



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

Redact
Redact
Redact

DECISION

MPA/163269

PRELIMINARY RECITALS

Pursuant to a petition filed January 19, 2015, 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 (DHCAA or Division) in regard to Medical Assistance (MA)/BadgerCare Plus, a hearing was held on April 14, 2015, by telephone. A hearing set for March 10, 2015, was rescheduled at the petitioner's request.

The issue for determination is whether the Division correctly denied a prior authorization request for a non-preferred prescription drug, Sovaldi.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

Redact
Redact
Redact

Respondent:

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

By written submission of Redact, R.Ph.
Division of Health Care Access and Accountability
1 West Wilson Street, Room 272
P.O. Box 309
Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

Nancy J. Gagnon
Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner (CARES # Redact) is a resident of Marathon County. She is certified for MA or BadgerCare Plus.

2. On November 25, 2014, a prior authorization request (#...Redacted) was submitted on the petitioner's behalf for Sovaldi, a non-preferred prescription drug. The cost is listed as \$81,000 for 84 tablets. The Division issued written notice of denial of that request on December 5, 2014.
3. The Division's basis for denial is that the petitioner's condition does not meet the severity standards that the Division has set as a condition for approval.
4. The petitioner, age 46, has diagnoses of chronic hepatitis C, asthma, COPD, GERD, ADH Disorder, overweight (227 pounds), history of tuberculosis, and 30 year history of drug use (currently abstaining). She testified that she was recently diagnosed with arthritis in her back and knee.
5. Currently, the petitioner's hepatitis C has not advanced to any of the following stages:
  - Compensated cirrhosis
  - Metavir score of F3 or greater or evidence bridging fibrosis
  - Serious extra-hepatic manifestations of hepatitis C virus (HCV)
  - Hepatocellular carcinoma (HCC), if the member is on a liver transplant waiting list

### DISCUSSION

Federal MA rules do not require a state to cover prescription drugs; such coverage is at state option. 42 C.F.R. § 440.225. The Wisconsin MA program opted to pay for some prescription drugs. Wis. Admin. Code § DHS 107.10. Non-preferred prescription drugs must receive prior authorization as a condition of payment. *Id.*, 107.10(2)(d). In evaluating a prior authorization request, the program considers the authorization standards at § DHS 107.02(3)(e). Those standards include the requirements that the requested service be a medical necessity, appropriate, and cost effective, and that the existence of less expensive alternative services be considered. *Id.* The petitioner bears the burden of proving that these standards are met.

As an aid for consistent authorization request evaluation/approval for non-preferred, high-priced hepatitis C drugs, the Division's consultants prepared policy standards related to severity, which became effective in December 2014. For Sovaldi approval, those published standards require that the patient's hepatitis C must have advanced to any of the following stages:

- Compensated cirrhosis
- Metavir score of F3 or greater or evidence bridging fibrosis
- Serious extra-hepatic manifestations of hepatitis C virus (HCV)
- Hepatocellular carcinoma (HCC), if the member is on a liver transplant waiting list

*ForwardHealth Updates*, 2014-39 & 2014-74 (November 2014) and *ForwardHealth Online Handbook*, at [https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=48&s=3&c=345&nt=Hepatitis C, Agents, Harvoni&adv=Y](https://www.forwardhealth.wi.gov/WIPortal/Online%20Handbooks/Display/tabid/152/Default.aspx?ia=1&p=1&sa=48&s=3&c=345&nt=Hepatitis%20C,%20Agents,%20Harvoni&adv=Y), Topic #17697, (viewed March 2015). The Wisconsin MA program does cover the less expensive prescription drug Interferon for treatment of less severe hepatitis C complications. *Id.*, *Preferred Drug List-Quick Reference*. I conclude that the above policy is reasonable.

There is no dispute that the petitioner's condition has not deteriorated to the levels identified in the above policy. She does not have cirrhosis of the liver, and her Metavir score is unknown. The petitioner is not

on a liver transplant waiting list, and the prescriber did not identify serious extra-hepatic manifestations of the hepatitis C virus. Recent imaging shows her liver size to be normal.

The petitioner testified that she is not currently on medication to treat her hepatitis C. The petitioner's testimony did not identify current symptoms that are tied *solely* to hepatitis C (e.g., fatigue, mood swings). She would prefer to be proactive regarding her health, and obtain this new medication to prevent future complications.

The petitioner has not established that she meets the program's authorization requirements for Sovaldi. The Division's position is not unreasonable, and it is therefore sustained.

### CONCLUSIONS OF LAW

1. The requested non-preferred prescription drug Sovaldi is not a medical necessity, nor is it the most appropriate or cost effective method of treating the petitioner's condition at this time.
2. The Division correctly denied the prior authorization request for Sovaldi.

**THEREFORE, it is**

**ORDERED**

That the petition is dismissed.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or 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 filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,  
Wisconsin, this 15th day of April, 2015

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\sNancy J. Gagnon  
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 April 15, 2015.

Division of Health Care Access and Accountability