

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516694
Decision Date:	02/06/2026	Hearing Date:	12/10/2025
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:

Pro se

Appearance for MassHealth:

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



*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:	02/06/2026	Hearing Date:	12/10/2025
MassHealth’s Rep.:	[REDACTED]	Appellant’s Rep.:	Pro se
Hearing Location:	Remote (phone)	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 October 31, 2025, MassHealth notified the appellant that it denied the prior authorization (PA) request for the prescription medication Ozempic. (Ex. 1; Ex. 4, p. 13). Appellant filed this appeal in a timely manner on November 10, 2025. (Ex.) 2. Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the prior authorization request for the prescription medication Ozempic.

Issue

The appeal issue is whether MassHealth was correct in denying the prior authorization request for the prescription medication Ozempic.

Summary of Evidence

Appellant is an adult under the age of 65 (Ex. 5) who appeared telephonically at hearing. MassHealth was represented by a licensed pharmacist with MassHealth's Drug Utilization Review Program (DUR), who also appeared by telephone. The following is a summary of the testimony and evidence presented at hearing. MassHealth received a PA request on behalf of the appellant for Ozempic on October 31, 2025. (Ex. 4, pp. 3-12). The pharmacist stated appellant has a diagnosis of [REDACTED]. (Testimony; Ex. 4, p. 5). She testified that the PA request indicates appellant had previous trials with, and is still on, liraglutide (Victoza), metformin and Jardiance. (Testimony; Ex. 4, p. 10).

She stated for MassHealth to approve Ozempic, they require trials of metformin with Mounjaro, 15 mg; liraglutide, and Trulicity. (Testimony; Ex. 4, p. 13). The pharmacist stated if appellant was stable on Mounjaro, Ozempic or Trulicity 4.5mg with a current A1C of over 7, that would be accepted to bypass the trials. (Testimony). She stated the complete criteria for MassHealth approval is in the record. (Ex. 4, p. 39). The pharmacist stated on a previous PA submitted by appellant for Ozempic, when approval criteria were different, MassHealth did accept trials that were noted on that previous PA for Trulicity and Victoza with metformin. She stated MassHealth was just seeking the missing trial with metformin with Mounjaro 15mg. The pharmacist stated that because there was no trial with Mounjaro 15mg, the PA was denied on October 31, 2025. (Testimony; Ex. 4, p. 13).

The MassHealth pharmacist stated a second PA was received dated November 12, 2025. (Ex. 4, p. 15). She stated this second PA contained much of the same information as the first PA but noted appellant had tried Trulicity but she testified MassHealth already had that information from the previous Ozempic approval. The pharmacist stated with this second PA, appellant's medical records were attached. (Ex. 4, p. 25). She stated that the medical records did not mention Mounjaro which was needed for approval and since there was no information on Mounjaro, this second PA was also denied on November 13, 2025. (Testimony; Ex. 4, p. 34). The pharmacist stated in anticipation of this hearing, appellant was sent a letter which informed him what was missing for an approval. (Ex. 4, p. 36). She stated no additional information was submitted by appellant and therefore, MassHealth stands by its denial because MassHealth requires a trial of, or contraindication to, Mounjaro 15mg plus metformin. She stated appellant was approved for Mounjaro on November 17, 2025 for a year. (Testimony).

In his testimony, appellant was very upset. He did not understand why MassHealth took away a medicine that was saving his life. The pharmacist stated that Mounjaro is the same class of drug as Ozempic. She stated if appellant's doctor feels Mounjaro is inappropriate for appellant and submits why, he could be approved for Ozempic. Also, if appellant tries Mounjaro and has an adverse reaction, Ozempic could be approved if that is documented. (Testimony). Appellant could not understand why the Ozempic was discontinued.

