

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2516116
<b>Decision Date:</b>	01/16/2026	<b>Hearing Date:</b>	12/04/2025
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**



**Appearance for MassHealth:**

[Redacted], Pharm D.; R. Ph.; Drug  
Utilization Review



*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>	01/16/2026	<b>Hearing Date:</b>	12/04/2025
<b>MassHealth’s Rep.:</b>	[REDACTED], Pharm D.; R. Ph.; Drug Utilization Review	<b>Appellant’s Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Quincy Harbor South	<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

Through a notice dated 10/17/2025, MassHealth notified the Appellant that it denied the prior authorization (PA) request for the prescription medication Zepbound (130 CMR 406.413; Exhibit 1). The Appellant filed this appeal in a timely manner 10/31/2025 and her benefits are protected pending the outcome of this appeal (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth notified the Appellant that it denied the PA request for the prescription medication Zepbound.

### Issue

The appeal issue is whether MassHealth correctly denied the PA request for the prescription

medication Zepbound.

## Summary of Evidence

The Appellant is a MassHealth member who is enrolled in the MassHealth CarePlus benefit. The Appellant seeks prior authorization for Zepbound 10 mg/.05 ML Pen. (Testimony, Exhibit 4) On 10/17/2025, the Appellant's request for prior authorization for Zepbound was denied because the "Information provided did not contain sufficient information to determine medical necessity."

At Hearing, MassHealth was represented by a licensed pharmacist with MassHealth's Drug Utilization Review Program (DUR). MassHealth testified that a PA request was submitted on behalf of the Appellant for Zepbound, 10 mg/0.5 ml pen to treat obesity. The appellant was prescribed Zepbound while she was traveling outside of the country. Her physician is requesting approval so the Appellant can continue with the Zepbound therapy.

The MassHealth pharmacist testified that in August 2025, MassHealth updated the approval guidelines for Zepbound. The new policy is the following:

Effective October 1, 2025, MassHealth is implementing a step therapy requirement for patients with both diabetes and overweight or obesity who are newly requesting Zepbound® (tirzepatide) treatment. **Members with diabetes initiating treatment with Zepbound® (tirzepatide) will be required to step through Mounjaro® (tirzepatide) first or document medical necessity for use of Zepbound® (tirzepatide).** Members with approved prior authorizations for Zepbound® (tirzepatide) will be able to continue to receive Zepbound® (tirzepatide) until their currently approved prior authorization expires. Upon resubmission for continuation of therapy, members with both diabetes and overweight or obesity stable on Zepbound® (tirzepatide) will be required to transition to Mounjaro® (tirzepatide) as part of the prior authorization renewal process or document medical necessity for use of Zepbound® (tirzepatide). Zepbound® (tirzepatide) and Mounjaro® (tirzepatide) contain the same active medication and are identical in dosing and administration frequency. Prior authorization criteria for Zepbound® (tirzepatide) and Mounjaro® (tirzepatide) can be found on the MassHealth Drug List.

**(Emphasis added; Exhibit 4).**

According to the medical records submitted with the Appellant's request for Zepbound, she has been diagnosed with pre-diabetes. Accordingly, she must show that she trialed Mounjaro without good results or that Mounjaro is contraindicated. The documentation in the PA request indicates the appellant has not trialed Mounjaro or that she cannot, or should not trail Mounjaro. The request was denied.

The Appellant appeared at the fair hearing with her adult daughter. Together they testified that the Appellant has had recent knee and back surgeries and she “has issues for weight loss.” They testified that they believed that Mounjaro is not a covered medication. When the MassHealth pharmacist responded that MassHealth will cover the Mounjaro (assuming the Appellant meets the medical necessity guidelines), the Appellant agreed to trial the Mounjaro before submitting a new request for Zepbound.

## Findings of Fact

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

1. The Appellant is a MassHealth member who is enrolled in MassHealth CarePlus benefits (Exhibit 4)
2. The Appellant seeks prior authorization for Zepbound 10 mg/.05 ML Pen (Testimony, Exhibit 4)
3. On 10/17/2025, the Appellant’s request for prior authorization for Zepbound was denied for the reason that information provided did not contain sufficient information to determine medical necessity (Exhibit 1)
4. Specific prerequisites to any approval of Zepbound for weight loss in patients with diabetes include trial Mounjaro or documentation of an intolerance to Mounjaro (Exhibit 4; the MassHealth Drug List, Table 81 ([www.mass.gov/druglist](http://www.mass.gov/druglist))).
5. In the Appellant’s medical records included with the PA request, her physician notes that she has “pre-diabetes,” and is seeking Zepbound for weight loss (Exhibit 4).
6. There is no information in the Appellant’s medical records submitted with the PA that she has trialed Mounjaro or that a trial is contraindicated (Exhibit 4).

