



Date Mailed: June 24, 2025

Docket No.: 25-011781

Case No.: [REDACTED]

Petitioner: [REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

[REDACTED]
[REDACTED] MI [REDACTED]

Before this drug is covered, you must: (1) be using for migraine prevention; (2) be at least 18 years old; (3) experience 4 or more migraines per month; (4) try and fail treatment at least one medication in two of the following groups a) blood pressure agents (e.g., propranolol, timolol, or metoprial), b) antidepressants (e.g., amitriptyline, venlafaxine), c) anti-epileptics (e.g., valproate, topiramate); and 5) try and fail treatment with Aimovig, Emgality, and Ajovy for 3 continuous months each. Vyepti will not be covered in combination with any other branded prophylactic agent.¹

4. On July 25, 2024, Respondent received from Petitioner, a request for an appeal. (Exhibit A.)
5. On August 15, 2024, the Respondent sent Petitioner a notice indicating the internal appeal was completed; and the decision was made to uphold the July 12, 2024, denial. (Exhibit A.)
6. On August 28, 2024, the Respondent received from Katie Waite, a prior authorization request for Vyepti. (Exhibit A.)
7. On August 29, 2024, the Respondent sent Petitioner a Notice of Denial, denying Petitioner's request for Vypeti and cited the same reasons as the July 12, 2024, denial. (Exhibit A.)
8. On September 17, 2024, the Respondent received from Katie Waite, a prior authorization request for Vyepti. (Exhibit A.)
9. On September 18, 2024, the Respondent sent Petitioner a notice of denial, denying the prior authorization request for Vyepti and cited the same reasons as the July 12, 2024, and August 29, 2024, denials. (Exhibit A.)
10. On January 31, 2025, the Respondent received from Justin Beuthin a prior authorization request for Vyepti. (Exhibit A.)
11. On January 31, 2025, the Respondent sent Petitioner a notice of denial denying the prior authorization request for Vyepti and cited the same reasons as the July 12, 2024, August 29, 2024, and September 18, 2024, denials. (Exhibit A.)
12. On February 3, 2025, the Respondent received from Justin Beuthin a

¹ Exhibit A, p 52.

prior authorization request for Vyepti. (Exhibit A.)

13. On February 3, 2025, the Respondent sent Petitioner a notice of denial denying the prior authorization request for Vyepti and cited the same reasons as the July 12, 2024, August 29, 2024, September 18, 2024, and January 31, 2025, denials. (Exhibit A.)
14. On February 4, 2025, the Respondent received from Katie Waite, a prior authorization request for Vyepti. (Exhibit A.)
15. On February 6, 2025, the Respondent sent Petitioner a notice of denial denying the prior authorization request for Vyepti and cited the same reasons as the July 12, 2024, August 29, 2024, September 18, 2024, and February 3, 2025 denials. (Exhibit A.)
16. On February 7, 2025, the Respondent received from Katie Waite a prior authorization request for Vyepti. (Exhibit A.)
17. On February 7, 2025, Respondent sent Petitioner a notice of denial denying the prior authorization request for Vyepti and cited the same reasons as the July 12, 2024, August 29, 2024, September 18, 2024, February 3, 2025, and February 6, 2025, denials. (Exhibit A.)
18. On April 3, 2025, the Michigan Office of Administrative Hearings and Rules received from Petitioner, a request for hearing. (Hearing File.)

CONCLUSIONS OF LAW

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

In 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

The Respondent is one of those MHPs and, as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to its contract with the Department:

The Michigan Department of Health and Human Services
(MDHHS) contracts with Medicaid Health Plans (MHPs),

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selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDHHS website. (Refer to the Directory Appendix for website information.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary Eligibility chapters of this manual for additional information.) Although MHPs must provide the full range of covered services listed below, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements. The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.²

Here, Respondent denied the prior authorization requests at issue in this case pursuant to the above policies; and on the basis that, the Petitioner had not provided medical documentation corroborating claims Petitioner had tried and failed alternative options.

In response, Petitioner argued the Respondent should approve the medication because her treating physicians had requested it. Petitioner also argued that she had undergone a prior trial for Aimovig and failed. Petitioner; however, failed to provide any policy that required approval upon a physicians request and also failed to provide any documentation to corroborate her claims that she had failed a trial of Aimovig.

Given the above policies and evidence in this case, Petitioner has failed to meet her burden of proof; and Respondent's decision must, therefore, be affirmed.

DECISION AND ORDER

² MPM, July 1, 2024, Medicaid Health Plan, p 1.

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that Respondent properly denied Petitioner's prior authorization request.

IT IS, THEREFORE, ORDERED that:

Respondent's decision is **AFFIRMED**.



COREY A. ARENDT
ADMINISTRATIVE LAW JUDGE

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APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://irs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to MOAHR-BSD-Support@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

**Via First Class and
Electronic Mail:**

Petitioner

[REDACTED] MI [REDACTED]
[REDACTED]

Via Electronic Mail:

Community Health Representative

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