Findings of Fact

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

1. Appellant is an adult under the age of 65 with CommonHealth. (Ex. 5)
2. MassHealth received a PA request on behalf of the appellant for Ozempic on October 31, 2025. (Ex. 4, pp. 3-12).
3. Appellant has a diagnosis of [REDACTED] (Testimony; Ex. 4, p. 5).
4. Appellant had previous trials with and is still on liraglutide (Victoza), metformin and Jardiance. (Testimony; Ex. 4, p. 10).
5. To approve Ozempic, MassHealth requires trials of metformin with Mounjaro, 15 mg; liraglutide, and Trulicity. (Testimony; Ex. 4, p. 13).
6. If appellant was stable on Mounjaro, Ozempic, or Trulicity 4.5mg with a current A1C of over 7, that would be accepted to bypass the trials. (Testimony).
7. MassHealth is seeking a missing trial with metformin with Mounjaro 15mg. Due to this lack of a trial with Mounjaro 15mg, the PA was denied on October 31, 2025. (Testimony; Ex. 4, p. 13).
8. A second PA was received dated November 12, 2025, noting appellant had tried Trulicity, however MassHealth already had that information from the previous Ozempic approval. (Ex. 4, p. 15).
9. Attached to the second PA request were appellant's medical records that did not mention Mounjaro, which is needed for approval. Since there was no information on Mounjaro, this second PA was also denied on November 13, 2025. (Testimony; Ex. 4, p. 34).
10. Appellant was approved for Mounjaro on November 17, 2025 for a year. (Testimony).

Analysis and Conclusions of Law

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). Moreover, "[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings." Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983).

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).

MassHealth publishes a Drug List that specifies those drugs that are payable under MassHealth.¹

¹ 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).

130 CMR 406.413(C)(1). Drugs on the Drug List may require prior authorization. 130 CMR 406.413(C)(2)(b).²

As stated by MassHealth and published in its Drug List, MassHealth has imposed the following PA criteria for coverage of Ozempic:

Documentation of ONE of the following:

You are currently taking or have tried ONE of the following for at least 180 days within a 240-day time period AND current A1c > 7%:

- Mounjaro
- Ozempic
- Trulicity 4.5 mg

You have tried combination therapy of ALL of the following for at least 180 days of therapy within a 240-day time period (including specific dates of use) and the combination therapy did not work with a current A1c > 7%

- metformin and Mounjaro 15 mg
- metformin and liraglutide (Victoza)
- metformin and Trulicity

BOTH of the following:

You had unacceptable side effects or a contraindication that prevents the use of metformin.

You have tried ALL of the following therapy for at least 180 days of therapy within a 240-day time period (including specific dates of use) and the therapy did not work with a current A1c > 7%:

- Mounjaro 15 mg
- liraglutide (Victoza®)
- Trulicity

BOTH of the following:

You have tried metformin for at least 180 days of therapy within a 240-day time period (including specific dates of use) and the therapy did not work with a current A1c > 7%. Alternatively, you had unacceptable side effects or a contraindication that prevents the use of metformin.

You had unacceptable side effects or a contraindication that prevents the use of ALL of the following therapies:

- Mounjaro 15 mg

² Ozempic is included on that list and specifies that it requires prior authorization. (Ex. 4, p. 47).

liraglutide (Victoza)
Trulicity

(Ex. 4, pp. 36, 47).

I am sympathetic to appellant's frustration, and I have heard his testimony that he would like to be approved again for Ozempic. However, based on my review of the record, including the testimony presented, I find that appellant has not demonstrated the invalidity of MassHealth's determination. While appellant had previous trials with, or is still on, liraglutide (Victoza), metformin and Jardiance, and has already tried combination therapy with metformin and both Victoza and Trulicity, he has failed to participate in a trial of metformin with Mounjaro, 15mg. Additionally, appellant can bypass the trials. If he was stable on Mounjaro, Ozempic or Trulicity 4.5mg with a current A1C of over 7, that would be accepted.

Based on the evidence in the record, MassHealth did not err in denying the appellant's PA request. Appellant's provider did not submit documentation to establish the requisite criteria that appellant has participated in a trial of metformin with Mounjaro, 15mg, or that he was stable on Mounjaro, Ozempic or Trulicity 4.5mg with a current A1C of over 7. Therefore 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.

Thomas Doyle
Hearing Officer
Board of Hearings

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