

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**

[REDACTED]

<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2513387
<b>Decision Date:</b>	10/28/2025	<b>Hearing Date:</b>	10/17/2025
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.		

**Appearance for Appellant:**

[REDACTED]

**Appearance for MassHealth:**

[REDACTED], Pharm.D., R.Ph.,  
Consultant Pharmacist, MassHealth  
Drug Utilization Review Program,  
ForHealth Consulting at UMass Chan  
Medical School



*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; Drug Utilization Review
<b>Decision Date:</b>	10/28/2025	<b>Hearing Date:</b>	10/17/2025
<b>MassHealth's Rep.:</b>	██████████ Pharm.D., R.Ph.	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Quincy Harbor South 3 (Telephone)	<b>Aid Pending:</b>	Yes

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

On September 2, 2025, MassHealth denied the appellant's prior authorization request for Zepbound 7.5 mg/0.5 ml PEN on the grounds that the appellant's prescriber did not submit sufficient information to determine medical necessity. *See* 130 CMR 450.204 and Exhibit 1. The appellant filed this appeal in a timely manner on September 15, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. *See* 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for Zepbound 7.5 mg/0.5 ml PEN.

## Issue

The appeal issue is whether MassHealth correctly denied the PA request for the prescription medication Zepbound 7.5 mg/0.5 ml PEN.

## Summary of Evidence

The appellant is an adult under the age of 65 who appeared telephonically and verified her identity. MassHealth was represented by a licensed pharmacist with MassHealth's Drug Utilization Review (DUR) program, who also appeared by telephone. The following is a summary of the testimony and evidence presented at hearing.

On September 1, 2025, MassHealth received a PA request on behalf of the appellant for Zepbound, 7.5 mg/.05 ML PEN, once per week, to treat the appellant's diagnosis of obesity. The medication, Zepbound, is a tirzepatide; this is an injectable medication that belongs to a class of drugs known as glucagon, which includes two types of medications: dual glucose-dependent insulinotropic polypeptides (GIP) and glucagon-like peptide-1 (GLP-1) receptor agonists. Testimony; Exhibit 5 at 24. The MassHealth representative stated that the appellant's prior authorization recertification request, dated September 1, 2025, was denied because the appellant's provider did not provide required information in his PA request as required by MassHealth's Table 81, Evaluation Criteria for Anti-Obesity Agents. Exhibit 5 at 21. Specifically, this PA request was denied because the most recently documented weight for the appellant was from over 90 days prior to the PA request; for MassHealth to recertify the medication, the appellant's provider would need to document the appellant's current weight within 90 days of the submission of the PA request.

The MassHealth representative then reviewed the PA request. She stated that the appellant's provider requested Zepbound, 7.5 mg/.05 ML PEN, once per week, to treat the appellant's diagnosis of obesity. She stated that the documentation submitted with the PA request indicates that the appellant's baseline weight was 152 kilograms, or ██████████, on February 18, 2025. Exhibit 5 at 4. The appellant's current reported weight is 144 kilograms, or ██████████, on May 27, 2025<sup>1</sup>. *Id.* The PA request was submitted to MassHealth on September 1, 2025; the request contained a medical record note that states the same current weight as on the PA form itself. *Id.* at 8. This medical record note states that the appellant has lost 5.07% of her body weight. *Id.* A denial notification was sent to the appellant's provider on September 2, 2025, and it contained the following comment:

Your prior authorization request for ZEPBOUND 7.5 MG/0.5 ML PEN is denied.

Information provided did not contain sufficient information to determine medical necessity. Prescriber may resubmit a new prior authorization request with additional clinical documentation including current weight, change in body weight from baseline, and improvements in secondary outcomes. For additional information, please refer to the Therapeutic Class

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<sup>1</sup> There are 97 days between May 27, 2025 and September 1, 2025.

Tables at [www.mass.gov/druglist](http://www.mass.gov/druglist).

*Id.* at 10.

The MassHealth representative testified that on September 24, 2025, MassHealth sent the appellant a letter that stated that MassHealth “denied the request for prior authorization because we did not receive enough information.” *Id.* at 12. It detailed the missing information: “Documentation of your weight (**dated within the last 90 days**)<sup>2</sup>.” *Id.* The appellant had the opportunity to respond to this letter with the missing documentation. *Id.* MassHealth did not receive any additional information from the appellant or from the appellant’s provider prior to the hearing. Testimony.

The appellant then offered her testimony. She acknowledged that her provider used a weight from May 27, 2025 as her current weight on the PA request. She stated that her provider had never even asked her to make an appointment to document her current weight for the September 1, 2025 PA request. The appellant further testified that she would have trouble providing a current weight to MassHealth; her provider who made the PA request retired in [REDACTED], and she has not been able to find a new doctor since then. Besides her difficulties with locating a new primary care provider, the appellant had difficulties finding time to respond to MassHealth’s requests for more information due to her ongoing school and travel commitments.

The MassHealth representative responded to the appellant’s testimony, stating that the PA request is not tied to the appellant’s provider; a new provider may submit the missing documentation, and if the new weight documentation shows sufficient weight loss, it is likely the MassHealth criteria would be fulfilled. MassHealth cannot overturn its decision without the missing medical documentation, which is the appellant’s current weight. Testimony.

## Findings of Fact

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

1. The appellant is a MassHealth CarePlus member between the ages of 21-64. Exhibit 6.
2. On September 1, 2025, the appellant’s provider submitted a prior authorization request on behalf of the appellant for Zepbound 7.5 mg/0.5 ml PEN for the treatment of obesity. Exhibit 5.

