

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	DENIED	<b>Appeal Number:</b>	2518168
<b>Decision Date:</b>	1/14/2026	<b>Hearing Date:</b>	01/07/2026
<b>Hearing Officer:</b>	Sharon Dehmand		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Kristen Danis, Pharm. D., 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>	1/14/2026	<b>Hearing Date:</b>	01/07/2026
<b>MassHealth's Rep.:</b>	Kristen Danis	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote	<b>Aid Pending:</b>	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 December 1, 2025, MassHealth notified the appellant that it denied the prior authorization (PA) request for the prescription medication Wegovy because MassHealth determined the drug was not covered. See 130 CMR 406.413 and Exhibit 1. The appellant filed this appeal in a timely manner on December 8, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is a valid ground for appeal before the Board of Hearings. See 130 CMR 508.010(B); 130 CMR 610.032(B)(2).

## Action Taken by MassHealth

MassHealth denied the appellant's PA request for the prescription medication Wegovy.

## Issue

Whether MassHealth was correct in denying the appellant's PA request for Wegovy because it determined the drug was not covered by MassHealth. See 130 CMR 406.413(C); 130 CMR 450.303.

## Summary of Evidence

All parties participated telephonically.<sup>1</sup> MassHealth was represented by a licensed pharmacist with MassHealth's Drug Utilization Review Program (DUR). The appellant appeared pro se and verified her identity. The following is a summary of the testimony and evidence provided at the hearing:

The DUR representative testified that Wegovy is an injectable medication indicated for the treatment of obesity. It also carries an FDA-approved indication for the reduction of major adverse cardiovascular events in adults with established cardiovascular disease who are overweight or obese. Wegovy belongs to the class of medications known as glucagon-like peptide-1, or GLP-1, receptor agonists. The appellant was previously approved for Wegovy for the treatment of obesity in May 2024. In October 2024, MassHealth issued a prescriber e-letter outlining upcoming changes to its coverage of weight loss medications. The notice stated that effective January 1, 2025, Wegovy and Saxenda would be designated as non-covered agents for the treatment of overweight or obesity in adults. MassHealth's preferred weight loss drug is Zepbound which also requires a PA. She added that MassHealth would continue to cover Wegovy for the separate indication of reducing the risk of major adverse cardiovascular events (MACE) in adults with established cardiovascular disease who are obese or overweight. See Exhibit 6, pp. 21-23.

She stated that to meet the definition of MACE, the appellant's medical records must show that they have had a myocardial infarction (MI or heart attack), stroke, or peripheral arterial disease (PAD). She went over the submitted PA request by the appellant's prescriber and noted that the appellant has a comorbidity of obstructive sleep apnea but highlighted that none of the MACE requirements were indicted on the PA request. *Id.* at p. 5. Additionally, she noted that the prescriber stated that the appellant has been on Ozempic since [REDACTED] 2025, which has caused significant GERD and has not been effective. She has tried Zepbound with adverse reaction of worsening depression and chronic nausea. The appellant was previously on Wegovy from May 2024 to October 2024 without any side effects and significant weight loss. *Id.* at p. 6. However, nothing in the medical records or submitted supporting letter indicated a medical history of MACE as required by MassHealth. *Id.* at p. 16. As such, on December 1, 2025, MassHealth notified the appellant that it denied her PA request for the prescription medication Wegovy because MassHealth did not receive medical records documenting that the appellant had a diagnosis of cardiovascular disease defined as at least one of the following: a) history of MI, b) history of stroke, or c) PAD, also known as MACE criteria. See Exhibit 6, pp. 18, 20.

The appellant acknowledged that she does not have any history of heart attack, stroke, or PAD but stated that both her parents suffered from heart attacks and stroke. She added that her diagnoses of left ventricle hypertrophy and sinus tachycardia are considered cardiovascular diseases. See Exhibit 5. The MassHealth representative responded that while there may be a variety of cardiovascular diseases, medical necessity for MACE is defined by three specific subsets: a history

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<sup>1</sup> The appellant had initially requested a virtual hearing, however, due to technological difficulties, she subsequently requested that the hearing be conducted telephonically.

of MI, stroke, or PAD.

The appellant added that she discontinued Ozempic over a month ago due to GERD related side effects. She stated that she experienced significant clinical benefits while taking Wegovy, including improved cholesterol levels and reduced risk of cardiovascular disease. The MassHealth representative responded that both Ozempic and Wegovy contain injectable semaglutide.

