

STATE OF MICHIGAN
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
Before the Director of the Department of Insurance and Financial Services

In the matter of:

██████████
Petitioner

v

File 237078-001

Blue Cross Blue Shield of Michigan
Respondent

Issued and entered
this 22nd day of July 2025
by Jeffrey Hayden
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On June 17, 2025, ██████████ (Petitioner), filed with the Director of the Department of Insurance and Financial Services a request for an external review under the Patient's Right to Independent Review Act, MCL 550.1901 et seq. The request for review concerns the denial of authorization for a prescription drug. On June 25, 2025, the Director accepted the request for review.

The Petitioner receives prescription drug benefits through Blue Cross Blue Shield of Michigan (BCBSM). The benefits are described in BCBSM's *Simply Blue HSA Group Benefits Certificate w/ Rx LG* (the *certificate*). The Director notified BCBSM of the external review request and asked for the information used to make its final adverse determination. BCBSM responded on May 23, 2025.

The request was determined to involve only contractual issues. Therefore, the Director will review the case under MCL 550.1911(8) which provides:

If a request is accepted for external review, does not appear to involve issues of medical necessity or clinical review criteria, and appears to only involve purely contractual provisions of a health benefit plan, such as covered benefits or accuracy of coding, the director may keep the request and conduct his or her own external review....

Review by an independent medical review organization is not required.

II. FACTUAL BACKGROUND

The Petitioner has polycystic ovarian syndrome (PCOS) and is obese with a BMI of 40.1. The Petitioner has been taking Zepbound since January 2024 and has been successful in losing weight. The Petitioner's physician recommended continuation of the prescription drug Zepbound for treatment of the Petitioner's PCOS and asked BCBSM to provide coverage for the drug. BCBSM denied the request.

The Petitioner appealed the denial through BCBSM's internal grievance process. At the conclusion of that process, BCBSM issued a final adverse determination dated May 22, 2025, affirming its coverage

III. ANALYSIS

Respondent's Argument

In its final adverse determination, BCBSM wrote:

We followed Blue Cross Blue Shield of Michigan and Blue Care Network's BCBSM CUSTOM PPO 3T coverage criteria for Zepbound 7.5 mg/0.5 ml pen in making this decision. We can't provide coverage for this drug for the following reasons:

We did not cover the requested medication because it is excluded from coverage under your drug plan. Your drug plan does not cover GLP-1 medications used to treat obesity (weight that is higher than what is considered healthy for a given height) such as Wegovy, Zepbound, or Saxenda.

Petitioner's Argument

In the request for review, the Petitioner wrote:

I am requesting coverage of the medication Zepbound for treatment and management of my polycystic ovarian syndrome (PCOS). BCBSM stated they denied coverage because they do not cover any GLP-1 medications for treating obesity. However, I am not taking this medication for obesity, I am taking it to treat and manage my PCOS and the related insulin resistance. All covered treatments have been attempted with no success, however, I have great success with Zepbound.

In a letter submitted with the request for review, the Petitioner's physician wrote:

We are writing to request an appeal for coverage on the excluded medication, Zepbound (tirzepatide) for the above-named patient.

[The Petitioner] is a current patient of mine suffering from polycystic ovarian syndrome which is an endocrine disorder that negatively affects her metabolic system and causes undesirable hormonal irregularities while impacting her everyday life, She has tried and failed on multiple treatments including enrolling in various weight loss clinics, prescription Metformin treatment, participation in dance

classes, regular gym attendance, behavioral therapy to manage eating habits, tracking and creating food logs as well as the most successful treatment of using GLP1 Injections such as Wegovy, Zepbound and compounded Tirzepatide.

Patient meets all criteria requirements for coverage of Zepbound including:

- Member must be 18 years old or older
- Having a BMI of 35 or higher (current BMI of 40.1)
- Medication is prescribed by a provider who has an established relationship with the member and has been seen in person
- Current weight has been taken within the past 30 days (05/01/25 - 241 pounds)
- We have provided documentation of active participation for a minimum of six months in a lifestyle modification program
- Member has enrolled and participates with Teladoc Health program
- She is not using Zepbound in combination with other weight loss products/medications or GLP1's
- Patient does not have Type 2 diabetes

[The Petitioner] will be using Zepbound to treat her PCOS, of which you have approved for her multiple times previously. This route of treatment has proven to be successful of managing her once unattainable symptoms of PCOS, providing weight reduction, normalized bloodwork, and stabilized blood pressure readings, it is absolutely in the patient's best interest that this excluded medication be approved for her. Should you prefer to speak with me in regard to her case, I will gladly make myself available.

Director's Review

The certificate on page 90, "Prescription Drugs Not Covered" states this exclusion:

Weight loss prescription drugs containing Glucagon-Like Peptide-agonist (GLP-1) products.

NOTE: This exclusion will take effect on your employer group's 2025 renewal.

The GLP-1 exclusion became effective on January 1, 2025.

The certificate states that the GLP-1 exclusion will take effect on their employer group's 2025 renewal date. The Petitioner's renewal date was January 1, 2025. The certificate is clear that BCBSM does not cover weight loss prescription drugs containing GLP-1 products for any reason. Therefore, BCBSM is

not required to cover the prescription drug Zepbound effective the renewal date of the Petitioner's coverage which was January 1, 2025. Further, there is nothing in the certificate or applicable law that would require BCBSM to approve coverage for the requested medication under the circumstances of this case.

The Director finds that BCBSM's denial of coverage is consistent with the terms of the Petitioner's benefit plan.

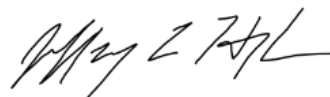
IV. ORDER

The Director upholds Blue Cross Blue Shield of Michigan's May 22, 2025, final adverse determination.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this order may seek judicial review no later than 60 days from the date of this order in the circuit court for the Michigan county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of Appeals, Legal Research, and Market Regulation, Post Office Box 30220, Lansing, MI 48909-7720.

Anita G. Fox
Director

For the Director:



Jeffrey Hayden
Special Deputy Director