

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2514230
<b>Decision Date:</b>	11/10/2025	<b>Hearing Date:</b>	10/27/2025
<b>Hearing Officer:</b>	Susan Burgess-Cox		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Lindy Blanchflower



*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>	11/10/2025	<b>Hearing Date:</b>	10/27/2025
<b>MassHealth's Rep.:</b>	Lindy Blanchflower	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	All Parties Appeared by Telephone	<b>Aid Pending:</b>	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 notice dated September 25, 2025, MassHealth denied the appellant's prior authorization request for a prescription of Wegovy. (Exhibit 1; Exhibit 4). The appellant filed this appeal in a timely manner. (130 CMR 610.015(B); Exhibit 2). A decision regarding the scope or amount of assistance is valid grounds for appeal. (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for Wegovy. (130 CMR 406.413; 130 CMR 450.204)

### Issue

Whether MassHealth was correct in denying the prior authorization request for Wegovy. (130 CMR 406.413; 130 CMR 450.204).

## Summary of Evidence

All parties appeared via Microsoft Teams. Documents presented by MassHealth are incorporated into the hearing record as Exhibit 4. Documents presented by the appellant are incorporated into the hearing record as Exhibit 5. The MassHealth representative, a licensed pharmacist, testified that MassHealth received a prior authorization request for Wegovy. MassHealth denied this request because as of January 1, 2025, Wegovy is no longer covered for the treatment of overweight or obesity for adults.

The MassHealth representative presented the evaluation criteria for Anti-Obesity Agents which specifically state that effective January 1, 2025, Wegovy and Saxenda will no longer be covered for MassHealth members for the treatment of overweight or obesity for adults. The criteria states that Wegovy and Zepbound may still be payable for other medically accepted indications. This authorization requires documentation for risk reduction of major adverse cardiovascular events in members over the age of [REDACTED] with established cardiovascular disease and obesity or overweight. This includes medical records documenting a diagnosis of cardiovascular disease defined as at least one of the following: (1) a history of myocardial infarction (MI); or (2) a history of stroke (ischemic or hemorrhagic stroke); or (3) symptomatic peripheral arterial disease (e.g., intermittent claudication with ankle-brachial index <0.85, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease). The MassHealth representative testified that the prior authorization request submitted by the appellant's provider does not include copies of medical records documenting any of those diagnoses. (Testimony; Exhibit 4).

The MassHealth representative testified that records show that the appellant has been stable since November 2023. Records presented with the prior authorization request state that the appellant presented in 2023 with an ejection fraction of 20-25% and class I obesity. The physician notes indicate that with the guideline-directed medical therapy (GDMT) and Wegovy for cardiovascular risk reduction and weight loss, the appellant's ejection fraction has improved to low normal at 54% and she has lost [REDACTED] pounds resulting in a BMI reduction to [REDACTED]. The physician notes that the appellant has maintained on maximally tolerated dosing of Wegovy with consistent weight loss. The notes indicate that the appellant has not experienced myocardial infarction, stroke or peripheral artery disease. The notes state that the appellant has a significant family history of cardiovascular disease and continuation of Wegovy is necessary for ongoing cardiovascular risk reduction.

The physician states that without sustained weight loss, the appellant is at risk of cardiac decompensation and an increase in body mass index (BMI); and this would disqualify the appellant from advanced cardiac interventions including ventricular assist device placement and heart transplantation. The physician states that the appellant has demonstrated documented improvement in weight, heart failure symptoms, and exercise tolerance. The physician acknowledges that the appellant does not meet the cardiovascular risk requirements for authorization for Wegovy but asks MassHealth for an exception as the appellant remains at risk for

cardiovascular deterioration without maintenance of weight loss.

The MassHealth representative testified that the information provided was not sufficient for MassHealth to authorize coverage for this drug. The MassHealth representative testified that if the appellant had a significant increase in weight or a BMI over ■ they may consider authorization. However, MassHealth would likely cover Zepbound, not Wegovy as that would be the preferred drug for MassHealth to authorize.

The appellant testified that she has stage 3 heart failure, she can only go on small walks due to becoming weak and out of breath; she takes 13 pills each day; and cannot maintain the weight loss on her own. The appellant testified that she has been taking Wegovy since January 2025 and it only stopped with this most recent prior authorization request. The appellant affirmed the findings of her physician which were presented to MassHealth with the prior authorization request and reflected in the records presented at hearing. The appellant did not agree with the fact that she would have to have a history of one of the conditions listed by the MassHealth representative and presented in the guidelines to qualify for coverage. The appellant noted that authorization for this drug should be for preventative measures prior to encountering an MI or stroke. It was noted that the medical summary presented by the appellant was in April 2025, before the prior authorization request on appeal. The appellant testified that she underwent a re-evaluation for MassHealth coverage in August 2025.

