

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2514192
Decision Date:	12/17/2025	Hearing Date:	10/28/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:



Appearance for MassHealth:

Lindy Blanchflower, Pharmacist



*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:	Approved	Issue:	Prior Authorization; Drug Utilization Review
Decision Date:	12/17/2025	Hearing Date:	10/28/2025
MassHealth's Rep.:	Lindy Blanchflower, Pharmacist	Appellant's Rep.:	██████████
Hearing Location:	Quincy Harbor South (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 notices dated September 19, 2025,¹ and September 29, 2025,² MassHealth denied the Appellant's prior authorization request for *Zepbound 2.5 mg/0.5 ml pen* on the grounds that the Appellant had not provided documentation that he had tried phentermine or was not a candidate for phentermine. 130 CMR 450.204, Exhibits 1 and 6. The Appellant filed this appeal in a timely manner on September 29, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's prior authorization request for *Zepbound 2.5 mg/0.5 ml pen*.

Issue

¹ Requested by the Appellant's primary care physician. Exhibit 6 at 13.

² Requested by the Appellant's psychiatric nurse practitioner. Exhibit 6 at 23.

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 406.413 and the MassHealth Drug List criteria, in denying the Appellant's prior authorization request.

Summary of Evidence

Prior to the hearing, the Appellant submitted letters that were both dated October 7, 2025. One was from the Appellant's primary care physician, which stated:

[Appellant's] weight gain is directly related to the psychotropic medications that are central for stabilizing his behavior and preventing aggression or agitation. He has gained nearly [REDACTED] pounds since the start of these medications.

Zepbound was prescribed as medically necessary treatment to address his weight gain in a safe and effective manner. The proposed alternative, phentermine, poses a significant risk of behavioral activation and aggression, particularly in patients with neurodevelopmental disorders.

Zepbound offers a much safer and evidence based approach to weight management in this context. I strongly recommend reconsideration of coverage for Zepbound as a medically necessary and clinically appropriate treatment for this patient.

Exhibit 5 at 1. The Appellant's psychiatric nurse practitioner wrote:

[Appellant]'s weight gain has been significant and directly related to the psychotropic medications that are essential for stabilizing his behavior and preventing aggression or agitation. These medications have been highly beneficial for his mental and behavioral stability, and discontinuation or substitution is not clinically appropriate. However, the associated weight gain is now contributing to serious health concerns, placing him at risk for metabolic complications and reduced quality of life.

Zepbound was prescribed as a medically necessary treatment to address his weight gain in a safe and effective manner. The proposed alternative, phentermine, poses a significant risk of behavioral activation and aggression, particularly in patients with neurodevelopmental disorders. Given [Appellant]'s psychiatric and behavioral history, stimulant or sympathomimetic medications such as phentermine could exacerbate agitation, aggression, or anxiety—outcomes that could be clinically detrimental and potentially destabilizing.

Zepbound, a GLP-1 receptor agonist, offers a much safer and evidence based approach to weight management in this context. Clinical trials have shown

meaningful and sustained weight reduction with a favorable safety profile, without the behavioral risks associated with stimulants. This medication would help address a metabolic consequence of treatment that [Appellant] cannot otherwise control, while maintaining psychiatric stability.

In summary, I strongly recommend reconsideration of coverage for Zepbound as medically necessary and clinically appropriate treatment for this patient. It is essential to mitigate medication-induced weight gain[n], prevent further health complications, and reserve behavioral stability.

Id. at 2.

MassHealth's Drug Utilization Review Program also submitted records in advance of hearing. Exhibit 6. The notes attached to the prior authorization request state that the Appellant's weight increased significantly after starting [REDACTED] and:

[a]fter discontinuing [REDACTED] his behavior deteriorated, prompting . . . his psych NP to suggest resuming the medication. . . . Weight continues to be high despite continued efforts and lifestyle and exercise changes. Discussed phentermine, however, in discussion with psych NP he would not be a good candidate for phentermine. He has a lot of difficulty with impulsivity, aggression, and anger which is what his [REDACTED] and [REDACTED] help but do not fully control and stimulants should be avoided. There is concern phentermine would worsen his behavioral problems.