## Analysis and Conclusions of Law

MassHealth does not cover a medical service unless it is “medically necessary.” 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. (130 CMR 450.204) (Emphasis added).***

As subsection (D) indicates, MassHealth establishes additional medical necessity criteria throughout its regulations and publications governing specific health-related service-types. For coverage of prescription 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; 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>1</sup> Further, the criteria set forth reflects MassHealth’s policy as described in its pharmacy regulations and the reviews conducted by the agency and the DUR board. *Id.*

As published in its Drug List, MassHealth has imposed the following PA criteria for coverage of Zepbound:

#### **Zepbound**

- Documentation of the following is required:
  - appropriate diagnosis; **and**
  - member is ≥ 18 years of age; **and**
  - appropriate dosing; **and**

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<sup>1</sup> See <https://mhdل.pharmacy.services.conduent.com/MHDL/>

- member weight (dated within the last 90 days prior to treatment initiation); **and**
- member has been counseled to continue reduced-calorie diet and increased physical activity; **and**
- requested quantity is  $\leq$  four pens/28 days; **and**
- requested agent will not be used in combination with another GLP-1 receptor agonist; **and**
- one of the following:
  - both of the following:
    - one of the following weight-related comorbid conditions:
      - coronary heart disease or other atherosclerotic disease; **or**
      - dyslipidemia; **or**
      - hypertension; **or**
      - non-alcoholic steatohepatitis (NASH); **or**
      - obstructive sleep apnea; **or**
      - systemic osteoarthritis; **or**
      - type 2 diabetes mellitus; **and**
    - member BMI is  $\geq 27$  kg/m<sup>2</sup> (dated within the last 90 days prior to treatment initiation); **or**
  - member BMI is  $\geq 30$  kg/m<sup>2</sup> (dated within the last 90 days prior to treatment initiation); **and**
- one of the following:
  - if member has received semaglutide, one of the following:
    - inadequate response to Wegovy as defined by all of the following:
      - member is adherent to Wegovy\*; **and**
      - no weight loss over at least three months at the highest FDA-approved dose for Wegovy for obesity (semaglutide 2.4 mg weekly); **and**
      - member's current BMI is  $\geq 27$  kg/m<sup>2</sup> (dated within the 90 days prior to treatment initiation of Zepbound); **or**
    - adverse reaction to semaglutide that cannot be managed or expected as part of GLP-1 receptor agonist therapy (e.g., nausea, vomiting, abdominal pain, etc.); **or**

- if member has not received semaglutide, both of the following:
  - one of the following:
    - inadequate response to liraglutide defined as all of the following:
      - member is adherent to liraglutide\*; **and**
      - no weight loss over at least three months at the highest FDA-approved dose for liraglutide for obesity (liraglutide 3 mg daily); **and**
      - member's current BMI is  $\geq 27$  kg/m<sup>2</sup> (dated within the 90 days prior to treatment initiation of Zepbound); **or**
    - adverse reaction to liraglutide that cannot be managed or expected as part of GLP-1 receptor agonist therapy (e.g., nausea, vomiting, abdominal pain, etc.); **or**
    - contraindication to liraglutide; **and**
  - one of the following:
    - inadequate response to Wegovy defined as all of the following:
      - member is adherent to Wegovy\*; **and**
      - no weight loss over at least three months at the highest FDA-approved dose for Wegovy for obesity (semaglutide 2.4 mg weekly); **and**
      - member's current BMI is  $\geq 27$  kg/m<sup>2</sup> (dated within the 90 days prior to treatment initiation of Zepbound); **or**
    - adverse reaction to semaglutide that cannot be managed or expected as part of GLP-1 receptor agonist therapy (e.g., nausea, vomiting, abdominal pain, etc.); **or**
    - contraindication to semaglutide. (See, Exhibit. 4; the MassHealth Drug List, Table 81 ([www.mass.gov/druglist](http://www.mass.gov/druglist))).

Additionally, in MassHealth's pharmacy newsletter number 252, dated August 15, 2025, MassHealth updated its medical necessity guidelines for Zepbound as follows:

Effective October 1, 2025, MassHealth is implementing a step therapy requirement for patients with both diabetes and overweight or obesity who are newly requesting Zepbound® (tirzepatide) treatment. Members with diabetes initiating treatment with Zepbound® (tirzepatide) will be required to step through Mounjaro® (tirzepatide) first or document medical necessity for use of Zepbound® (tirzepatide).

At issue in this case is MassHealth's denial of a PA request for the injectable prescription medication Zepbound 10 mg/0.5 ml pen. MassHealth denied the request because the information provided did not contain sufficient information to determine medical necessity.

In the PA request, the Appellant's physician notes that she is requesting Zepbound for the Appellant's weight loss. Also noted is that the Appellant has been diagnosed with "pre-diabetes," but there is no documentation that she has trialed Mounjaro. MassHealth's denial, however, was based on one factor; specifically, that the appellant did not "step through Maunjaro," before requesting Zepbound.

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 has a diagnosis of pre-diabetes and is seeking the medication for weight loss, but she has not trialed Mounjaro. The updated MassHealth medical necessity guidelines for Zepbound state that it may be approved only if there is evidence that the Appellant trials Mounjaro first. There's nothing in the hearing record to show that the Appellant has fulfilled these criteria. 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. Accordingly, based upon this Administrative Record, this appeal is DENIED.<sup>2</sup>

## Order for MassHealth

Release Aid Pending.

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<sup>2</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.

## **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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Marc Tonaszuck  
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