



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

██████████
██████████
██████████

DECISION
Case #: MPA - 219266

PRELIMINARY RECITALS

Pursuant to a petition filed on July 17, 2025, 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 September 4, 2025, by telephone.

The issue for determination is whether the Division of Medicaid Services correctly denied the petitioner's prior authorization for Zepbound.

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 appearance by
Division of Medicaid Services
PO Box 309
Madison, WI 53701-0309

ADMINISTRATIVE LAW JUDGE:

Kate J. Schilling
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES #) is a 45 year old resident of Columbia County receiving Medicaid health coverage.

2. On April 18, 2024, the Division of Medicaid Services (DMS) approved prior authorization (PA) number 2241154056 for Zepbound for the petitioner. This PA was valid through October 18, 2024 (6 months).
3. On November 13, 2024, the DMS approved PA number 2243204082 for Zepbound for the petitioner. This PA was valid through May 12, 2025 (6 months).
4. On May 12, 2025, the petitioner's medical provider submitted PA number 2251324089 to the DMS for approval of Zepbound.
5. On May 19, 2025, the DMS denied the PA for Zepbound stating that it did not meet Forward Health Online Handbook Topic 7837 criteria for coverage as Zepbound can only be approved for 12 continuous months; thereafter a person must wait at least six months before it can be covered again.
6. On July 17, 2025, the petitioner submitted an appeal of the denied prior authorization.
7. On August 12, 2025, the DMS upheld its denial of the petitioner's prior authorization for Zepbound.

DISCUSSION

Effective October 1, 2004, the Division of Health Care Financing implemented a "Preferred Drug List" (PDL) Program for WI Medicaid and BadgerCare fee-for-service and SeniorCare as authorized by the State's biennial budget. Non-preferred drugs require prior authorization (PA). Some preferred drugs also require PA. Prescribers and pharmacies are informed of all program requirements through ForwardHealth Updates and Provider Handbooks.

Zepbound belongs to a class of medications called anti-obesity drugs. Anti-obesity drugs are used along with improvements in diet and exercise to help a person lose weight. All drugs in this class require prior authorization.

The Forward Health Online Handbook Topic #7837 explains the coverage criteria for anti-obesity drugs. The coverage criteria for a person who is requesting Zepbound for the first time is different than a person who is requesting coverage of the medication after already being on it.

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 percent 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 percent 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.

(Emphasis added.) *Forward Health Topic #7837*, see also DMS Exhibit 3.

In this case, the petitioner already had two prior authorizations for Zepbound approved, and Medicaid covered the medication continuously for 12 months between April 18, 2024 and May 12, 2025. (DMS Exhibit 3) During that time, the petitioner lost considerable weight (70 pounds), reduced her blood pressure, and improved her fitness dramatically.

At the hearing, the petitioner testified that she is concerned that not being able to continue taking Zepbound will limit or derail her progress in losing weight and improving her health. She currently engages in cardio workouts, strength training, and nutrition planning to maximize her weight loss goals and fitness. According to her doctor, she has lost approximately 29% of her body weight over the last year.

While the petitioner's results from the medication, exercise, and nutrition planning are remarkable, the criteria for Medicaid coverage of Zepbound is clearly defined in the policy. Therefore, I must uphold the DMS' denial of the prior authorization. While I understand that the petitioner may find this decision unfair, the relevant laws on this matter are clear, and there is no discretion or authority for me to make an exception. I do not have equitable powers and cannot deviate from Medicaid policies. "An agency or board created by the legislature has only those powers which are expressly or impliedly conferred on it by statute. Such statutes are generally strictly construed to preclude the exercise of power which is not expressly granted. [citation omitted]" *Browne v. Milwaukee Board of School Directors*, 83 Wis.2d 316, 333, 265 N.W.2d 559 (1978).) As an administrative law judge, I do not have authority to render a decision on the basis of fairness or equity.

CONCLUSIONS OF LAW

The Division of Medicaid services correctly denied the petitioner's prior authorization for Zepbound.

THEREFORE, it is

ORDERED

That the petition for review is hereby 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.

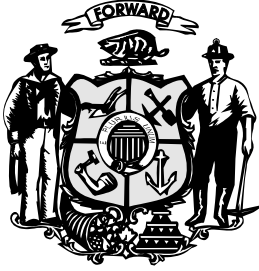
APPEAL TO COURT

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 2nd day of October, 2025

\s _____
Kate J. Schilling
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 October 2, 2025.

Division of Medicaid Services