The MassHealth representative responded that this was the first prior authorization request received by the Drug Utilization Review Program (DUR) for coverage of this drug for the appellant. The MassHealth representative testified that the agency records show that the appellant was enrolled in a Managed Care Organization (MCO) until August 2025. It was likely that the MCO handled the prior authorization requests until that time. It was noted that, at times, an MCO provides additional benefits that are not covered by MassHealth which could be the reason why the appellant was approved for Wegovy from January 2025 to time of the current authorization request.

## **Findings of Fact**

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

1. MassHealth received a prior authorization request for Wegovy.
2. MassHealth denied this request because as of January 1, 2025, Wegovy is no longer covered for MassHealth members for the treatment of overweight or obesity.
3. Wegovy and Zepbound may still be payable for other medically accepted indications.
4. Authorization for Wegovy requires documentation of a diagnosis of cardiovascular

disease defined as at least one of the following: a history of myocardial infarction (MI); or a 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).

5. The appellant does not have a history of myocardial infarction, stroke or is symptomatic to peripheral artery disease.
6. The appellant has been stable since November 2023.
7. The appellant presented in 2023 with an ejection fraction of 20-25% and class I obesity.
8. The appellant's ejection fraction has improved to low normal at 54% and she has lost [REDACTED] pounds resulting in a BMI reduction to [REDACTED].
9. The appellant has a significant family history of cardiovascular disease.
10. The appellant can only go on small walks due to becoming weak and out of breath.
11. This was the first prior authorization request received by the Drug Utilization Program for coverage of this drug for the appellant.
12. The appellant was enrolled in a Managed Care Organization prior to this request.

## **Analysis and Conclusions of Law**

Prescribers must obtain prior authorization from the MassHealth agency for drugs identified by MassHealth in accordance with 130 CMR 450.303: Prior Authorization. (130 CMR 406.422(A)). If the limitations on covered drugs specified in 130 CMR 406.412(A) and 406.413(A)<sup>1</sup> and (C)<sup>2</sup> would result in inadequate treatment for a diagnosed medical condition, the prescriber may submit a written request, including written documentation of medical necessity, to the MassHealth agency for prior authorization for an otherwise noncovered drug. (130 CMR 406.422(A)).

Pursuant to 130 CMR 406.412(A), the MassHealth Drug List specifies the drugs that are payable under MassHealth. (130 CMR 406.412(A)). The 2025 Drug List states: "Effective January 1, 2025, Wegovy and Saxenda will no longer be covered for MassHealth members for the treatment of overweight or obesity for adults".

The list goes on to provide the current eligibility criteria for approval of Wegovy. This eligibility

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<sup>1</sup> 130 CMR 406.413(A) speaks to the limitations on payment for a brand-name drug which is not at issue in this appeal.

<sup>2</sup> 130 CMR 406.413(C) speaks to specific service limitations which are not at issue in this appeal.

criteria lists specific requirements for members under the age of [REDACTED] and those over the age of [REDACTED]. The criteria for those over the age of [REDACTED] states:

- Documentation of the following is required for risk reduction of major adverse cardiovascular events in members with established cardiovascular disease and obesity or overweight:
  - appropriate diagnosis; **and**
  - member is  $\geq$  [REDACTED] years of age; **and**
  - member weight (dated within the 90 days prior to initiation of pharmacotherapy for obesity [does not have to be the requested agent]); **and**
  - member BMI is  $\geq$  27 kg/m<sup>2</sup> (dated within the 90 days prior to initiation of pharmacotherapy for obesity [does not have to be the requested agent]); **and**
  - medical records documenting a diagnosis of cardiovascular disease defined as at least 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); **and**
  - attestation that the member does not have any of the following:
    - type 1 diabetes mellitus; **or**
    - type 2 diabetes mellitus; **or**
    - New York Heart Association class IV heart failure; **and**
  - member has been counseled to continue reduced-calorie diet and increased physical activity; **and**
  - requested agent will not be used in combination with another GLP-1 receptor agonist; **and**
  - requested quantity is  $\leq$  four pens/28 days.
- For recertification in members  $\geq$  [REDACTED] 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).

Records and statements of the appellant's provider do not indicate that the appellant has a 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). The appellant acknowledged at hearing that she does not have a history of MI, stroke or peripheral arterial disease but did not agree with the fact that she would have to encounter one of these conditions to qualify for coverage of this drug.

The appellant's provider acknowledged that the appellant would not likely qualify for coverage of Wegovy under MassHealth's current prior authorization requirements.

The fact that the appellant received coverage of Wegovy since January 2025 is not relevant to this appeal as this was a decision made in September 2025 based on the appellant's condition and agency criteria in place at the time of the decision. Additionally, the appellant did not present any evidence regarding these approvals other than her own testimony and did not demonstrate how they would be relevant. The DUR representative testified that this was the first prior authorization request received by DUR so it is not clear as to how the appellant received approval except for being enrolled in a Managed Care Organization which may have covered this drug under different criteria.

The decision made by MassHealth is correct.

This 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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Susan Burgess-Cox  
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