benefit level as defined in 130 CMR 501.001: *Definition of Terms*; and
- (d) live in a designated service area of an ICO.

130 CMR 508.007.

The ICO will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. 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. 130 CMR 508.007(C). ICO members may appeal a determination made by an ICO to the Board of Hearings pursuant to 130 CMR 508.010.

As a MassHealth ICO, CCA is responsible for providing enrolled members with the full continuum of

MassHealth covered services. 130 CMR 450.105. Those services include pharmacy services governed by the regulations at 130 CMR 406.000. Under 130 CMR 406.422, prescribers must obtain prior authorization from MassHealth for drugs identified by MassHealth in accordance with 130 CMR 450.303. If the limitations on payment specified in 130 CMR 406.412(A) and 406.413(A) and (C) would result in inadequate treatment for a diagnosed medical condition, the prescriber may submit a written request, including written documentation of medical necessity, to MassHealth for prior authorization for an otherwise non-covered drug. 130 CMR 406.422(A).

The regulatory definition of medical necessity is set forth at 130 CMR 450.204, which states in relevant part as follows:

(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: *Potential Sources of Health Care*, or 517.007: *Utilization of Potential Benefits*.

...

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

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."² Further, the criteria contained in the Drug List reflects MassHealth's policy as described in its pharmacy regulations and the reviews conducted by the

² The updated Drug List may be found online at: <https://mhdh.pharmacy.services.conduent.com/MHDL/> (last visited November 10, 2025).

agency and the DUR board. *Id.*

According to the Drug List, effective January 1, 2025, Wegovy and Saxenda are no longer covered for MassHealth members for the treatment of overweight or obesity for adults.³ In October 2024, MassHealth published The Prescriber E-Letter, Volume 14, Issue 3 which notified providers that Zepbound is MassHealth's preferred GLP-1 for treatment of obesity. However,

MassHealth will continue to cover Wegovy® (semaglutide) for the indication of reduction of the risk of major adverse cardiovascular events in adults with established cardiovascular disease and either obesity or overweight. A new PA needs to be submitted if not initially approved for this indication.

For prior authorization of Wegovy according to the Drug List, MassHealth requires documentation of, *inter alia*, a diagnosis of cardiovascular disease defined as a history of myocardial infarction (MI), a history of stroke (ischemic or hemorrhagic stroke), or symptomatic peripheral arterial disease.⁴

Here, Appellant's request for coverage of Wegovy was denied by CCA, as it is no longer covered by MassHealth for treatment of obesity. Appellant's records and testimony demonstrated that Appellant does not have cardiovascular disease as required by MassHealth for approval of Wegovy. Additional documentation supporting the medical necessity of Wegovy was not provided during the record open period. Accordingly, this appeal is denied.

Order for Respondent

None.


³ The section of the Drug List related to anti-obesity agents may be found online at: <https://mhdل.pharmacy.services.conduent.com/MHDL/pubtheradetail.do?id=2446&drugId=8671> (last visited November 10, 2025).

⁴ See footnote 3.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings


Appellant Representative: Eduardo Morales, CHD, 622 State Street, Springfield MA 01109
ICO Commonwealth Care Alliance, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108