



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[Redacted]
[Redacted]
[Redacted]

DECISION

MPA/163653

PRELIMINARY RECITALS

Pursuant to a petition filed January 28, 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 hearing was held on March 17, 2015, at Madison, Wisconsin.

The issue for determination is whether the Department erred in the denial of the PA request for the Harvoni/Sovaldi medication.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[Redacted]
[Redacted]
[Redacted]

Respondent:

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

By: [Redacted], 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 Dane County.
2. Petitioner's provider submitted a PA request for the Harvoni medication (PA # [Redacted]).

3. Petitioner's clinical records do not support a finding of compensated cirrhosis, a Metavir score of F3 or higher, bridging fibrosis, or serious extra-hepatic manifestations of the hepatitis C virus.
4. The Department denied the request.

### DISCUSSION

Drugs that entail substantial cost or utilization problems are subject to prior authorization. Wis. Admin. Code, §DHS 107.10(2)(d). The Department has utilized a preferred drug list since 2004 to inform pharmacies what drugs require authorization. Harvoni (also known as Sovaldi) is a non-preferred drug that requires authorization because of its high cost. MA providers were informed of the policy regarding drugs such as Harvoni in Forward Health Update no. 2014-74, dated November, 2014 and effective December 1, 2014. The Update is part of the record.

Under the new policy Harvoni will be considered for approval only if the person's disease has advanced to any of the following stages: compensated cirrhosis, serious extra-hepatic manifestations of the virus, or Metavir Score F3 or greater. There are also a number of circumstances listed which entail automatic denial. The Update finally lists the types of clinical information that the provider may submit to justify the request.

In this case the submission did not provide sufficient justification to approve the drug. No physician and provider representative testified. I must agree with the denial of this particular PA request, however, because it fails to meet the approval criteria. If the provider obtains data supporting the medication under the program rules, provider may submit a new PA request.

### CONCLUSIONS OF LAW

The DHCAA correctly denied the request for Harvoni because it did not show that petitioner's Hepatitis had advanced to the stage for which Harvoni is approved.

**THEREFORE, it is**

**ORDERED**

That the petition for review herein be and the same is hereby 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 20th day of March, 2015

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\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 March 20, 2015.

Division of Health Care Access and Accountability