

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. B-06/10-290
)
Appeal of)

INTRODUCTION

The petitioner appeals a decision by the Office of Vermont Health Access (OVHA) denying prior authorization for Flarex.¹ The issue is whether the prior authorization denial is supported by the applicable regulations. The decision is based on the evidence adduced at hearing.

FINDINGS OF FACT

1. The petitioner receives health benefits through the Vermont Health Access Plan (VHAP).
2. On or about March 31, 2010, petitioner underwent a diamond burr keratectomy on his left eye to correct corneal erosion. Dr. S.P performed the surgery.
3. Dr. S.P. prescribed Flarex and Nevanac for petitioner to use. Dr. S.P. sought prior authorization for both medications on March 31, 2010.

¹The fair hearing request included the denial of prior authorization for Nevanac. At hearing, petitioner indicated he was not pursuing the prior authorization denial for Nevanac.

4. OVHA denied both prior authorization requests on March 31, 2010 and sent written notice that day to both petitioner and Dr. S.P. In addition, OVHA informed Dr. S.P. by telephone on March 31, 2010 that both prior authorization requests had been denied.

5. OVHA determined that petitioner could use Acular in place of Nevanac. Petitioner used Acular after consulting with Dr. S.P.

6. Flarex is not on the preferred drug list for ophthalmic topical corticosteroids, but can be covered if certain criteria are met. If the applicant has used one of the preferred generic ophthalmic corticosteroids and had a documented allergic reaction, side effect or treatment failure, prior authorization can be granted. The medical documentation on file indicated that petitioner used a corticosteroid in the past with no adverse reactions. Petitioner disputed using a corticosteroid in the past. Without a history of allergic reactions the regulations do not allow for a non approved medication. As a result, OVHA denied the prior authorization request.

7. Petitioner paid for Flarex rather than use Fluorometholone, the medication preferred by OVHA. Petitioner testified that Dr. S.P. told him to use the

Flarex. After two weeks, petitioner was prescribed another corticosteroid by Dr. S.P. whose cost is covered by VHAP. This medication was not an alternative to Flarex. The medication was prescribed for the next phase of treatment. Petitioner is seeking reimbursement.²

ORDER

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

REASONS

Under the VHAP program, prior authorization is required for certain medications. The purpose of prior authorization is, in part, to control costs, and in part to assure that treatment options fall within accepted parameters. W.A.M. § 7102.

OVHA has a list of preferred medications for ophthalmic corticosteroids for which prior authorization is not required. OVHA recognizes there are situations in which medications on the preferred list may not be adequate and has developed criteria for seeking prior authorization.

² Petitioner's left eye injury is work-related and, these particular costs, may be covered through worker's compensation from Quebec. Petitioner is pursuing this option.

In this case, there is no documentation that the criteria for prior authorization for Flarex have been met. Accordingly, OVHA's decision is affirmed. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 1000.4D.

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