

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

In the Matter of)	OAH Nos. 15-0857-MDX,
)	15-0858-MDX
W N)	Agency Nos.
)	
_____)	

DECISION

I. Introduction

W N is a Medicaid recipient. Ms. N’s 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. Ms. N requested a hearing to challenge the denial. Because the evidence shows that Ms. N’s condition is not sufficiently severe to qualify for Harvoni, per established Division guidelines, the Division’s decision denying prior authorization is affirmed.

II. Facts

The following facts were established by a preponderance of the evidence. Ms. N has been diagnosed with Chronic Hepatitis C, genotype 1a.¹ Ms. N’s physician prescribed Harvoni to treat Ms. N’s Hepatitis C.²

Harvoni is a drug which requires prior authorization from the Division before Medicaid will pay for it.³ The Division’s drug utilization committee establishes guidelines for prior authorization of certain drugs, including Harvoni. In the case of Harvoni, those guidelines require, among other criteria, that a person have a Metavir Fibrosis score of F2-F4 before the Division will authorize payment for Harvoni for treatment of Hepatitis C.⁴

On June 16, 2015, and again on June 19, 2015, Ms. N’s physician submitted to the Division requests for prior authorization for Harvoni for Ms. N.⁵ The Alaska Medicaid Prior Authorization Form for Hepatitis C Directing Acting Antivirals, such as Harvoni, includes in its “instructions to the provider” that the approval criteria include a Metavir Fibrosis score of F2-F4.⁶ In the section of the form that asks the physician to identify the patient’s Metavir Fibrosis Score, Ms. N’s physician checked the box labeled “F1.”⁷

¹ Ex. E, p. 7.
² Ex. E, p. 7.
³ Ex. J; testimony of Erin Narus.
⁴ Ex. J.
⁵ Ex. E, p. 10.
⁶ Ex. E, p. 7.
⁷ Ex. E, p. 8.

The June 16 and June 19, 2015 requests were both denied on the basis that Ms. N’s disease severity, as documented in the medical records attached to the request, did not meet the criteria for Alaska Medicaid approval of Harvoni.⁸ The Division issued two separate Notices of Denial, one for each of the two requests from Ms. N’s physician.⁹ Ms. N, in turn, requested an appeal as to each denial.¹⁰ Because of the interrelatedness of the two appeals, the matters were consolidated.

Ms. N’s hearing was held on August 4, 2015. Angela Ybarra, a Medical Assistance Administrator with the Division, represented the Division. Erin Narus, a licensed pharmacist employed by the Division, testified on the Division’s behalf. Ms. N represented herself, but chose not to testify.

III. Discussion

The Alaska Medicaid program has a number of medications which require prior authorization.¹¹ 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[.]”

The Division has adopted clear clinical guidelines which must be met before prior authorization is granted for Harvoni.¹² Ms. N does not currently meet the criteria in place for prior authorization for Harvoni. On both requests at issue in this appeal, Ms. N’s physician indicated that her Metavir Fibrosis Score was F1, which falls below the criteria established by the drug utilization committee.¹³

At this time, based on the evidence in the record, Ms. N’s Hepatitis C is undisputedly not at a stage where it is severe enough to satisfy the clinical guidelines necessary for prior authorization for Harvoni. Accordingly, while Harvoni may be Ms. N’s physician’s treatment of choice, given these facts, the Division was correct to deny prior authorization for Harvoni.

⁸ Ex. C; Ex. D; Narus testimony.

⁹ Ex. C, p. 2.

¹⁰ Ex. C, p. 1.

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

¹² Ex. J.

¹³ Ex. J; Narus testimony.

V. Conclusion

The Division's decision to deny Ms. N's June 16, 2015 and June 19, 2015 prior authorization requests for Harvoni is affirmed.

DATED this 5th day of August, 2015.

Signed _____
Cheryl Mandala
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 19th day of August, 2015.

By: *Signed* _____
Name: Rebecca L. Pauli
Title: Administrative Law Judge

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