

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:


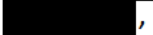


Appeal Decision:	Denied	Appeal Number:	2515164
Decision Date:	01/09/2026	Hearing Date:	November 18, 2025
Hearing Officer:	Stanley Kallianidis		

Appellant Representative:



MGBHP Representatives:

, Appeals & Grievances, MGBHP;
, MD, Medical Director, MGBHP



*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 Organization-Internal Appeals
Decision Date:	01/09/2026	Hearing Date:	November 18, 2025
ACO Reps.:	██████████ Appeals & Grievances, MGBHP; ██████████, MD, Medical Director, MGBHP	Appellant Rep.:	██████████
Hearing Location:	Video	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

On September 30, 2025, the appellant received a notice of denial from Mass General Brigham Health Plan (MGBHP) of an internal appeal request for coverage of Onyda (Exhibit 1). The appellant appealed the action in a timely manner on October 16, 2025 (130 CMR 610.015(B); Exhibit 2). The denial of a request for prior authorization is valid grounds for appeal (130 CMR 610.032).

On October 28, 2025, notice of the hearing was sent to the parties (Exhibit 3).

Action Taken by ACO

MGBHP denied the appellant's internal appeal request for coverage of Onyda.

Issue

Was MGBHP correct in denying the appellant's prior authorization request due to a lack of medical necessity?

Summary of Evidence

Representatives from MGHBP testified that the appellant's request for the cerebral stimulant Onyda (XR), an extended release version of the generic clonidine, was denied on September 30, 2025 due to a lack of medical necessity. The Level 1 denial was made on September 17, 2025 because there was no evidence of the member not responding well or having a bad reaction to clonidine immediate release (IR) tablets. The MGHBP representatives referred to the MassHealth Drug List Criteria for cerebral stimulants as a basis for the decision (Exhibit 4).

According to the medical records submitted with the prior authorization request, the appellant is a minor child [REDACTED] who is diagnosed with attention-deficit hyperactivity disorder (ADHD) and autism. A letter of medical necessity from the appellant's physician indicates that he struggles with sensory sensitivities and therefore cannot tolerate a clonidine patch nor clonidine (IR) because multiple doses are required and the appellant struggles with medication adherence (Exhibit 4).

The MGHP representatives stated that, notwithstanding the letter of medical necessity, there is insufficient evidence that clonidine does not work for the appellant. They stated that clonidine IR can be crushed and given to the appellant in liquids. This method must be tried first. If the appellant cannot tolerate oral clonidine, this must be medically documented before Onyda can be approved.

According to the MassHealth Drug List pertaining to cerebral stimulants (eff. October, 1, 2023), clonidine IR is the preferred drug for ADHD for children [REDACTED]. In order for Onyda XR to be approved, there must first be a step through with clonidine, i.e., documentation of a failed trial of clonidine for 30 days for the tablet or a failed trial for 7 days for the liquid (Exhibit 4).

The appellant's representative testified that the appellant's request for Onyda XR is medically necessary because the appellant has difficulty tolerating patches and turns away when given oral medication. He also testified that the effects on clonidine wear off during the day, whereas Onyda XR lasts all day. He explained that the appellant currently is only taking clonidine during the night because this is all he can currently tolerate.

Findings of Fact

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

1. On September 30, 2025, the appellant received a notice of denial from Mass General Brigham Health Plan (MGBHP) of an internal appeal request for coverage of Onyda (Exhibit 1).
2. The Level 1 denial was made on September 17, 2025 because there was no evidence of the member not responding well or having a bad reaction to clonidine IR tablets (Exhibit 4).
3. The appellant is a minor child [REDACTED] who is diagnosed with ADHD and autism (Exhibit 4).
4. The appellant struggles with sensory sensitivities and with medication adherence (Exhibit 4).
5. The appellant is currently taking clonidine once per day (testimony).
6. According to the MassHealth Drug List pertaining to cerebral stimulants (eff. October, 1, 2023), clonidine IR is the preferred drug for ADHD for children [REDACTED]. In order for Onyda XR to be approved, there must first be a step through with clonidine, i.e., documentation of a failed trial of clonidine for 30 days for the tablet or a failed trial for 7 days for the liquid (Exhibit 4).
7. The appellant has not documented a failed trial of clonidine IR to MGBHP in its request for prior authorization (Exhibit 4).

Analysis and Conclusions of Law

MGBHP is a MassHealth managed care contractor as defined by regulations at 130 CMR 610.004 and described in regulations at 130 CMR 508.000. The appellant is a member of MGBHP, who submitted a request for prior authorization from his provider for the cerebral stimulant Onyda XR. This request was denied on the basis that it was not medically necessary per the MassHealth Drug List.

According to the MassHealth Drug List pertaining to cerebral stimulants (eff. October, 1, 2023), a more conservative, less costly treatment, clonidine, has been identified as being available to the appellant. Specifically, in order for Onyda XR to be approved, there must first be documentation of a failed trial of clonidine for 30 days for the tablet or a failed trial for 7 days for the liquid. This requirement is consistent with MassHealth's medical necessity regulation at 130 CMR 450.204(A).

130 CMR 450.204 (A) states that a service is “medically necessary” if:

- (1) it is reasonably calculated to prevent, diagnose, prevent 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.

In this case, the appellant is seeking to have his request for Onyda, the extended release version of clonidine approved, given his sensory sensitivities and his difficulties with taking oral medications. However, the record shows that clonidine can be crushed and taken with liquids and that the appellant is indeed currently taking the drug, although only once daily, and not at least twice per day as recommend. Thus, there is evidence that the appellant may be able to tolerate oral clonidine more than once per day, and that a trial of clonidine IR would demonstrate once and for all the feasibility of the appellant taking this drug for his ADHD.

In summation, MassHealth has determined that clonidine is preferred over Onyda XR, and that a failed trail of clonidine must be documented in order for Onyda to be approved given in light of its Drug List and medical necessity regulation, 130 CMR 450.204(A). The appellant has not documented a failed trial of clonidine in its request for prior authorization. MGBHP as a MassHealth managed care contractor, must follow MassHealth policy.

The appeal is therefore denied.

Order for ACO

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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc:

