FH
[redacted]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[redacted]

DECISION

MPA/164071

PRELIMINARY RECITALS

Pursuant to a petition filed February 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 in regard to Medical Assistance, a hearing was held on April 14, 2015, at Juneau, Wisconsin.

The issue for determination is

There appeared at that time and place the following persons:

PARTIES IN INTEREST:
Petitioner:

[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 Dodge County. He is certified for MA or BadgerCare Plus.

2. On 1/26/15, a prior authorization request was submitted on the petitioner's behalf for Harvoni, a non-preferred prescription drug. The cost is listed as $75,612 for 56 tablets. The Division issued written notice of denial of that request on 2/2/15.

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. 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 , 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.

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 27th day of April, 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 April 27, 2015.

Division of Health Care Access and Accountability