

ISSUE

Whether Respondent properly upheld the denial of Petitioner's request to renew prior authorization for the anti-obesity medication Zepbound based on the failure to provide clinical documentation of a weight loss of at least five percent from initiation of therapy, as required by Respondent's GLP-1 Anti-Obesity Agents guideline.

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 enrolled in Respondent's Healthy Michigan Plan, with coverage dates beginning September 1, 2020. (Exhibit A, pp 1, 3–4; Testimony).
2. On December 10, 2025, Respondent issued an Adverse Benefit Determination denying renewal of prior authorization for Zepbound because the documentation submitted did not show Petitioner had achieved a weight loss of at least five percent from the weight at initiation of therapy. (Exhibit A, pp 8–9, 49–50; Testimony).
3. Respondent's GLP-1 Anti-Obesity Agents guideline, revised November 14, 2025, states that renewal approval requires, for adults eighteen years and older, clinical documentation showing a weight loss of at least five percent from baseline weight at initiation of therapy. (Exhibit A, p 72; Testimony).
4. Respondent's Appeals Committee, in consultation with the Chief Medical Director, reviewed the internal appeal on February 5, 2026, and upheld the denial, explaining that the medical necessity criteria for renewal were not met because no documentation showed a weight loss of at least five percent compared to baseline. The Committee noted the provider documented Petitioner's weight at Zepbound initiation as REDACTED and current weight as REDACTED after six consistent monthly fills. (Exhibit A, p 1; Testimony).
5. Petitioner's clinical records reflect the following weights:
 - June REDACTED, 2024, visit that documented Zepbound initiation with weight REDACTED and BMI 30.5. (Exhibit A, pp 42, 46; Testimony).
 - December REDACTED, 2025, visit with weight REDACTED and BMI 29.2, accompanied by provider narrative statements asserting that Petitioner "has maintained 5% weight loss since starting Zepbound." (Exhibit A, pp 14, 18–19, 32–37; Testimony).
 - January 5–7, 2026, documentation showing weight REDACTED and BMI 30, with a provider note that Petitioner had paused Zepbound

for a procedure and titrated back to 15 mg. (Exhibit A, pp 24–29; Testimony).

6. Petitioner’s provider submitted appeal materials and attestation indicating Petitioner met criteria for GLP-1 continuation and had been on GLP-1 therapy since 2020, with various historical weights and claims of maintaining at least five percent weight loss; however, the contemporaneous measurements tied to Zepbound initiation at REDACTED and subsequent recorded weights did not document a five percent reduction from that baseline. (Exhibit A, pp 28–31, 39–41, 46–47; Testimony).
7. Respondent’s Certificate of Coverage states that only medically necessary services are covered and that coverage of formulary drugs is subject to criteria, preauthorization, and guidelines, including medical necessity as determined by Respondent’s Medical Director. (Exhibit A, pp 75–77, 85–91; Testimony).
8. On February 10, 2026, 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 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 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.

Petitioner argues that she meets renewal criteria because she has "maintained 5% weight loss" since beginning GLP-1 therapy and has adhered to diet and exercise. Petitioner's provider notes describe long-term GLP-1 use starting in 2020, historical "starting weight" values of REDACTED and REDACTED, and a lowest weight in the mid-REDACTED, asserting continued success with Zepbound and lifestyle modification. (Exhibit A, pp 28–29, 37, 46–47).

Petitioner contends that these statements, together with visit notes reflecting weights in the REDACTED range, demonstrate medical necessity and compliance with renewal criteria. (Exhibit A, pp 18–19, 28–29, 37).

Respondent asserts that the GLP-1 Anti-Obesity Agents renewal criterion requires clinical documentation of at least a five percent weight loss from the weight at initiation of therapy, and the records do not show a qualifying reduction when baseline is the initiation of Zepbound at REDACTED. Respondent points to the documented weights of REDACTED after six fills, which is approximately a 1.6 percent loss, and notes that provider assertions of five percent are not supported by measurements meeting the guideline threshold. (Exhibit A, pp 1, 8–9, 49–50, 72).

Under Respondent's Healthy Michigan Certificate of Coverage, only medically necessary services are covered, and the Medical Director, or a designee acting at the Medical Director's request, determines medical necessity in consultation with the treating provider based on nationally accepted standards. Coverage of prescription drugs is subject to Respondent's formulary and clinical criteria. (Exhibit A, pp 75–77, 90–91).

Respondent's GLP-1 Anti-Obesity Agents guideline, revised November 14, 2025, establishes explicit renewal criteria. For adults eighteen years and older, renewal requires clinical documentation demonstrating a weight loss of at least five percent from baseline weight at initiation of therapy. The guideline calls for acceptable documentation such as medical records, lab reports, or physician attestation, but the attestation must be supported by measurements that satisfy the numeric threshold. (Exhibit A, p 72; pp 55–71).

The record shows that Zepbound therapy was initiated at a documented weight of REDACTED on June REDACTED, 2024. Subsequent measurements include REDACTED on December REDACTED, 2025 and REDACTED in early January 2026. A five percent reduction from REDACTED requires a decrease of approximately 9.15 pounds. The measurement of REDACTED reflects a reduction of about 7.6 pounds, which is below five percent, and the measurement of REDACTED reflects a reduction of about 3 pounds, which is well below five percent. (Exhibit A, pp 42, 46; pp 14, 18, 24–29, 32–37).

Petitioner’s provider included narrative statements that she “has maintained 5% weight loss,” and referenced historical weights associated with prior GLP-1 agents. However, the renewal criterion focuses on weight loss from the baseline at initiation of therapy, which Respondent applied to Zepbound, the drug for which renewal was sought. The contemporaneous clinical measurements tied to Zepbound initiation do not reach the required five percent threshold, and Respondent was permitted to rely upon those measurements when determining medical necessity and compliance with the guideline. (Exhibit A, pp 1, 18–19, 28–31, 39–41, 72).

The Adverse Benefit Determination and the subsequent internal appeal decision both cited the renewal criterion and explained the deficiency. Petitioner’s argument rests largely on generalized success with GLP-1 therapy and lifestyle adherence, which are commendable, but the decisive criterion is the documented percentage reduction from the initiation baseline. On this record, Petitioner did not meet the numeric requirement, and Respondent’s denial was consistent with its published guideline and Certificate of Coverage. (Exhibit A, pp 8–9, 49–50, 72; pp 75–77, 85–91).

Accordingly, Respondent’s decision is affirmed.

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 Zepbound.

IT IS THEREFORE ORDERED that:

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