## Findings of Fact

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

1. The appellant is over the age of 18. (Testimony and Exhibit 4).
2. The appellant was previously on Wegovy from May 2024 to October 2024. (Testimony and Exhibit 6).
3. On January 1, 2025, MassHealth listed Wegovy as a non-covered agent and required members to switch to Zepbound. (Testimony, Exhibit 6, and [www.mass.gov/druglist](http://www.mass.gov/druglist)).
4. In order to qualify as an exception to this rule, medical records documenting a diagnosis of cardiovascular disease defined as at least one of the following is required:
  - a. history of myocardial infarction (MI); **or**
  - b. history of stroke (ischemic or hemorrhagic stroke); **or**
  - c. symptomatic peripheral arterial disease (e.g., intermittent claudication with ankle-brachial index < 0.85, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease). (Id).
5. On December 1, 2025, MassHealth notified the appellant that it had denied her PA request for the prescription medication Wegovy because MassHealth did not receive medical records documenting that the appellant had a diagnosis of cardiovascular disease defined as at least one of the following: a) history of MI, b) history of stroke, or c) PAD, also known as MACE criteria. (Testimony, Exhibit 1, and Exhibit 6).
6. The appellant filed this appeal in a timely manner on December 8, 2025. (Exhibit 2).
7. The appellant does not have a history of MI, stroke, or PAD. (Testimony).

## Analysis and Conclusions of Law

MassHealth covers pharmacy services only when provided to eligible MassHealth members,

subject to the restrictions and limitations described in MassHealth regulations. See 130 CMR 406.403. As per 130 CMR 406.422, prescribers must obtain prior authorization from MassHealth for drugs identified by MassHealth in accordance with 130 CMR 450.303. If the limitations on covered drugs specified in 130 CMR 406.412(A) and 406.413(A) and (C) would result in inadequate treatment for a diagnosed medical condition, the prescriber may submit a written request, including written documentation of medical necessity, to MassHealth for prior authorization for an otherwise noncovered drug. See 130 CMR 406.422(A).

Generally, MassHealth must cover any service that is deemed “medically necessary.” The following is the regulatory definition of 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: Potential Sources of Health Care, or 517.007: Utilization of Potential Benefits.

(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. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

(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.

See 130 CMR 450.204.

As per 130 CMR 450.204(D), 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.” 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>2</sup> The MassHealth Drug List is an alphabetical list of commonly prescribed drugs and therapeutic class tables. The List specifies which drugs need prior authorization (PA) when prescribed for MassHealth members. The PA requirements specified in the Drug List reflect MassHealth’s policy described in the pharmacy regulations and other communications from MassHealth, as well as MassHealth’s and the Drug Utilization Review (DUR) Board’s review of drugs within certain therapeutic classes. See id.

As published in MassHealth’s Drug List and reflected in October 2024, MassHealth issued prescriber e-letter, effective January 1, 2025, Wegovy will no longer be covered for MassHealth members for the treatment of overweight or obesity for adults. MassHealth members over 18 years of age receiving Wegovy for the treatment of overweight or obesity will be required to switch to Zepbound. See [www.mass.gov/druglist](http://www.mass.gov/druglist); Exhibit 6, pp. 21-23. In order to qualify for an exception, documentation of the following is required for risk reduction of major adverse cardiovascular events in members with established cardiovascular disease and obesity or overweight:

- history of myocardial infarction (MI); **or**
- history of stroke (ischemic or hemorrhagic stroke); **or**
- symptomatic peripheral arterial disease (e.g., intermittent claudication with ankle–brachial index <0.85, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease); **and**
- attestation that the member does not have any of the following:
  - type 1 diabetes mellitus; **or**
  - type 2 diabetes mellitus; **or**
  - New York Heart Association class IV heart failure; **and**
- member has been counseled to continue reduced-calorie diet and increased physical activity; **and**
- requested agent will not be used in combination with another GLP-1 receptor agonist; **and**
- requested quantity is ≤ four pens/28 days.

See id.

A fair hearing decision must be based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.” See 130 CMR 610.082(A). Based on the regulations and Drug List criteria,

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<sup>2</sup> See <https://mhdL.pharmacy.services.conduent.com/MHDL/>

MassHealth correctly denied the appellant's prior authorization request for Wegovy for the following reasons.

The medical records submitted are devoid of a history of myocardial infarction or stroke or symptomatic peripheral arterial disease. See generally Exhibits 5 and 6. The appellant acknowledged that she has no medical history of MI, stroke, or PAD. Although the appellant testified that both her parents suffered from heart attacks and stroke, MassHealth's criteria do not recognize family history as a basis for an exception. See Exhibit 6, p. 31; [www.mass.gov/druglist](http://www.mass.gov/druglist). Therefore, the appellant's assertion regarding her family history of heart attacks and stroke is irrelevant to this analysis.

Additionally, although the appellant testified that her diagnoses of left ventricular hypertrophy and sinus tachycardia are considered cardiovascular diseases and argued that as such they qualify as medical history of cardiovascular disease, this argument is also unavailing. MassHealth's Drug List specifically defines which cardiovascular conditions satisfy the medical necessity requirement pursuant to its prescription drug regulations. See *id.*; 130 CMR 450.303. Those regulations limit qualifying cardiovascular disease to MI, stroke, or PAD. Unless the appellant suffers from one of those expressly enumerated conditions, which she admits that she does not, any other cardiac disease does not meet the regulatory requirements for medical necessity.

Lastly, an appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (2007); see also Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings"). Based on the evidence, testimony, and medical records in this case, I find that the appellant did not establish, by a preponderance of the evidence, that MassHealth erred in denying her PA request for Wegovy.

Based on the foregoing reasons, 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.

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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

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