



Date Mailed: December 22, 2025
Docket No.: 25-041295
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।

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

Date Mailed: December 22, 2025
Docket No.: 25-041295
Case No.: 0095571364
Petitioner: GABRIEL MCKENZIE

ADMINISTRATIVE LAW JUDGE: Error! Unknown document property name.

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Petitioner's request for a hearing.

After due notice, a hearing was held on December 17, 2025. [REDACTED] appeared on behalf of Petitioner. Brent Parshall, Pharmacist, appeared on behalf of the Respondent, Meridian Health Plan (Department).

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Department properly deny Petitioner's request for Aqneursa?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner is a Medicaid beneficiary enrolled with Department. (Exhibit A.)
2. On October 28, 2025, the Department received a prior authorization request for Aqneursa. (Exhibit A.)
3. On October 29, 2025, the Department denied Petitioner's request for failure to meet coverage criteria, specifically due to concurrent use with Miplyffa. (Exhibit A; Testimony.)
4. On November 10, 2025, the Department received a first-level appeal. (Exhibit A.)
5. On November 12, 2025, the Department issued a negative action notice upholding the denial. The appeal was denied for failing to meet coverage criteria due to concurrent use with Miplyffa. (Exhibit A.)

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6. Aqneursa is not listed on the Michigan Pharmaceutical Product List (MPPL) and is not coverable as a pharmacy benefit. (Exhibit A; Testimony.)
 7. The FDA has not approved the concurrent use of Aqneursa and Miplyffa, and there is no clinical literature supporting the concurrent use. (Testimony.)
 8. On November 20, 2025, the Michigan Office of Administrative Hearings and Rules received from the Petitioner, a request for hearing. (Hearing File.)

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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.

On May 30, 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), 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.¹

Pursuant to the above policy and its contract with the Michigan Department of Health and Human Services, the Department has developed prior authorization requirements and utilization and management review criteria. Department policies expressly provide for the medication itraconazole, the maximum quantity limit is 120 capsules (100 mg) per 30 days. The Department policies are exactly the same dosages as found in the Medicaid Health Plan Common Formulary and also fall in line with FDA guidelines.

In this case, the Department denied the Petitioner's request for Aqneursa Packet 1GM based on the following:

- The medication is not listed on the Michigan Pharmaceutical Product List (MPPL) and is therefore not coverable as a pharmacy benefit.
- There is no FDA approval or clinical literature supporting the concurrent use of Aqneursa and Miplyffa.
- The denial was upheld on appeal due to failure to meet Meridian's coverage criteria, specifically regarding concurrent use.

While the Administrative Law Judge acknowledges the challenges inherent in treating rare diseases and the limitations of available clinical trial data, the Petitioner bears the burden of proof to demonstrate that Respondent failed to follow applicable law or policy in issuing its adverse benefit determinations. In this case, the Petitioner did not provide clinical literature, FDA guidance, or other objective evidence establishing that concurrent use of Aqneursa and Miplyffa is medically necessary.

Although there is no evidence in the record indicating that concurrent use of the two medications would cause harm to the Petitioner, there is likewise no evidence demonstrating that such use would be beneficial or medically necessary under Meridian's criteria. The absence of harm is not equivalent to proof of medical necessity. Medicaid coverage decisions must be based on established criteria, not solely on clinical intuition or anecdotal experience.

¹ MPM, Medicaid Health Plans, July 1, 2019, p 1.

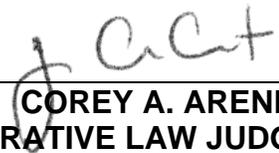
Accordingly, Respondent's denial was consistent with its formulary guidelines, medical necessity standards, and contractual obligations. The Petitioner has not met the burden of proof required to overturn the adverse benefit determinations.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that Respondent properly denied the Petitioner's request for Aqneursa Packet 1GM.

IT IS, THEREFORE, ORDERED that:

The Respondent's decision is **AFFIRMED**.



COREY A. ARENDT
ADMINISTRATIVE LAW JUDGE

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://lrs.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 Electronic Mail:

Department Contact

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Respondent

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Authorized Hearing Representative

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