



STATE OF WISCONSIN  
Division of Hearings and Appeals

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In the Matter of

Redact

DECISION

MPA/164206

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**PRELIMINARY RECITALS**

Pursuant to a petition filed February 23, 2015, under Wis. Stat., §49.45(5), to review a decision by the Division of Health Care Access and Accountability (DHCAA) to deny Medical Assistance (MA) authorization for Harvoni, a hearing was held on April 8, 2015, by telephone.

The issue for determination is whether petitioner met the criteria for approval of Harvoni.

**PARTIES IN INTEREST:**

Petitioner:

Redact

Respondent:

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

By: Written submission of Redact, R.Ph.

**ADMINISTRATIVE LAW JUDGE:**

Brian C. Schneider  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # Redact) is a resident of Sauk County who receives MA.
2. Petitioner has Hepatitis Type C. On January 21, 2015, Redact Pharmacy requested prior authorization for Harvoni, a new but expensive drug for Hepatitis C, PA no. 2150214124. The DHCAA denied the request by a letter dated January 30, 2015.
3. The request showed the severity of petitioner's illness as F2-4 Metavir score (a score to quantify the degree of inflammation and fibrosis of the liver). It showed that petitioner does not have cirrhosis, and it did not show extra-hepatic manifestations of the virus.

### 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 (similar to another drug called 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 attached to the DHCAA case summary dated February 11, 2015.

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. There is no mention of cirrhosis or 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.

Petitioner testified that she spoke with the doctor and he agrees that she probably does not meet the criteria. The Division of Hearings and Appeals does not have authority to disregard the criteria in absence of evidence that the criteria are faulty. I thus must agree with the denial of this PA request because it fails to meet the approval criteria.

### 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 10th day of April, 2015

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\sBrian C. Schneider  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin \DIVISION OF HEARINGS AND APPEALS**

Brian Hayes, Administrator  
Suite 201  
5005 University Avenue  
Madison, WI 53705-5400

Telephone: (608) 266-3096  
FAX: (608) 264-9885  
email: [DHAmail@wisconsin.gov](mailto:DHAmail@wisconsin.gov)  
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on April 10, 2015.

Division of Health Care Access and Accountability