



**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

██████████
██████████
██████████

DECISION
Case #: MPA - 215362

PRELIMINARY RECITALS

Pursuant to a petition filed on September 24, 2024, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Medicaid Services regarding Medical Assistance (MA), a hearing was held on November 26, 2024, by telephone.

The issue for determination is whether the petitioner demonstrated that she meets eligibility requirements for Zepbound, an anti-obesity medication.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

██████████
██████████
██████████

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, WI 53703

By written submission of Karen Lochemes, BSN, RN
Pharmacy Consultant for Gainwell Technologies, on behalf of
Division of Medicaid Services
PO Box 309
Madison, WI 53701-0309

ADMINISTRATIVE LAW JUDGE:

Jason M. Grace
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Lincoln County.
2. On February 16, 2024, a prior authorization (PA) request was submitted on the petitioner's behalf for Zepbound, an anti-obesity medication.
3. On that same date, the Department approved the PA for Zepbound for the period of February 16, 2024 -August 16, 2024, PA [REDACTED].
4. On September 3, 2024, the petitioner's provider called the Drug Authorization and Policy Override Center seeking a renewal of the authorization for Zepbound. The request was denied.
5. On September 24, 2024, the petitioner appealed.

DISCUSSION

Wisconsin Medicaid pays for certain prescription drugs including Zepbound, an anti-obesity medication at issue in this appeal. Wis. Admin. Code §DHS 107.10. Prior Authorizations (PA) requests for anti-obesity medications must be submitted using the PA Drug Attachment for Anti-Obesity Drugs Form, F-00163, 07/2024, found online at <https://www.dhs.wisconsin.gov/forms/f00163-0724.pdf>. See ForwardHealth Topic #7837. The provider can submit that form to the Drug Authorization and Policy Override (DAPO) Center. Id. The provider is required to retain a completed copy of the form and supporting documentation. Id.

The DAPO is a :

... is a specialized drug help desk for prescribers, their designees, and pharmacy providers to submit PA (prior authorization) requests for anti-obesity drugs and to request policy overrides for other drugs or diabetic supplies over the phone. ...

Prior Authorization Requests and Policy Override Decisions

Providers who call the DAPO Center to request a PA for anti-obesity drugs or a policy override for other drugs or diabetic supplies are given an immediate decision about the PA or policy override, allowing members to receive drugs or diabetic supplies in a timely manner. The DAPO Center reviews PA requests and policy overrides for members enrolled in BadgerCare Plus, Wisconsin Medicaid, and SeniorCare.

Prior Authorization Requests

...

When a prescriber, or their designee, calls the DAPO Center, a pharmacy technician will ask them a series of questions based on the Prior Authorization Drug Attachment for Anti-Obesity Drugs (F-00163 (07/2024)) form. The prescriber, or their designee, should have all PA information completed on the appropriate PA drug attachment form before calling the DAPO Center to obtain PA. ...

Generally by the end of the call, if clinical PA criteria are met, DAPO Center staff will approve the PA request based on the information provided by the caller. If the PA

request for an anti-obesity drug is approved, a decision notice letter will be mailed to the prescribing provider. ...

If a prescriber or their designee calls the DAPO Center to request PA and the clinical criteria for the PA are not met, the caller will be informed that the PA request is not approved because it does not meet the clinical criteria. If the prescriber chooses to submit additional medical documentation for consideration, they may submit the PA request to ForwardHealth for review by a pharmacist. The prescriber is required to submit a PA/RF (Prior Authorization Request Form, F-11018 (05/2013)) and the applicable PA drug attachment form with the additional medical documentation. Documentation may be submitted to ForwardHealth through the Portal or by fax or mail.

...

ForwardHealth Topic # 7857.

The clinical criteria for approval of a PA request for anti-obesity drugs require one of the following:

- The member is 18 years of age or older (or 12 years of age or older for Evekeo requests only) and has a BMI greater than or equal to 30.
- The member is 18 years of age or older (or 12 years of age or older for Evekeo requests only), has a BMI greater than or equal to 27 but less than 30 **and** has two or more of the following risk factors:
 - The member is currently being treated for dyslipidemia.
 - The member is currently being treated for hypertension.
 - The member is currently being treated for sleep apnea.
 - The member is currently being treated for type 2 diabetes mellitus.
 - The member has cardiovascular disease, which is supported by a history of at least **one** of the following:
 - Myocardial infarction (heart attack)
 - Coronary revascularization
 - Angina pectoris
 - Stroke
 - Intermittent claudication with an ABI of less than or equal to 0.9
 - Peripheral arterial revascularization due to atherosclerotic disease
 - Amputation due to atherosclerotic disease

For Saxenda PA requests for members 12–17 years of age, the member has a body weight above 132 pounds and a BMI corresponding to 30 or greater for adults by international cut-offs. (Note: BMI is determined using International Obesity Task Force BMI cut-offs for obesity by sex and age for pediatric patients aged 12 years and older [Cole Criteria]).

