



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MPA/163649

PRELIMINARY RECITALS

Pursuant to a petition filed January 30, 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 in regard to Medical Assistance, a telephone hearing was held on April 09, 2015.

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

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

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Respondent:

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

By: [REDACTED], R.Ph (written appearance only)
Division of Health Care Access and Accountability
1 West Wilson Street, Room 272
P.O. Box 309
Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

Peter McCombs
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Jefferson County. He is certified for MA or BadgerCare Plus.

2. On December 11, 2014, a prior authorization request was submitted on the petitioner's behalf for Harvoni, a non-preferred prescription drug. The cost is listed as \$113,420 for 84 tablets. The Division issued written notice of denial of that request on December 30, 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 73, has been diagnosed with chronic hepatitis C, diabetes, and myeloma.
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)

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. 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)

ForwardHealth Update, 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. He does not have cirrhosis of the liver, and his Metavir score is in a range between F2-F4. The record does not indicate that the petitioner is on a liver transplant waiting list, and the prescriber did not identify serious extra-hepatic manifestations of the hepatitis C virus.

The petitioner's testimony did not identify current hepatitis C symptoms or other physical problems. He would prefer to be proactive regarding his health, and obtain this new medication to prevent future complications.

In this case the submission did not provide sufficient justification to approve the drug. There is no cirrhosis or substantiated hepatic manifestations, and the Metavir Score is listed as F2-4. The DHCAA denied the request because the Metavir Score is not specific enough, and thus might not meet the F3 standard.

It is very possible that petitioner's provider simply had not reacted to the new Department policy when this PA request was submitted. The request was submitted just days after the policy went into effect. Thus I strongly suggest to petitioner that he share this information with his doctor. Perhaps a liver biopsy can be ordered to determine the specific Metavir score. I must agree with the denial of this particular PA request, however, because it fails to meet the approval criteria.

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

CONCLUSIONS OF LAW

1. The requested non-preferred prescription drug Harvoni 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 Harvoni.

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 7th day of May, 2015

\sPeter McCombs
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 May 7, 2015.

Division of Health Care Access and Accountability