STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVE.
HARTFORD, CT 06105-3725

[redacted] 2025
Signature Confirmation

Client ID# [redacted]
Case ID# [redacted]
Request # 271251

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2025, the Department of Social Services (the "Department") sent [redacted] (the "Appellant") a Pharmacy Prior Authorization Denial Notice informing her the Department denied her prescriber's prior authorization ("PA") request for the medication Wegovy .25 mg/0.5 ml Pen ("Wegovy") under the HUSKY Health Plan.

On [redacted] 2025, the Appellant requested an administrative hearing to contest the Department's decision to deny the prescriber's PA request for Wegovy.

On [redacted] 2025, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted], 2025.

On [redacted], 2025, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189 inclusive of the Connecticut General Statutes, OLCRAH held an administrative hearing via telephone.

The following individuals participated in the hearing:

[redacted], Appellant
Eva Forrest, Nurse Consultant, Pharmacy Unit, Department Representative
Kristin Haggan, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the Department's decision to deny pharmacy coverage under the HUSKY Health program for Wegovy was in accordance with state statute and Department policies.

FINDINGS OF FACT

1. The Appellant is a participant in the HUSKY HEALTH program under Medicaid as administered by the Department. (*Hearing Record*)

2. The Department will only pay for new prescriptions for Wegovy through the pharmacy benefit under the HUSKY Health program when prescribed to reduce the risk of Major Adverse Cardiac Event ("MACE") in adults 18 and older with an established cardiovascular disease and who are either obese or overweight. Established cardiovascular disease includes presenting a medical history of 1 or more of the following:
    - History of myocardial infarction
    - History of ischemic or hemorrhagic stroke
    - History of symptomatic peripheral arterial disease as evidenced by intermittent claudication with ankle-brachial index less than .85, peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease.

    (*Department's Testimony, Exhibit 1: MACE Prior Authorization Request Form*)

3. The Department will not cover new prescriptions for Wegovy through the pharmacy benefit under the HUSKY Health program when prescribed exclusively for weight management, or obesity. Currently, the Department only covers Orlistat or Phentermine medications used solely for the treatment of obesity. (*Department's Testimony*)

4. Gainwell Technologies serves as the Department's vendor to review PA requests for Wegovy for Connecticut's Medicaid recipients under the HUSKY HEALTH programs. Prescribers must complete and sign the CT Medical Assistance Program WEGOVY For MACE Prior Authorization Request Form ("PA form"). The prescribing physician must answer "yes" or "no" to the following questions on the PA form:

    - Patient is 18 years of age [or] older?
    - Is the patient diagnosed with type 1 or type 2 diabetes, or NY Heart Association class IV heart failure?
    - Is patient's Hemoglobin A1c less than 6.5%?
    - Is patient's Body Mass Index (BMI) greater than or equal to 27?
    - Does the patient have established cardiovascular disease with ONE of the following:

    - History of myocardial infarction. Provide date of event:
    - History of ischemic or hemorrhagic stroke. Provide date of event:
    - Symptomatic peripheral arterial disease. Provide one of the following
        - Ankle-brachial index:
        - Date of amputation due to atherosclerotic disease:
        - Date of peripheral arterial revascularization procedure:
- Does the patient's treatment plan include active participation in comprehensive adjunct lifestyle interventions (e.g. diet modifications, physical activity, behavioral therapy)?
  (*Department's Testimony*, *Exhibit 1*)

5. The Appellant is [redacted] years old (DOB: [redacted]), she suffers from obesity, hypertension and high cholesterol. The Appellant is pre-diabetic. The Appellant does not have a diagnosis of Type II diabetes. The Appellant does not have a diagnosis that includes a cardiovascular condition. (*Appellant's Testimony*).

6. The Appellant goes to the gym a few times per week and still has trouble losing weight. In [redacted] 2025, The Appellant tried a two-week trial of Wegovy and was able to decrease her weight from 220 pounds to 203 pounds with no side effects. Previously she tried Ozempic, Rybelsus, and Phentermine, all of which resulted in side effects including nausea and sleeplessness. The Appellant has not tried Orlistat, and her physician has not discussed this medication option with her. (*Appellant's Testimony, Exhibit 3: Appellant's Hearing Request Letter*)

7. On [redacted] 2025, [redacted] ("prescribing physician") submitted a PA form to Gainwell Technologies requesting approval of Wegovy for the Appellant. The prescribing physician answered the following questions on the PA Form as follows:

    - Patient is 18 years of age [or] older? *YES*
    - Is the patient diagnosed with type 1 or type 2 diabetes, or NY Heart Association class IV heart failure? *NO*
    - Is patient's Hemoglobin A1c less than 6.5%? *YES*
    - Is patient's Body Mass Index (BMI) greater than or equal to 27? *YES*
    - Does the patient have established cardiovascular disease with ONE of the following: *NO*
        - History of myocardial infarction. Provide date of event:
        - History of ischemic or hemorrhagic stroke. Provide date of event:
        - Symptomatic peripheral arterial disease. Provide one of the following
            - Ankle-brachial index:

- Date of amputation due to atherosclerotic disease:
- Date of peripheral arterial revascularization procedure:

