

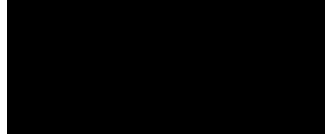


**Date Mailed:** November 17, 2025

**Docket No.:** 25-037782

**Case No.:** [REDACTED]

**Petitioner:** [REDACTED]



This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

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### **DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Petitioner's request for a hearing.

After due notice, a hearing was held on November 13, 2025. [REDACTED] Petitioner, appeared on her own behalf. Abby Walers, Director of Pharmacy, appeared on behalf of the Respondent, Upper Peninsula Health Plan (Department).

Exhibits:

Petitioner	None
Department	A – Hearing Summary

### **ISSUE**

Did the Medicaid Health Plan properly deny Petitioner's request for Zepbound?

### **FINDINGS OF FACT**

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner is a Medicaid beneficiary enrolled with Department. (Exhibit A).
2. On July 31, 2025, the Department received a prior authorization request for Zepbound. The request indicated the medication was for morbid obesity. (Exhibit A).
3. On August 9, 2025, the Department sent Petitioner a Notice of Prior Authorization Determination, denying the request for Zepbound. The denial was a result of the documentation provided failing to do the following:
  - Confirm whether the patient was free of contraindications to the medication;
  - Did not confirm if the medication was part of a total treatment plan including a calorie and fat restricted diet and exercise regimen as appropriate for the patient's ability;

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- Did not confirm for patients with an eating disorder, that treatment has been optimized and confirms the safety and appropriateness of this anti-obesity treatment;
  - Did not confirm metabolic or other reason(s) for obesity/symptoms have been ruled out or diagnosed and treated (examples include: thyroid dysfunction, diabetes, sleep apnea);
  - Did not confirm the patient has been informed weight may return with cessation of the medication unless healthy lifestyle diet and activity changes, as appropriate for the patient's ability, are permanently adopted;
  - Did not confirm that Zepbound will not be given in combination with a dipeptidyl peptidase-4 (DPP-4) inhibitor containing agent (examples include: Januvia, Onglyza, Tradjenta); and
  - Did not confirm the patient will not take weight loss medication in this drug class concurrently (examples include Ozempic, Mounjaro, Wegovy).<sup>1</sup>
4. On August 19, 2025, Petitioner requested an internal appeal. (Exhibit A; Testimony.)
  5. Prior to September 15, 2025, Department contacted Petitioner's provider several times to obtain the missing information. Petitioner's provider never responded. (Exhibit A; Testimony.)
  6. On September 15, 2025, Department sent Petitioner a notice indicating the decision to deny Zepbound was affirmed. (Exhibit A; Testimony.)
  7. On October 28, 2025, the Michigan Office of Administrative Hearings and Rules received from Petitioner, a request for hearing.

### **CONCLUSIONS OF LAW**

The Medical Assistance Program (MA) is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

On May 30, 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

The Respondent is one of those MHPs, and as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to its contract

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<sup>1</sup> Exhibit A; Testimony.

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with the Department:

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The Michigan Department of Health and Human Services (MDHHS) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDHHS website. (Refer to the Directory Appendix for website information.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary Eligibility chapters of this manual for additional information.) Although MHPs must provide the full range of covered services listed below, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements. The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.<sup>2</sup>

Pursuant to the above policy and its contract with the Michigan Department of Health and Human Services, the Department has developed prior authorization requirements and utilization and management review criteria.

The evidence presented indicates the documentation provided failed to show the following:

- Confirm whether the patient was free of contraindications to the medication;
- Did not confirm if the medication was part of a total treatment plan including a calorie and fat restricted diet and exercise regimen as appropriate for the patient's ability;
- Did not confirm for patients with an eating disorder, that treatment has been optimized and confirms the safety and appropriateness of this anti-obesity treatment;

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<sup>2</sup> MPM, Medicaid Health Plans, July 1, 2019, p 1.

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- Did not confirm metabolic or other reason(s) for obesity/symptoms have been ruled out or diagnosed and treated (examples include: thyroid dysfunction, diabetes, sleep apnea);
  - Did not confirm the patient has been informed weight may return with cessation of the medication unless healthy lifestyle diet and activity changes, as appropriate for the patient's ability, are permanently adopted;
  - Did not confirm that Zepbound will not be given in combination with a dipeptidyl peptidase-4 (DPP-4) inhibitor containing agent (examples include: Januvia, Onglyza, Tradjenta); and
  - Did not confirm the patient will not take weight loss medication in this drug class concurrently (examples include Ozempic, Mounjaro, Wegovy).<sup>3</sup>

Petitioner did not provide any evidence in support of their position.

Given the available evidence and applicable policies in this case, Petitioner has failed to meet their burden of proof; and the Department's decision must be affirmed.

### **DECISION AND ORDER**

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly denied the Petitioner's request for Zepbound based on the information available at that time.

**IT IS, THEREFORE, ORDERED** that:

Department's decision is **AFFIRMED**.

  
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**COREY A. ARENDT**  
**ADMINISTRATIVE LAW JUDGE**

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<sup>3</sup> Exhibit A; Testimony.

**APPEAL RIGHTS:** Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at [courts.michigan.gov](https://courts.michigan.gov). The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

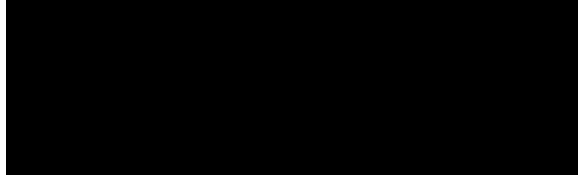
Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to [MOAHR-BSD-Support@michigan.gov](mailto:MOAHR-BSD-Support@michigan.gov), **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to  
Michigan Office of Administrative Hearings and Rules  
Rehearing/Reconsideration Request  
P.O. Box 30639  
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

**Via First Class and  
Electronic Mail:**

**Petitioner**



**Via Electronic Mail:**

**Department Contact**

MDHHS-MANAGED CARE PLAN DIVISION  
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**Respondent**

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