



**STATE OF WISCONSIN
Division of Hearings and Appeals**

In the Matter of

[REDACTED]
[REDACTED]
c/o [REDACTED]
[REDACTED]
[REDACTED]

DECISION

MPA/153173

PRELIMINARY RECITALS

Pursuant to a petition filed October 28, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on December 02, 2013, at Appleton, Wisconsin.

The issue for determination is whether the Department erred in its denial of the prior authorization request for Humira (drug).

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
c/o [REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703

By: Lynn Radmer, R.Ph. (in writing)
Division of Health Care Access and Accountability
1 West Wilson Street, Room 272
P.O. Box 309
Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

John P. Tedesco
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Outagamie County.

2. On or around 9/9/13, Diplomat Specialty Pharmacy filed a PA request for the drug Humira for petitioner.
3. Documentation did not allege that petitioner had previously tried at least two of the medications Calcipotriene, Tazarotene, and topical corticosteroids.
4. On September 25, 2013, the Department denied the request.
5. [REDACTED], appeals specialist at the Diplomat Pharmacy filed a timely appeal.

DISCUSSION

The clinical criteria for the approval of Humira include that the member has already tried at least two of the following medications for one month or more and received unsatisfactory response or adverse drug reaction: Calcipotriene, Tazarotene, and topical corticosteroids. Additionally, at least one of the following must have been tried for at least three months: Cyclosporine, Methotrexate, Phototherapy, or Soriatene. See *ForwardHealth Update* December 2012, No. 2012-71 at p. 6.

The PA attachment indicates that topical corticosteroids were used from 1995 to 1997. The attachment also indicates that Methotrexate was used for six months in the late 1990's. The information provided on the attachment is not consistent with what is required. The provider is required to inform the Department of the "details about the unsatisfactory therapeutic response or clinically adverse drug reactions," and the dosages. None of that information is provided. Furthermore, the provider does not contend that the petitioner has tried **two** of the initial group of therapies as noted above as required. Only the topical steroid is noted. At the time of the hearing, the representative from the pharmacy had no additional information to offer.

CONCLUSIONS OF LAW

The Department did not err in denying this PA request as the minimum requirements regarding attempts at other therapies were not supported or documented.

THEREFORE, it is

ORDERED

That this appeal is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Madison,
Wisconsin, this 9th day of January, 2014

\sJohn P. Tedesco
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on January 9, 2014.

Division of Health Care Access and Accountability