

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515521
Decision Date:	1/16/2026	Hearing Date:	11/19/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Lindy Blanchflower, Pharm.D., ForHealth Consulting at UMass Chan Medical School—Drug Utilization Program



*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:	Prior Authorization; Drug Utilization Review
Decision Date:	1/16/2026	Hearing Date:	11/19/2025
MassHealth's Rep.:	Lindy Blanchflower	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center (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 a notice dated September 26, 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.¹ 130 CMR 450.204 and Exhibit 1. The Appellant filed this appeal in a timely manner on October 23, 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 7.5 mg/0.5 ml pen*.

¹ At the hearing, the MassHealth representative clarified that the denial was based on the Appellant not losing 5% or more of her baseline weight during the previous authorization period.

Issue

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

This hearing was held by telephone. The testimony and record evidence is summarized as follows: The MassHealth representative is a pharmacist and testified that the Appellant's prior authorization recertification request was denied because she did not meet evaluation criteria for approval, as specified by MassHealth's Table 81, Evaluation Criteria for Anti-Obesity Agents. Exhibit 5. The MassHealth representative explained that in order for MassHealth to recertify the medication, the Appellant would have had to have lost 5% or more of her body weight when compared to her baseline weight.² *Id.* at 32. The MassHealth representative testified that the Appellant's baseline weight was [REDACTED] lbs. on April 29, 2025, and that her weight was [REDACTED] lbs. on August 4, 2025.³ The MassHealth representative testified that the Appellant's weight loss was insufficient for MassHealth to recertify the medication. The MassHealth representative testified that otherwise, in order for MassHealth to recertify the medication, the Appellant would need to show improvements in secondary measures along with her doctor's attestation and supporting documentation that the improvement in secondary measures was related to the Zepbound, despite the lack of reduction in body weight. *See also id.* at 21. The MassHealth representative also testified that starting October 1, 2025, MassHealth is requiring members with diabetes to first trial Mounjaro before Zepbound.

The Appellant verified her identity and agreed with that her baseline weight was accurate. The Appellant testified that at the time of the hearing she was [REDACTED] lbs. The Appellant testified that she does not have diabetes or prediabetes. The Appellant testified that her primary care doctor, who submitted the prior authorization request, told her that it would be taken care of. She testified that her cardiologist is upset that she is no longer on Zepbound. The Appellant explained that she was frustrated because she was not counseled on the need to lose 5% of her baseline weight in order to have MassHealth recertify the medication. The Appellant also testified that she was on the Zepbound starting-dose amount for two months, and that if she was required to lose so much weight, that her Zepbound dosage should have been increased more quickly. The Appellant testified that she will work harder and that she wants to be healthier.

Findings of Fact

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

² The MassHealth representative testified that the 5% or more of body weight criterion was developed by a clinical expert.

³ Five percent of [REDACTED] lbs. is [REDACTED] lbs.

1. The Appellant is a MassHealth CarePlus Member between the ages of 21-64. Exhibit 4.
2. On September 25, 2025, [REDACTED] 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.
3. On September 26, 2025, MassHealth Drug Utilization Review denied the request. Exhibits 1 & 5.
4. On October 23, 2025, the Appellant filed a timely appeal with the Board of Hearings. Exhibit 2.
5. On November 5, 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 one of the following for the recertification for Zepbound: "[1] You have a weight loss of 5% or more from baseline body weight [or] [2] You have improvements in secondary measures (including dates and values of clinical assessment) AND your doctor's attestation that the improvement in secondary measures is believed to be related to anti-obesity therapy despite lack of reduction in body weight [or] [3] ALL of the following: Documentation you have improvements in obstructive sleep apnea (OSA) symptoms, such as less daytime sleepiness, fewer sleep arousals, or fewer partner-reported snoring or pauses in breathing [and] your doctor's attestation that the improvement in OSA symptoms is believed to be related to anti-obesity therapy despite lack of reduction in body weight [and] copies of your medical records verifying baseline or current OSA diagnosis with 15 or more apnea-hypopnea index (AHI)." Exhibit 5 at 21.
6. The November 5, 2025 letter also states: "Effective October 1, 2025, MassHealth is implementing a step therapy requirement for members with both diabetes (including prediabetes) and overweight or obesity who are requesting Zepbound treatment. To continue therapy, members with diabetes (including prediabetes) and overweight or obesity, who are stable on Zepbound, will be required to transition to Mounjaro as part of the prior authorization renewal process or document medical necessity for use of Zepbound." Exhibit 5 at 21.
7. The Appellant's baseline weight was [REDACTED] lbs. on April 29, 2025, and her weight was [REDACTED] lbs. on August 4, 2025. Testimony.

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

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 25-26. 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.*

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

- member weight (dated within the last 90 days); **and**
- 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[s] is believed to be related to anti-obesity therapy despite lack of reduction in body weight; **or**
 - all of 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**

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.

- 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 ≥ 15 apnea-hypopnea index (AHI).

Id. at 32.

The Appellant has the burden “to demonstrate the invalidity of the administrative determination.” Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (2007). *See also* Fisch v. Board of Registration in Med., 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 386, 390 (1998).

I am sympathetic to the Appellant’s frustration, including about the dosage of the medication, and I credit her testimony that she was not counseled about the need to have lost 5% of her baseline body weight for the Zepbound to be recertified. However, based on my review of the record, I find that the Appellant has not demonstrated the invalidity of MassHealth’s determination. MassHealth’s evaluation criteria require that in order for Zepbound to be recertified, the request must include the member’s weight (dated within the last 90 days), which here, was listed as [REDACTED] pounds on the request. Exhibit 5 at 10. This did not show a weight loss of 5% or greater from her baseline body weight, which would have been [REDACTED] pounds or less [REDACTED] lbs. – [REDACTED] lbs. ([REDACTED] x 5%) = [REDACTED].1 lbs.). Therefore, in order for MassHealth to recertify the Zepbound authorization, the request would need to show both improvement in secondary measures and an attestation from the requesting provider that the improvement in secondary measures is related to Zepbound; or improvement in OSA along with an attestation that the improvement in OSA is related to Zepbound and medical records verifying baseline OR current OSA diagnosis with at ≥ 15 AHI. The request does not include this information. *See* Exhibits 5 and 6. Accordingly, MassHealth did not err in denying the request, and the 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.

Emily Sabo
Hearing Officer
Board of Hearings

cc: [REDACTED]

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