For Wegovy and Xenical PA requests for members 12–17 years of age, the member has a BMI greater than or equal to the 95th percentile standardized by age and sex.

In addition, **all** of the following must be true:

- The member is not pregnant or nursing.
- The member does not have a history of an eating disorder (for example, anorexia, bulimia, or binge eating disorder).

- The prescriber has evaluated and determined that the member does not have any medical or medication contraindications to treatment with the anti-obesity drug being requested.
- For controlled substance anti-obesity drugs, the member does not have a medical history of substance abuse or misuse.
- The member has participated in a weight loss treatment plan (for example, nutritional counseling, an exercise regimen, or a calorie-restricted diet) in the past six months and will continue to follow the treatment plan while taking an anti-obesity drug.

PA requests for anti-obesity drugs will not be renewed if a member's BMI is below 24.

PA requests for anti-obesity drugs will only be approved for one anti-obesity drug per member. ForwardHealth does not cover treatment with more than one anti-obesity drug.

FowardHealth Topic #7837.

Further requirements for approval of Zepbound include the following:

Initial and Renewal PA Requests for Zepbound

If clinical criteria for anti-obesity drugs are met, initial PA requests for Zepbound will be approved for up to 183 days. If the member meets a weight loss goal of at least 5% of their weight from baseline, PA may be requested for an additional 183 days of treatment. **Renewal PA requests require the member to be taking an appropriate maintenance dose, as outlined in the Zepbound prescribing information.** PA requests for Zepbound may be approved for up to a maximum treatment period of 12 continuous months of drug therapy.

If the member does not meet a weight loss goal of at least 5% of their weight from baseline during the initial 183-day approval or the member has completed 12 months of continuous Zepbound treatment, then the member must wait six months before PA can be requested for Zepbound.

ForwardHealth allows only two weight loss attempts with Zepbound during a member's lifetime. Additional PA requests will not be approved. ForwardHealth will return additional PA requests to the prescriber as noncovered services. Members do not have appeal rights for noncovered services.

FowardHealth Topic #7837.

Based on the limited record before me, the petitioner's provider contacted the DAPO Center to renew the PA for Zepbound. The DAPO Center did not approve that request. The Department's consultant did not shed any light as to the underlying reason the approval was denied. The petitioner testified that it was her understanding it was denied due to faulty information provided about the amount of her weight loss. She did not, however, forward any evidence as to the information that her provider submitted to the DAPO Center supporting the renewal request. As noted above, the provider is to use a specific form, i.e., the Prior Authorization Drug Attachment for Anti-Obesity Drugs (F-00163 (07/2024)) form, and retain a copy when contacting the DAPO for such a renewal. If such a form was completed by her provider in this case, it was not submitted as an exhibit in support of the petitioner's appeal. Likewise, there were no

medical records submitted demonstrating the approval criteria for an anti-obesity medication continues to be met.

The petitioner has the burden at hearing to demonstrate approval criteria have been met and that the Department erroneously denied the request for Zepbound. That burden was not met here. I would note that the Department's consultant indicated that a PA request can be submitted to ForwardHealth with the medical documentation supporting the request. That will be reviewed to determine if eligibility for the renewal has been met. I would encourage the petitioner to discuss that route with her provider if she would like to renew coverage for Zepbound.

CONCLUSIONS OF LAW

The petitioner has not demonstrated that she meets eligibility criteria for renewal of Zepbound.

THEREFORE, it is ORDERED

That the petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 4822 Madison Yards Way, 5th Floor North, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

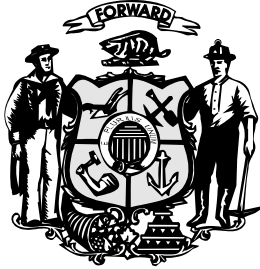
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,
Wisconsin, this 17th day of December, 2024

\s _____
Jason M. Grace
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on December 17, 2024.

Division of Medicaid Services