



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

MPA/171678

PRELIMINARY RECITALS

Pursuant to a petition filed January 26, 2016, 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 March 2, 2016, at Phillips, Wisconsin, with the ALJ appearing by telephone.

The issue for determination is whether petitioner meets to approval criteria for Harvoni.

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

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

By: Written submission of [REDACTED], R.Ph.

ADMINISTRATIVE LAW JUDGE:

Brian C. Schneider
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Price County who receives MA.
2. Petitioner has Hepatitis C liver disease, genotype 1.
3. On December 9, 2015, [REDACTED] requested prior authorization on petitioner's behalf for Harvoni, PA no. [REDACTED]. By a notice dated December 18, 2015 the DHCAA denied the request.
4. Petitioner is not shown to have a Metavir score of at least F3 and is not shown to have serious extra-hepatic manifestations of the hepatitis C. She does not have cirrhosis and is not on a liver transplant list.

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 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 policy was updated effective July 1, 2015, and providers were notified of the change by ForwardHealth Update no. 2015-27, a copy of which is attached to the DHCAA case summary dated February 17, 2016.

Under current policy MA will cover Harvoni only if the person cannot use the preferred Viekira Pak due to medical contraindications, and then only if the person has compensated cirrhosis Class A, a Metavir score of F3 or greater, or serious extra-hepatic manifestations of the hepatitis C virus. Harvoni is denied if the person has cirrhosis Class B or C. See Update 2015-27, pages 13-14. If the person is on a liver transplant list the DHCAA will review the person's individual circumstances.

The DHCAA denied the request for petitioner because it did not show that she has a medical contraindication for Viekira Pak. Petitioner's doctor explained in a letter dated January 28, 2016 why Harvoni is preferred to Viekira Pak, but the problem is that even if Harvoni is preferred, petitioner does not have the required physical manifestations of Hepatitis to allow approval. She does not have cirrhosis, extra-hepatic manifestations, or a Metavir score of F3 or greater. I must conclude, therefore, that the denial of the request for Harvoni was correct.

CONCLUSIONS OF LAW

The DHCAA correctly denied the request for Harvoni because petitioner's condition does not meet the criteria for approval.

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 7th day of March, 2016

\sBrian C. Schneider
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 7, 2016.

Division of Health Care Access and Accountability