Id. at 9.

In the records was a letter from the Appellant's pharmacist, dated October 3, 2025, stating that the Appellant has autism spectrum disorder and generalized anxiety disorder and that:

He often exhibits aggression, impulsive behaviors, and anger. Currently, [Appellant] is on [REDACTED] and [REDACTED] to manage his mood disorders. Although these medications have provided some relief, his symptoms are not fully controlled. . . .

Although he attempted to discontinue [REDACTED] in an effort to reduce the weight gain, his behavioral symptoms worsened significantly, forcing him to resume the medication.

The use of Phentermine, a stimulant-based weight loss drug is contraindicated for [Appellant] due to his uncontrolled behavior disorder. It would exacerbate his

³ Another name for [REDACTED] See Exhibit 6 at 10.

psychiatric symptoms, increasing the risk of self-harm, and his psychiatric clinician has expressly NOT endorsed its use for weight loss in this case.

Id. at 25. The MassHealth record included the October 7, 2025, letters quoted above. *Id.* at 33-34.

The hearing was held by telephone. The MassHealth representative is a pharmacist and testified that the Appellant's prior authorization request was denied because there was no documentation that the Appellant had tried phentermine or was allergic to it. The MassHealth representative testified that the Appellant is [REDACTED] years old and his body-mass index (BMI) is over [REDACTED] and so he meets that criteria for authorization. The MassHealth representative testified that based on the records submitted the Appellant had gained weight related to being prescribed and taking [REDACTED] and [REDACTED]. Regarding the letters in the record from the Appellant's primary care physician, psychiatric nurse practitioner, and pharmacist, the MassHealth representative testified that avoidance of an adverse reaction is not a true contraindication. The MassHealth representative testified that the Appellant's records did not indicate that he had one of the listed conditions for phentermine contraindication, as specified by MassHealth's Table 81, Evaluation Criteria for Anti-Obesity Agents. Exhibit 5 at 46-47.

The Appellant was represented by his mother who verified his identity. The Appellant's representative testified that the Appellant has pervasive developmental disorder, autism, and mild retardation. The Appellant's representative testified that the Appellant lives with his sister, mother, and aunt. The Appellant's representative testified that the Appellant had not previously taken medication but that after he turned [REDACTED] it became harder to manage his outbursts and he would become angry and shout at people. The Appellant's representative testified that the Appellant started on smaller doses of [REDACTED] and [REDACTED] and that his dosage increased as the medication was adjusted. The Appellant's representative testified that the Appellant's psychiatric nurse practitioner is adamant that phentermine will not work for the Appellant. The Appellant's representative testified that previously the Appellant had never weighed more than [REDACTED] but that now the Appellant weighs [REDACTED] and has to stop when walking up the stairs to catch his breath. The Appellant's representative testified that to help the Appellant lose weight, the family has locked up candy, reduced the Appellant's food portions and cut out soda, and that the Appellant is taking walks with his sister, but the Appellant continues to gain weight. The Appellant's representative explained that to try to address the weight issue, the Appellant had stopped taking [REDACTED] but that the Appellant's behavior worsened such that the Appellant's medical team restarted [REDACTED] on [REDACTED] 2025.

