

**BEFORE THE ALASKA OFFICE OF ADMINISTRATIVE HEARINGS ON REFERRAL
BY THE COMMISSIONER OF HEALTH AND SOCIAL SERVICES**

In the Matter of)
)
 N M) OAH No. 15-0708-MDX
) Division No.

DECISION

I. Introduction

N M is a Medicaid recipient. Her physician requested that the Medicaid program provide her with a prescription drug known as “Harvoni.” The Division of Health Care Services (Division) denied the request.¹ Ms. M requested a hearing to challenge the denial.²

Ms. M’s hearing took place on July 29, 2015. Ms. M represented herself. Angela Ybarra represented the Division. Erin Narus, a licensed pharmacist employed by the Division, testified on the Division’s behalf.

The evidence shows that Ms. M’s medical condition is not sufficiently severe to qualify for Harvoni, per established Division guidelines. The Division’s decision denying prior authorization is affirmed.

II. Facts³

The following facts were established by a preponderance of the evidence.

Ms. M is 35 years old and is diagnosed with Hepatitis C. Her Metavir Fibrosis score is F0, which indicates that she does not have fibrosis.⁴ Ms. M’s physician prescribed Harvoni to treat Ms. M’s Hepatitis. Harvoni is a drug which requires prior authorization from the Division before Medicaid will pay for it.⁵ On May 27, 2015, Ms. M’s physician requested that the Medicaid program approve coverage (“prior authorization”) for Harvoni for Ms. M.⁶ The Division issued a denial letter on May 28, 2015, stating that Ms. M’s condition was not severe enough to satisfy the criteria for prior authorization of this drug.⁷

¹ Ex. D.
² Ex. C.
³ These facts are based upon Exhibits C – J and the testimonies of Erin Narus and N M.
⁴ Ex. E.
⁵ Ex. F; Ex. J.
⁶ Ex. D, Ex. E.
⁷ Ex. D.

III. Discussion

A number of medications require prior authorization from the Alaska Medicaid program before the program will pay for them.⁸ In determining whether to grant prior authorization for a medication, the Department of Health and Human Services considers factors including “the service’s medical necessity, clinical effectiveness, cost-effectiveness, and likelihood of adverse effects.”⁹

Harvoni is one of the medications that require prior authorization before the Medicaid program will pay for it. The Division has adopted clear clinical guidelines that strive to balance the considerations stated above, and these guidelines must be met before prior authorization is granted.¹⁰ Ms. M’s Metavir Fibrosis score is F0. The Division’s prior authorization standards require a fibrosis score between F2 and F4 before Harvoni may be approved.¹¹ Ms. M’s Hepatitis C is undisputedly not at a stage where it is severe enough to satisfy the clinical requirements for prior authorization for Harvoni under the applicable guidelines. Given these facts, the Division was correct to deny prior authorization for Harvoni.

IV. Conclusion

The Division’s decision to deny Ms. M’s prior authorization request for Harvoni is affirmed.

DATED this 30th day of July, 2015.

Signed

Kathryn A. Swiderski

Administrative Law Judge

Adoption

The undersigned, by delegation from 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 13th day of August, 2015.

By: *Signed*

Name: Kathryn A. Swiderski

Title: Administrative Law Judge

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

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

⁹ 7 AAC 105.130(c).

¹⁰ 7 AAC 105.130.

¹¹ Ex. J, p. 1.