

on March 9, 2015, which stated that Mr. W's condition was not severe enough to satisfy the criteria for prior authorization of this drug.⁵

At the time Mr. W requested prior authorization for Harvoni, the Division's drug utilization committee had established guidelines that required, in part, that a person had to have either cirrhosis or bridging fibrosis before the Division would authorize a number of medications (Sovaldi, Olysio, or Harvoni) for treatment of Hepatitis C.⁶ On January 16, 2015, the day *after* Mr. W's prior authorization request was denied, the Division adopted new guidelines that would authorize a drug named VieKira for treatment of Hepatitis C, without requiring cirrhosis or bridging fibrosis. However, before Harvoni would be approved, while cirrhosis was not required, there needed to be a Child-Pugh score of B or greater. Mr. W does not have a Child-Pugh score of B or greater.⁷

Mr. W was offered treatment with VieKira. His physician declined to prescribe this treatment due to its side effects and increased length of treatment compared to Harvoni.⁸

III. Discussion

The Alaska Medicaid program has a number of medications which require prior authorization.⁹ In determining whether to grant prior authorization for a medication (or any service), regulation 7 AAC 105.130 states that the "factors that the department will consider include the service's medical necessity, clinical effectiveness, cost-effectiveness, and likelihood of adverse effects . . ."

Harvoni is one of the medications which requires prior authorization before the Medicaid program will pay for it. The Division has adopted clear clinical guidelines which must be met before prior authorization is granted for Harvoni. Mr. W does not have cirrhosis or bridging fibrosis. There is no evidence showing that he has a Child-Pugh score of B or higher. His Hepatitis C is undisputedly not at a stage where it is severe enough to satisfy the clinical guidelines necessary for prior authorization for Harvoni, either under those guidelines which were in effect on January 15, 2015, or the more flexible guidelines adopted on January 16, 2015. While Harvoni may be Mr. W's physician's treatment of choice, given these facts, the Division was correct to deny prior authorization for Harvoni.

⁵ Ex. N.

⁶ Ex. K, p. 1; Ms. Narus's testimony.

⁷ Ex. L; Ms. Narus's testimony.

⁸ Mr. W's testimony.

⁹ 7 AAC 105.130(a)(13); 7 AAC 120.130(a)(1).

IV. Conclusion

The Division's decision to deny Mr. W's prior authorization request for Harvoni is affirmed.

DATED this 20th day of April, 2015.

Signed _____

Lawrence A. Pederson
Administrative Law Judge

Adoption

The undersigned, by delegation from of the Commissioner of Health and Social Services, adopts this Decision, under the authority of AS 44.64.060(e)(1), as the final administrative determination in this matter.

Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with Alaska R. App. P. 602(a)(2) within 30 days after the date of this decision.

DATED this 7th day of May, 2015.

By: *Signed* _____

Name: Lawrence A. Pederson

Title/Agency: Administrative Law Judge/OAH

[This document has been modified to conform to the technical standards for publication.]