



Date Mailed: December 10, 2025

Docket No.: 25-038513

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.

[REDACTED] MI [REDACTED]

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Petitioner: [REDACTED]
[REDACTED]

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 42 CFR 431.200 *et seq.* and 42 CFR 438.400 *et seq.* upon Petitioner's request for a hearing.

After due notice, a telephone hearing was held on December 9, 2025. Petitioner, [REDACTED] appeared and testified on her own behalf. Dustin Herring, RN, Appeals Team Lead, appeared on behalf of HAP CareSource, the Respondent Medicaid Health Plan (Respondent or MHP). Michelle Knox, Paralegal also appeared but did not testify.

ISSUE

Did the MHP properly deny Petitioner's prior authorization request for Mounjaro?

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 in Respondent's MHP, HAP CareSource. (Exhibit A, Case Summary, pp. 2–3)
2. On August 1, 2025, a prior authorization request was submitted for Mounjaro 5 mg/0.5 mL Pen. (Exhibit B, Prior Authorization Request, pp. 4–5)
3. The request was denied on August 1, 2025, citing lack of documentation showing trial and failure of preferred GLP-1 medications (Byetta, Ozempic, Victoza, or Trulicity), or medical contraindications. (Exhibit D, Pharmacist Denial Note, p. 62; Exhibit E, Member Denial Letter, pp. 63–69)
4. Petitioner appealed the denial on August 8, 2025, stating that her diabetes was uncontrolled without Mounjaro and that it had been the only effective treatment. (Exhibit F, Appeal Request Note, p. 70; Exhibit G, Appeal Acknowledgement Letter, pp. 71–73)

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5. HAP CareSource made multiple outreach attempts to Petitioner's provider, Dr. Marlene Kennerly, requesting documentation of prior medication trials or contraindications. No additional documentation was received. (Exhibit H, Medical Records Requests and Fax Confirmations, pp. 74–82)
 6. The appeal was reviewed by a pharmacist, registered nurse, and medical director, all of whom upheld the denial based on lack of evidence meeting formulary criteria. (Exhibit I, RN Appeal Review Note, pp. 83–85; Exhibit J, Medical Director Decision Note, p. 86)
 7. Petitioner was notified of the appeal denial on September 3, 2025. (Exhibit K, Appeal Denial Letter, pp. 87–97)
 8. The formulary criteria for Mounjaro require documentation of trial and failure of preferred agents or medical justification for non-use. (Exhibit M, Michigan Health Plan Common Formulary Criteria, pp. 102–104)
 9. On October 24, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit 1)

CONCLUSIONS OF LAW

The Medical Assistance Program 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.

In 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 with the Department:

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 he beneficiaries to be

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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 MDCH 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.

*Medicaid Provider Manual
Medicaid Health Plan Chapter
July 1, 2025, p 1
Emphasis added*

Pursuant to the above policy and its contract with the Department, the MHP has developed a prior authorization process subject to the limitations and restrictions described in the MHP's Medicaid agreement, the MPM, Medicaid bulletins, and other directives.

With regard to Mounjaro, the Michigan Medicaid Clinical and Preferred Drug List (PDL) Criteria indicate:

CRITERIA TO APPROVE

- A diagnosis of type 2 diabetes;
- Discontinuation of other GLP-1 agonists and DPP4 inhibitors;
- AND either:
 - Documented allergy, contraindication, or unacceptable side effects to preferred agents;
 - OR trial and failure of at least one preferred agent.

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Respondent argues that Petitioner's request for Mounjaro was denied for failure to meet the coverage criteria, specifically, documentation that Petitioner had tried any of the preferred medications, namely Byetta, Ozempic, Victoza, or Trulicity. Respondent argues that they reached out to Petitioner's physician for additional information on multiple occasions but none was forthcoming.

Petitioner argues that Mounjaro was the only medication that effectively controlled her diabetes. Petitioner indicated that she experienced adverse effects from Metformin, Glipizide, and Ozempic and that the denial was made without full understanding of her medical history. Petitioner argues that she had previously been prescribed Mounjaro under a different insurance and that should have been considered in the decision. Petitioner indicated that after she had bad side effects from Ozempic, Respondent approved Trulicity. Petitioner indicated that she does have side effects from Trulicity but she feels she must keep taking it because she has no other choice.

Given the above policy and evidence, Petitioner has failed to prove by a preponderance of the evidence that the MHP erred in denying the prior authorization request. Policy clearly indicates that Respondent is authorized to develop prior authorization requirements and policies that are consistent with Medicaid policy. Here, the policy requiring the trial of preferred drugs is consistent with Medicaid policy and the undersigned has no authority to ignore clear policy. While the undersigned is sympathetic to Petitioner's position, he has no authority to grant Petitioner any relief in this matter.

Petitioner's testimony and written statement provide a compelling narrative of her experience with diabetes management and the benefits she received from Mounjaro. However, the administrative review process requires objective documentation to support exceptions to formulary policy.

Despite multiple outreach attempts, the MHP did not receive clinical documentation from Petitioner's provider confirming:

- Trial and failure of preferred agents;
- Documented contraindications or adverse reactions;
- Medical necessity for bypassing formulary requirements.

While Petitioner reports adverse effects from prior medications, these were not substantiated in the provider's records submitted during the appeal. The health plan's decision was based on the absence of such documentation, not on assumptions about Petitioner's identity or condition. As the MHP pointed out during the hearing, it did not have the ability to look at Petitioner's prior medication history with Petitioner's prior insurance company before making its decision. Hence, the responsibility fell on Petitioner's physician to provide documentation supporting the request. Also, the

original denial notice is very clear as to what documentation was required and the MHP reached out to Petitioner's physician on more than one occasion, but never received a response.

The reviewers followed the Michigan Medicaid Health Plan Common Formulary Prior Authorization Criteria, which are uniformly applied. Without supporting documentation, the denial must be upheld.

However, now that Petitioner has tried and failed Ozempic (and is trying Trulicity), if she is having adverse effects from Trulicity, she can seek approval for Mounjaro once again. Her doctor would simply need to submit a new request with notes that document Petitioner has tried and failed with the preferred medications.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MHP properly denied Petitioner's request for prior authorization for Mounjaro.

IT IS THEREFORE ORDERED that:

The Medicaid Health Plan's decision is **AFFIRMED**.



ROBERT J. MEADE
ADMINISTRATIVE LAW JUDGE

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. 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://rs.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 <mailto:MOAHR-BSD-Support@michigan.gov> LARA-MOAHR-DCH@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 Electronic Mail:

Respondent

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Petitioner

[REDACTED]
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