

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517330
Decision Date:	2/13/2026	Hearing Date:	12/22/2025
Hearing Officer:	Christine Therrien		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Meghan Serell, Pharm.D., Appeals Reviewer,
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

Appeal Decision:	Denied	Issue:	PA - Drug Utilization Review
Decision Date:	2/13/2026	Hearing Date:	12/22/2025
MassHealth's Rep.:	Meghan Serell, Pharm.D.	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through notice dated 11/10/25, MassHealth denied the appellant's request for prior authorization (PA) for Januvia. (130 CMR 450.204, Exhibit 1 and Exhibit 5). The appellant filed this appeal in a timely manner on 11/24/25. (130 CMR 610.015 and Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's PA request for Januvia.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 450.204, in denying the appellant's PA request for prior authorization for Januvia.

Summary of Evidence

A MassHealth representative from the MassHealth Drug Utilization Review Program (DUR) submitted into evidence a PA request received on the appellant's behalf for the prescription drug Januvia. (Exhibit 5). The PA request, dated 10/31/25, states that Januvia was prescribed to treat the appellant's Type 2 Diabetes. (Exhibit 5, p. 3-12). The MassHealth representative testified that this PA was denied on 10/31/25 because there are more cost-effective alternatives, including metformin in combination with a DPP-IV inhibitor. (Exhibit 5, p. 13). The MassHealth representative testified that on 11/10/25, MassHealth received an identical PA request for Januvia. (Exhibit 5, p. 14-23). On 11/10/25, MassHealth denied the PA request because there are more cost-effective alternatives, including metformin in combination with a DPP-IV inhibitor. (Exhibit 5, p. 26). The PA request states, "*If request is for a non-preferred brand name or generic product, please attach supporting documentation (e.g., copies of medical records and/or office notes regarding adverse reaction or inadequate response to the preferred product)." The MassHealth representative testified that neither PA includes any documentation showing the appellant has tried the preferred drug and experienced adverse reactions or an inadequate response. The MassHealth representative testified that on 12/3/25, MassHealth issued a notice to the appellant that stated, "[t]he drug Januvia that your doctor has prescribed for you needs prior authorization. We denied the request for prior authorization because we did not receive enough information. If your doctor can give us the following information in advance of the hearing, it is possible that we will be able to approve the request without a hearing. Please contact your doctor to see if the following information is available:"

Documentation of ONE of the following:

- You have tried combination therapy of metformin AND Tradjenta (linagliptin) for at least 90 days within a 120-day time period (including specific dates of use) and the combination therapy did not work.

BOTH of the following:

- You had unacceptable side effects or a contraindication to metformin.
- You have tried Tradjenta (linagliptin) for at least 90 days within a 120-day time period (including specific dates of use) and it did not work.

BOTH of the following:

- You have tried metformin for at least 90 days within a 120-day time period (including specific dates of use) and it did not work. Alternatively, you had unacceptable side effects or a contraindication to metformin.
- You had unacceptable side effects to Tradjenta (linagliptin).

BOTH of the following:

- You have tried metformin for at least 90 days within a 120-day time period (including specific dates of use) and it did not work. Alternatively, you had unacceptable side effects or a contraindication to metformin.
- You have a contraindication to Tradjenta (linagliptin).

(Exhibit 5, p. 28)

The appellant testified that she has tried other drugs and they have made her sick. The appellant testified that she had been taking Januvia with no issues, and she does not understand why suddenly she cannot get it.

The MassHealth representative testified that as of 10/1/25, MassHealth now requires a PA request for Januvia. (Exhibit 5, p.33).

Findings of Fact

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

1. On 10/31/25, MassHealth received a PA request for Januvia to treat the appellant's Type 2 Diabetes. (Exhibit 5, p. 3-12).
2. On 10/31/25, the PA request was denied because there are more cost-effective alternatives, including metformin in combination with a DPP-IV inhibitor. (Exhibit 5, p. 13).
3. On 11/10/25, MassHealth received an identical PA request for Januvia. (Exhibit 5, p. 14-23).
4. On 11/10/25, the second PA request was denied because there are more cost-effective alternatives, including metformin in combination with a DPP-IV inhibitor. (Exhibit 5, p. 26).
5. The PA request states, “*If request is for a non-preferred brand name or generic product, please attach supporting documentation (e.g., copies of medical records and/or office notes regarding adverse reaction or inadequate response to the preferred product).”
6. Neither PA included any documentation showing the appellant had tried the preferred drugs and experienced adverse reactions or an inadequate response.
7. On 12/3/25, MassHealth issued a notice to the appellant that stated, “[t]he drug Januvia that your doctor has prescribed for you needs prior authorization. We denied the request for prior authorization because we did not receive enough information. If your doctor can give us the following information in advance of the hearing, it is possible that we will be able to approve the request without a hearing. Please contact your doctor to see if the following information is available:”

Documentation of ONE of the following:

- You have tried combination therapy of metformin AND Tradjenta® (linagliptin) for at least 90 days within a 120-day time period (including specific dates of use) and the combination therapy did not work.

BOTH of the following:

- You had unacceptable side effects or a contraindication to metformin.
- You have tried Tradjenta® (linagliptin) for at least 90 days within a 120-day time period (including specific dates of use) and it did not work.

BOTH of the following:

- You have tried metformin for at least 90 days within a 120-day time period (including specific dates of use) and it did not work. Alternatively, you had unacceptable side effects or a contraindication to metformin.
- You had unacceptable side effects to Tradjenta® (linagliptin).

BOTH of the following:

- You have tried metformin for at least 90 days within a 120-day time period (including specific dates of use) and it did not work. Alternatively, you had unacceptable side effects or a contraindication to metformin.
- You have a contraindication to Tradjenta® (linagliptin).
(Exhibit 5, p. 28).

8. As of 10/1/25, MassHealth requires a PA request to authorize Januvia. (Exhibit 5, p.33).

Analysis and Conclusions of Law

Pursuant to 130 CMR 450.204, MassHealth will not pay a provider for services that are not medically necessary, and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(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 Division. Services that are less costly to the Division include, but are not limited to, health care reasonably known by the provider, or identified by the Division 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.

On the MassHealth Drug List (MassHealth's published prescription and non-prescription drug

formulary), the MassHealth Evaluation Criteria Table 26 - Antidiabetic Agents lists several preferred Antidiabetic Agents - Combination Products.¹ The Prior Authorization Requirements for drugs listed on Table 26: Antidiabetic Agents states:

In the case where the prior authorization (PA) status column indicates PA, both the brand and generic (if available) require PA. Typically, the generic is preferred when available unless the brand-name drug appears on the MassHealth Brand Name Preferred Over Generic Drug List. In general, when requesting the non-preferred version, whether the brand or generic, the prescriber must provide medical records documenting an inadequate response or adverse reaction to the preferred version, in addition to satisfying the criteria for the drug itself.

(Exhibit 5, p. 30).

The appellant did not provide the medical documentation needed to meet the requirements established by MassHealth for a prior authorization of the non-preferred drug Januvia. MassHealth's decision was therefore 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.

¹ Preferred drugs: dapagliflozin/metformin extended-release, empagliflozin/metformin, empagliflozin/metformin extended-release, glipizide/Metformin, glyburide/Metformin, linagliptin/Metformin, linagliptin/metformin extended-release, pioglitazone/metformin.

Christine Therrien
Hearing Officer
Board of Hearings

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