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<sup>2</sup> The MassHealth representative noted here that the 9/24/2025 letter to the appellant also has a box checked off that indicates that the request was also missing either a weight loss of 5% or improvement in comorbid conditions, but she emphasized that this is only because MassHealth does not know the appellant’s current weight. The appellant did meet all of the criteria based upon her May 2025 weight, but MassHealth needs to make sure that the current weight within the last 90 days still meets the criteria. If the appellant’s current weight had been provided with the PA request, it is likely her PA request would have been approved. Testimony.

3. The September 1, 2025 prior authorization request contained the following information: the appellant's baseline weight was 152 kilograms, or [REDACTED], on February 18, 2025. The appellant's current reported weight is 144 kilograms, or [REDACTED], on May 27, 2025. Testimony; Exhibit 5.
4. On September 2, 2025, MassHealth Drug Utilization Review denied the request because the information provided with the request did not contain sufficient information to determine medical necessity. Exhibits 1 & 5.
5. On September 15, 2025, the Appellant filed an appeal with the Board of Hearings. Exhibit 2.
6. On September 24, 2025, MassHealth sent the appellant a letter indicating that the request was denied because MassHealth did not receive sufficient information and requesting that the appellant's doctor provide the following information: "Documentation of your weight (dated within the last 90 days)." Exhibit 5 at 12.

## Analysis and Conclusions of Law

In certain circumstances, MassHealth requires providers to obtain prior authorization to furnish medical services. These instances are identified in the billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances from MassHealth. See 130 CMR 450.303. MassHealth limitations on coverage of drugs are set forth at 130 CMR 406.413. Under 130 CMR 406.422, prescribers must obtain prior authorization from MassHealth for drugs identified by MassHealth in accordance with 130 CMR 450.303.

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.*

As subsection (D), above, indicates, MassHealth establishes additional medical necessity criteria throughout its regulations and publications governing specific health-related service-types. For coverage of prescription and over-the-counter 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; *see also* 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."<sup>3</sup> Further, the criteria reflect MassHealth's policy as described in its pharmacy regulations and the reviews conducted by the agency and the DUR board. *See id.*

MassHealth's evaluation criteria for approval for anti-obesity agents requires all prior authorizations "include clinical diagnosis, drug name, dose, and frequency." Exhibit 5 at 16. Further, for "recertification requests, approval may require submission of additional documentation including, but not limited to, documentation of: some or all criteria for the original approval; response to therapy; clinical rationale for continuation of use; status of member's condition; appropriate diagnosis; appropriate age; appropriate dose, frequency, and duration of use for requested medication; complete treatment plan; current laboratory values; **and member's current weight.**" *Id.* (emphasis added)

The criteria specifies that documentation of the following is required for Zepbound recertification:

- **member weight (*dated within the last 90 days*); and**

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<sup>3</sup> *See* <https://mhdل.pharmacy.services.conduent.com/MHDL/>

- **one** of the following:
  - weight loss of  $\geq 5\%$  from baseline body weight; **or**
  - **both** of the following:
    - improvement in secondary measures; and
    - attestation that the improvement in secondary measure is believed to be related to anti-obesity therapy despite lack of reduction in body weight; **or**
  - **all** the following:
    - improvement in OSA symptoms, such as less daytime sleepiness, fewer sleep arousals, or fewer partner-reported snoring episodes or pauses in breathing; **and**
    - attestation that the improvement in OSA symptoms is believed to be related to anti-obesity therapy despite lack of reduction in body weight; **and**
    - medical records verifying baseline OR current OSA diagnosis with at  $\geq 15$  apnea-hypopnea index (AHI).

*Id.* at 21. (emphases added)

At issue in this case is MassHealth’s denial of a PA request for the injectable prescription medication Zepbound 7.5 mg/0.5 ml PEN. MassHealth denied the request because the information provided did not contain sufficient information to determine medical necessity. The appellant concedes that her provider used a weight dated May 27, 2025 for her current weight on the September 1, 2025 PA request. The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228. See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998). Based upon the evidence presented, the appellant has not met this burden.

MassHealth did not err in denying the appellant’s prior authorization request. Here, the appellant’s PA request did not contain the information that is necessary for MassHealth to authorize the appellant’s request for reauthorization of Zepbound. *See* Exhibit 5 at 3-8; *see also* the MassHealth Drug List, Table 81 ([www.mass.gov/druglist](http://www.mass.gov/druglist)). I am sympathetic to the appellant’s position; I understand that it is difficult to change primary care providers while she is busy with her education and travel obligations. However, the criteria are very clear; in order for MassHealth to approve recertification requests for Zepbound, the “member weight (dated within the last 90 days)” must be provided with the PA request. It was the sworn testimony of the MassHealth representative that if the appellant’s provider had included the appellant’s current weight in the September 1, 2025 PA request, the appellant would have met all the criteria for recertification for Zepbound. The appellant and her provider did not provide this information to MassHealth; the current weight that was provided with the PA request was dated May 27, 2025, which is 97 days

prior to the date the PA request was made.

Accordingly, I find that the appellant has not demonstrated, by a preponderance of the evidence, the invalidity of MassHealth's administrative determination to deny prior authorization for Zepbound at this time.

This appeal is DENIED.<sup>4</sup>

## **Order for MassHealth**

Remove aid pending.

## **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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Amy B. Kullar, Esq.  
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

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<sup>4</sup> This denial does not preclude the appellant's medical provider from submitting a new prior authorization request to DUR, including all supporting documentation for review.