- Does the patient's treatment plan include active participation in comprehensive adjunct lifestyle interventions (e.g. diet modifications, physical activity, behavioral therapy)? *YES*
  (*Exhibit 1*)

8. On [redacted] 2025, Gainwell Technologies denied the prescriber's PA request for Wegovy after reviewing the PA form submitted by the prescribing physician. The Department issued the Appellant a notice of denial informing her that the prescriber's request for PA approval of Wegovy was denied. (*Exhibit 2: Prior Authorization Denial Notice*)

9. On [redacted] 2025, the Appellant requested an administrative hearing to contest the Department's prior authorization denial of Wegovy. (*Exhibit 3*)

10. The issuance of this decision is timely under Connecticut General Statutes § 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [redacted], 2025. Therefore, this decision is due not later than [redacted] 2025. (*Hearing Record*)

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes provides as follows:

   The Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.

2. Section 17b-261b of the Connecticut General Statutes provides as follows:

   The Department of Social Services shall be the sole agency to determine eligibility for assistance and services under programs operated and administered by said department.

3. Title 42 of the United States Code ("U.S.C.") § 1396r-8(d) provides for limitations on coverage of drugs:

   1. Permissible restrictions.
      A. A State may subject to prior authorization any covered outpatient drug. Any such prior authorization program shall comply with the requirements of paragraph (5).
      B. A State may exclude or otherwise restrict coverage of a covered outpatient drug if-

i. The prescribed use is not for a medically accepted indication (as defined in subsection (k)(6) of this section);
ii. The drug is contained in the list referred to in paragraph (2);
iii. The drug is subject to such restrictions pursuant to an agreement between a manufacturer and a State authorized by the Secretary under subsection (a)(1) of this section or in effect pursuant to subsection (a)(4) of this section; or
iv. The State has excluded coverage of the drug from its formulary established in accordance with paragraph (4).

2. List of drugs subject to restriction.
   A. Agents when used for anorexia, weight loss, or weight gain.
   B. Agents when used to promote fertility.
   C. Agents when used for cosmetic purposes or hair growth.
   D. Agents when used for the symptomatic relief of cough and colds.
   E. Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
   F. Nonprescription drugs, except, in the case of pregnant women when recommended in accordance with the Guideline referred to in section 1396d(bb)(2)(A) of this title, agents approved by the Food and Drug Administration under the over-the-counter monograph process for purposes of promoting, and when used to promote, tobacco cessation.
   G. Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.
   H. Agents when used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition, other than sexual or erectile dysfunction, for which the agents have been approved by the Food and Drug Administration.

4. Section 17b-278*l(a)* of the Connecticut General Statutes, which was amended by section 327 of Public Act No. 25-168, effective July 1, 2025, provides for medical assistance for obesity treatment, and states the following:

(1) As used in this section, “bariatric surgery” means surgical changes to the digestive system to help a patient with obesity to lose weight;
(2) “Body mass index” means the number calculated by dividing an individual's weight in kilograms by the individual's height in meters squared;
(3) “Medical services” means (A) prescription drugs approved by the federal Food and Drug Administration for the treatment of obesity on an outpatient basis for individuals with type 2 diabetes and prescription drugs approved by the federal Food and Drug Administration on an outpatient basis for the treatment of a comorbid condition for individuals with obesity,

subject to prior authorization and only after step therapy when clinically appropriate, and (B) nutritional counseling provided by a registered dietitian-nutritionist certified pursuant to section 20-206n;
(4) "Severe obesity" means a body mass index that is:
(A) Greater than forty; or
(B) Thirty-five or more if an individual has been diagnosed with a comorbid disease or condition, including, but not limited to, a cardiopulmonary condition, diabetes, hypertension or sleep apnea; and
(5) "Obesity" means a body mass index of thirty or higher.

5. Connecticut SPA Transmittal No 25-0014, approved by CMS effective June 1, 2025, provides updates to the State's excluded drug listing. With respect to FDA approved weight loss medications, the only medications for which coverage is afforded are Orlistat and Phentermine. The SPA provides that Xenical may be substituted for orlistat if (1) the net cost to the state after rebates is lower or (2) orlistat is not available due to supply restrictions.

On [redacted] 2025, the Department correctly denied the Prescribing Physician's Prior Authorization request for Wegovy on behalf of the Appellant. Although the Appellant has a body mass index greater than 27 kg/mm, she has not been diagnosed with a qualifying cardiovascular disease to warrant coverage of this medication under the HUSKY Health Plan. Only weight loss medications Orlistat and Phentermine can be prescribed and covered under the HUSKY Health plan as treatment for weight loss. On [redacted] 2025, the Department correctly notified the Appellant that the Prior Authorization request for Wegovy was denied.

DECISION

The Appellant's appeal is **DENIED.**

Kristin Haggan
Kristin Haggan
Fair Hearing Officer

Pc: Eva Forrest, DSS CO
Jason Gott, DSS CO
Herman Kranc, Manager, DSS CO
Shayna Singh, DSS CO
Jerry Dejesus, DSS CO
Cynthia Cartier, OLCRAH

RIGHT TO REQUEST RECONSIDERATION

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered, or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within **25** days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on § 4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue Hartford, CT 06105.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within **45** days of the mailing of this decision, or **45** days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on § 4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 165 Capitol Avenue, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with § 17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.