

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

In the Matter of)	
)	
C W)	OAH No. 16-0587-MDX
_____)	Agency No.

DECISION

I. Introduction

C W receives Medicaid benefits. Her physician prescribed VieKira Pak, and requested preauthorization for that medication from the Medicaid program. The Division of Health Care Services denied the request. Ms. W requested a hearing.

The evidence shows that Ms. W is not eligible to receive this medication through the Medicaid program because she has a fibrosis score of F0. The program requires a score of F2 or higher before it will pay for this type of medication. The division's denial is upheld.

II. Facts

Ms. W has a genotype 1a hepatitis C infection. On April 29, 2016, her physician requested prior authorization from the Medicaid program for Ms. W to receive VieKira Pak, a direct acting antiviral medication used to treat hepatitis C.¹ On May 2, 2016, the division notified Ms. W that it had denied the request. The reason given for the denial was that Ms. W's condition was not severe enough to meet program criteria for approval of the drug.²

A telephonic hearing was held on June 16, 2016. Ms. W represented herself. Lay advocate Terri Gagne represented the division. Ms. Rebecca Wall, a pharmacist with the division, testified for the division.

III. Discussion

Under the Medicaid program, the division requires providers to obtain prior authorization before dispensing certain drugs.³ VieKira Pak is one of those drugs.⁴ In deciding whether to grant prior authorization for a drug or service, the division considers medical necessity, clinical effectiveness, cost-effectiveness, and the likelihood of adverse

¹ Division Exhibit E at 4 - 7.

² Division Exhibit D at 1.

³ 7 AAC 120.130.

⁴ Division Exhibit H at 2; Alaska Medicaid Interim Prior Authorization List at 2, accessed June 16, 2016, at <http://dhss.alaska.gov/dhcs/Documents/pharmacy/pdfs/InterimPriorAuthorizationList.pdf>. The interim prior authorization list is authorized under 7 AAC 120.130(a)(2)(B).

effects.⁵ The division's drug utilization review committee has developed a list of criteria for the prior authorization of direct acting antivirals used to treat hepatitis C, including VieKira Pak.⁶ These criteria require that a patient have a diagnosis of hepatitis C and a Metavir fibrosis score of F2 – F4.⁷ Ms. W has been diagnosed with hepatitis C, genotype 1a.⁸ However, test results show that her fibrosis score is F0, meaning that her liver does not yet show evidence of damage caused by the virus.⁹ This Metavir fibrosis score is below the minimum score required for authorization of VieKira Pak under the program. The division's denial was consistent with the division's prior authorization criteria for VieKira Pak.

IV. Conclusion

The division's denial dated May 2, 2016, of the request for prior authorization of the medication VieKira Pak for Ms. W is affirmed.

Dated: June 16, 2016.

Signed
Kathryn L. Kurtz
Administrative Law Judge

Adoption

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

Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with AS 44.62.560 and Alaska R. App. P. 602(a)(2) within 30 days after the date of this decision.

DATED this 8th day of July, 2016.

By: Signed
Signature
Bride A. Seifert
Name
Administrative Law Judge
Title

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

⁵ 7 AAC 105.130. This regulation refers to "services," but 7 AAC 160.990(78) defines "service" for purposes of the Medicaid program to include drugs.

⁶ The committee is established under 7 AAC 120.120.

⁷ Division Exhibit I at 1.

⁸ Exhibit E at 7.

⁹ Division Exhibit E at 7, 14; Testimony of Wall.