

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. B-02/10-98
)
Appeal of)

INTRODUCTION

The petitioner, on behalf of her son, appeals a decision by the Office of Vermont Health Access (OVHA) denying prior authorization for Prevacid under Medicaid. The issue is whether the prescription meets the requirements for prior authorization. The decision is based on the evidence adduced at hearing.

FINDINGS OF FACT

1. The petitioner's son, G.R., is enrolled in the Medicaid program, which includes coverage of most prescription medications. However, certain medications require prior approval from OVHA before payment can be made to a participating pharmacy. In addition, OVHA maintains a list of "preferred drugs" that must be used as a first resort unless medically contraindicated. Prevacid was part of the "preferred drugs" list until recently.

2. G.R. will turn five years old shortly. G.R. suffered an in utero stroke leading to a range of medical and

developmental problems. G.R. suffers from GERD. G.R. has significant oral/motor issues that impinge on his ability to eat and swallow. His oral/motor issues have been documented by M.B., a speech language pathologist who has followed G.R. since September 2007. G.R. cannot swallow pills. He has difficulty with the texture of medications.

According to Dr. R.C., his treating doctor, G.R. needs a medication in capsule form that can be opened and sprinkled into food or a medication in liquid form.

3. Until recently, G.R. used Prevacid; he took a 30mg. dose twice per day. On or about December 14, 2009, Dr. R.C. asked for prior authorization for Prevacid. The prior authorization was denied that day because G.R. did not meet the prior authorization criteria for Prevacid.

4. As part of the prior authorization process, OVHA requests beneficiaries to use a trial prescription of a medication on the "preferred drugs" list. Kapidex capsules are a preferred drug.

5. Petitioner gave G.R. Kapidex capsules as a trial during December 2009. Petitioner believes that Kapidex is harmful for G.R. At hearing, petitioner submitted a letter from one of G.R.'s personal care attendants that she observed G.R. blank out when he took Kapidex. At hearing, petitioner

testified that she observed G.R. blank out when G.R. took Kapidex. Petitioner ascribed what she observed as seizures that she believes were caused by the Kapidex.

6. On or about December 22, 2009, OVHA received another prior authorization request noting that a trial of Kapidex was tried.

7. Dr. M.F. is OVHA's medical director. He conferred with Dr. R.C. to see if there was another drug covered by Medicaid that would meet G.R.'s needs. On or about January 4, 2010, he wrote to petitioner that after consulting with Dr. R.C., OVHA approved omeprazole 20MG capsules in a quantity of sixty for thirty days. He noted that omeprazole can be administered the same way as prevacid. OVHA was seeking a trial period for omeprazole.

8. Petitioner did not try the omeprazole for G.R.

9. Petitioner pursued the internal MCO Grievance and Appeals process. She had an informal conference on February 22, 2010 at which she submitted the latest report by M.B., the note from G.R.'s personal care attendant, and internet research about omeprazole. Dr. M. F. spoke on behalf of OVHA. On or about February 22, 2010, Dr. R.H. upheld the denial of the prior authorization request finding that:

A careful review of the side-effects and adverse reactions reported for both lansoprazole [prevacid] and omeprazole does not review any significant differences. There is every reason to expect that a child who has good health results with lansoprazole will be similarly successful with omeprazole. The two drugs are virtually identical in chemical structure and come in the same easy-to-use capsule form that this child needs. If after a reasonable trial (2-4 weeks) of omeprazole it does not appear to be as effective or if there are significant side effects, reconsideration would be warranted.

OVHA sent out a Notice of Decision on February 22, 2010.

Petitioner appealed to the Human Services Board.

10. Dr. M.F. testified at hearing. He explained that he consulted with G.R.'s doctor, Dr. R.C.. He stated that omeprazole has beads or texture similar to prevacid. He suggested omeprazole because petitioner could administer the medication in the same way as prevacid. He said that Dr. R.C. concurred with his approach.

11. Petitioner testified. G.R. had a good response to prevacid. She has a number of concerns about omeprazole. Petitioner researched omeprazole on the internet and brought materials from www.drugs.com/pro/omeprazole.html. The materials focused on the possible adverse reactions from using omeprazole. Petitioner is concerned that G.R. could experience these adverse reactions.

ORDER

OVHA's decision to deny prior authorization for prevacid is affirmed.

REASONS

Under the Medicaid program, prior authorization is required for certain medications. The purpose of prior authorization is, in part, to control costs. W.A.M. § 7102. In addition, doctors and pharmacies are required to conform to the Generic Drug Bill, 18 V.S.A. Chapter 91. W.A.M. § 7502.

In terms of gastrointestinal medications, OVHA uses protocols to determine prior authorization for certain medications. Prevacid is no longer on the "preferred drugs" list. Before Prevacid can be approved, a Medicaid beneficiary needs to follow through with a trial period on medication found on the "preferred drugs" list.

G.R. presents certain challenges due to his age and the impacts on his oral/motor skills. OVHA took these factors into account when they recommended a trial period for omeprazole, a medication similar to Prevacid.

Petitioner decided not to use the omeprazole. One can understand petitioner's fears. She has been a tireless advocate for G.R. But, there is insufficient medical evidence to support petitioner's position.

Petitioner can still follow through with a trial period of omeprazole. If the medication is ineffective or causes harmful side effects that can be documented by G.R.'s medical providers, petitioner will be in a position to request prior authorization for Prevacid.

Accordingly, OVHA's decision is affirmed. 3 V.S.A. § 3091(d), Fair Hearing No. 1000.4D.

#