



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

██████████
██████████
██████████

DECISION

██████████

PRELIMINARY RECITALS

Pursuant to a petition filed July 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 Sovaldi, a hearing was held on September 9, 2015, by telephone.

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

PARTIES IN INTEREST:

Petitioner:

██████████
██████████
██████████

Respondent:

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

By: Written submission of ██████████, R.Ph.

ADMINISTRATIVE LAW JUDGE:

Brian C. Schneider
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Monroe County who receives MA.
2. Petitioner has Hepatitis Type C. On July 6, 2015, The Medicine Shoppe requested prior authorization for Sovaldi, a new but expensive drug for Hepatitis C, PA no. ██████████. The DHCAA denied the request by a letter dated July 14, 2015.
3. The request did not show a Metavir score (a score to quantify the degree of inflammation and fibrosis or 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. 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 Sovaldi in Forward Health Update no. 2014-74, dated November, 2014 and effective December 1, 2014. The policy was updated in Forward Health Update no. 2015-27, effective July 1, 2015, which is attached to the August 27, 2015 DHCAA case summary.

Under the policy Sovaldi 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. Update 2015-27, page 16. 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. Update 2015-27, pages 11-12.

In this case the submission did not provide sufficient justification to approve the drug. There is no mention of cirrhosis or hepatic manifestations, and no Metavir Score was listed (petitioner stated that her provider thought it unlikely she would score F3 or higher, and thus did not do the necessary biopsy to ascertain the score). The DHCAA denied the request because it did not show that petitioner met the approval criteria.

Petitioner asks that the Division of Hearings and Appeals approve the drug based upon her evident need. This office, however, does not have the authority to ignore the policy, to make exceptions to it, or to create a new approval policy. I must affirm the DHCAA denial of the prior authorization request.

CONCLUSIONS OF LAW

The DHCAA correctly denied the request for a Hepatitis drug because it did not show that petitioner met the approval criteria.

THEREFORE, it is

ORDERED

That the petition for review 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.



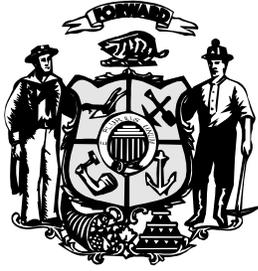
APPEAL TO COURT

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 14th day of September, 2015

\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
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on September 14, 2015.

Division of Health Care Access and Accountability