The MassHealth Drug List regarding Zepbound, Table 81, states that the "following are acceptable contraindications for phentermine:

- Allergy to phentermine or any of the excipients
- Arrhythmia
- Bipolar disorder with mania

- Concomitant use of stimulants
- Concomitant use of monoamine oxidase inhibitor (MAOI)
- Congestive heart failure
- Coronary artery disease
- Glaucoma
- History of myocardial infarction (MI)
- History of psychosis
- History of stroke
- Hyperthyroidism
- Pregnancy or lactation
- Seizure disorder
- Substance use disorder (SUD), opioid use disorder (OUD), alcohol use disorder, stimulant use disorder
- Symptomatic peripheral artery disease
- Uncontrolled anxiety despite pharmacotherapy
- Uncontrolled hypertension defined as average blood pressure of $\geq 140/90$ mm Hg despite pharmacotherapy” *Id.*

The evaluation criteria for prior authorization for Zepbound state, in relevant part:

- one of the following*:
 - inadequate response to phentermine . . . **or**
 - medical records documenting adverse reaction to phentermine that is allergic in nature or cannot be expected or managed as part of weight loss therapy; **or**
 - medical records documenting contraindication to phentermine

* Please note, members who have paid MassHealth pharmacy claims for a GLP-1 agonist within the last 90 days may bypass the phentermine trial. For all other members, documentation of clinical rationale why the member is not new to GLP-1 therapy is required to bypass the phentermine trial. *Id.* at 53-54.

Findings of Fact

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

1. The Appellant is a MassHealth Standard member who is [REDACTED] years old. Testimony, Exhibit 4.
2. The Appellant’s BMI is greater than [REDACTED] Testimony, Exhibit 6.
3. On September 19, 2025, the Appellant’s primary care physician submitted a prior authorization request on behalf of the Appellant for *Zepbound 2.5 mg/0.5 ml pen* for the treatment of obesity. Exhibit 6.

4. On September 19, 2025, MassHealth Drug Utilization Review denied the request. Exhibits 1 & 6.
5. On September 29, 2025, the Appellant's psychiatric nurse practitioner submitted a prior authorization request on behalf of the Appellant for *Zepbound 2.5 mg/0.5 ml pen* for the treatment of obesity. Exhibit 6.
6. On September 29, 2025, MassHealth Drug Utilization Review denied the request. Exhibits 1 & 6.
7. On September 29, 2025, the Appellant filed a timely appeal with the Board of Hearings. Exhibit 2.
8. I take administrative notice of the MassHealth Drug List's Table 81, Evaluation Criteria for Anti-Obesity Agents and credit the notes and letters from the Appellant's providers quoted in the Summary of Evidence above. Exhibits 5 & 6.

Analysis and Conclusions of Law

Generally, MassHealth will only pay for services or prescriptions that are medically necessary. 130 CMR 450.204. 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.

130 CMR 450.204(A).

MassHealth publishes a Drug List that specifies those drugs that are payable under MassHealth.⁴ 130 CMR 406.413(C)(1). Drugs on the Drug List may require prior authorization. 130 CMR 406.413(C)(2)(b).⁵

⁴ The MassHealth Drug List can be viewed online at www.mass.gov/druglist, and copies may be obtained upon request. 130 CMR 406.413(C)(1).

⁵ Zepbound is included on that list and specifies that it requires prior authorization.

Here, I find that the materials submitted by the Appellant's providers adequately demonstrate a contraindication for phentermine. As they know and treat the Appellant directly, I credit their statements that trialing phentermine would not be safe and could increase the Appellant's aggression and self-harm. Particularly in light of the Appellant's behavior worsening when he stopped taking [REDACTED] it is not "suitable" to direct the Appellant to take phentermine. Exhibit 6 at 9; 130 CMR 450.204(A)(2). While Table 81 lists conditions that are "acceptable contraindications for phentermine," it does not specify that it is an exclusive or exhaustive list. Exhibit 6 at 46-47. Accordingly, I find that materials from the Appellant's providers have demonstrated that phentermine is contraindicated such that the Appellant has met the prior authorization request criteria for Zepbound. Therefore, the appeal is approved.

Order for MassHealth

Accept that phentermine is contraindicated for the Appellant and approve the prior authorization request for Zepbound. Send approval notices to the Appellant and his providers, without appeal rights.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Emily Sabo
Hearing Officer
Board of Hearings

[REDACTED]

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