

ISSUE

Did Respondent properly deny Petitioner's request for the medication Vyepti?

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 who is enrolled in the Respondent MHP. (Exhibit A; Testimony.)
2. In August 2019, Petitioner discontinued Emgality and began Aimovig after experiencing adverse effects, as reflected in early neurology medication records. (Exhibit A.)
3. Between REDACTED 2019 and REDACTED 2020, Petitioner used Aimovig without meaningful improvement in migraine symptoms and with documented adverse effects including palpitations. (Exhibit A.)
4. On February 13, 2020, Petitioner's neurologist documented ongoing severe migraines, lack of improvement with Aimovig, and adjustments to Petitioner's treatment plan. (Exhibit A.)
5. On September 22, 2020, Petitioner was referred for Vyepti infusions. (Exhibit C.)
6. On REDACTED 2020, Petitioner received her first Vyepti infusion at Infusion Associates. (Exhibit C.)
7. From REDACTED 2020 through REDACTED 2023, Petitioner continuously received Vyepti under a series of annual authorizations. (Exhibit C.)
8. On August 22, 2023, Trinity Health neurologist increased Petitioner's Vyepti dose from 100mg to 300mg based on clinical assessment. (Exhibit C.)
9. On REDACTED 2023, REDACTED 2023, REDACTED 2024, and REDACTED 2024, Petitioner received Vyepti infusions. (Exhibit C.)
10. On July 10, 2024, Trinity Health submitted a continuation request for Vyepti documenting Petitioner's successful long-term use since 2020 and failed trials of multiple medications including Aimovig, Emgality, etc., (Exhibit A.)
11. On August 5, 2024, Petitioner's neurologist submitted another Vyepti reauthorization request for the 2024-2025 treatment year, including documentation of Petitioner's Emgality trial from August 2019 to August 2020. (Exhibit A.)

12. August 6, 2024, Respondent communicated to Petitioner that she must try and fail Aimovig, Emgality, and Ajovy for three continuous months each before approving Vyepti. (Exhibit A.)
13. On or around August 13, 2024, Respondent issued an internal appeal decision upholding a denial on the grounds Petitioner did not try Aimovig, Emgality, and Ajovy for three months each. (Exhibit B.)
14. On or around September 13, 2024, Respondent denied a request by Petitioner for Vyepti and asserted Petitioner had not completed trials of Emgality or Ajovy despite Petitioner's provider notes showing Petitioner had in fact tried Emgality and Aimovig and experienced adverse reactions. (Exhibit A.)
15. On or around February 5, 2024, neurologist Dr. Katie Waite, wrote a letter stating Petitioner had tried and failed Aimovig and Emgality, and had experienced hives and palpitations from both, and that requiring Petitioner to try Ajovy would be unethical and medically unsafe. (Exhibit A.)
16. On April 3, 2025, Dr. Waite issued a second letter reaffirming Petitioner's severe reactions to Emgality and Aimovig and reiterating that it would be unethical to require an Ajovy trial. (Exhibit A.)
17. On April 7, 2025, Petitioner's Provider provided additional documentation for reconsideration, including prior authorization materials noting Petitioner's contraindications to CGRP injections. (Exhibit A.)
18. On REDACTED 2025, Petitioner received a Vyepti infusion through a patient assistance program following Respondents' denial of coverage for Vyepti. (Exhibit C.)
19. On August 14, 2025, documentation indicated Petitioner had been migraine-free since receiving Vyepti whereas she previously experienced more than 15 migraines per month when Vyepti was denied. (Exhibit A.)
20. On or around September 16, 2025, Respondent issued another denial for Vyepti due to Petitioner not having tried and failed Ajovy. (Exhibit D.)
21. On or around December 5, 2025, Petitioner submitted written appeals to Respondent requesting approval for Vyepti. (Exhibit D.)
22. On or around December 18, 2025, Respondent issued a decision denying Petitioner's request for Vyepti based on Petitioner not having tried Ajovy. (Exhibit B.)
23. Following receipt of the December 18, 2025, denial, Petitioner timely requested a hearing. (Hearing File.)
24. Multiple neurologists refused to prescribe Ajovy due to safety concerns associated with prior reactions and cardiovascular conditions. (Testimony.)

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), 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

The issue in this matter is whether Respondent's denial of Petitioner's request for Vyepti was supported by the evidence contained in the record and consistent with the applicable standards governing prior authorization for migraine-preventive treatment. Respondent presented a single reason for its denial: that Petitioner did not complete a documented trial and failure of Ajovy for three continuous months. Respondent did not assert any additional basis for the denial during the hearing. The analysis, therefore, focuses on whether that stated basis is supported by the evidence and is proper under the circumstances presented.

The uncontested evidence demonstrates that Petitioner has a long history of chronic migraines, and that she has continuously attempted numerous migraine-preventive therapies over several years. The record shows that she previously trialed both Aimovig and Emgality and experienced significant adverse reactions characterized by hives, palpitations, and other cardiovascular symptoms. Treating neurologists repeatedly documented these reactions, concluded these medications were medically ineffective and unsafe for her, and expressly advised that Ajovy should not be prescribed because it is sufficiently similar to the medications that already caused documented severe reactions. Respondent did not present any medical evidence contradicting the treating neurologists' assessments, nor did it present testimony or documentation showing that an Ajovy trial would be medically safe or appropriate for Petitioner.

The record further reflects that Petitioner had been successfully treated with Vyepti for several years, achieving meaningful migraine reduction and demonstrating a consistent positive response without infusion complications. The evidence demonstrates that Vyepti had been authorized as a continuation therapy over multiple years and that the sudden shift to treating her request as "initial therapy" was not based on changes in her medical condition or treatment history. Instead, the evidence shows this shift occurred due to administrative or procedural positions taken by Respondent rather than any medically driven reassessment of her needs.

Respondent's insistence on an Ajovy trial does not account for the documented safety concerns raised by multiple neurologists, including the repeated medical determination that an Ajovy trial would be unsafe. Respondent did not present evidence showing Petitioner's physicians were mistaken, nor did it show that the adverse reactions to Aimovig and Emgality do not have medical relevance to an assessment of Ajovy risks. Under these circumstances, Respondent's reliance on the requirement of an Ajovy trial is

¹ MPM, January 1, 2026, Medicaid Health Plan, p 1.

contradicted by unrefuted clinical evidence establishing that such a requirement would expose Petitioner to a foreseeable and documented medical risk.

Additionally, Petitioner's treating neurologists described Vyepi as medically necessary to prevent a return to high-frequency migraine episodes and the associated health impacts Petitioner experienced when the treatment was interrupted. This evidence was credible, consistent, and unchallenged. The Respondent's testimony at hearing did not address whether continuation of Vyepi otherwise met medical necessity criteria, choosing instead to rely exclusively on the Ajovy-trial requirement. Given the documentary record, the Respondent's stated justification lacks sufficient evidentiary support.

When an agency denies medically necessary treatment, its decision must be supported by substantial evidence in the record. Here, Respondent has not presented substantial evidence that an Ajovy trial is medically appropriate or safe for Petitioner. Respondent provided no evidence supporting the conclusion that Petitioner's treating specialists were incorrect in their assessments, nor any evidence that the potential risks associated with Ajovy were rebutted or outweighed by other clinical considerations. In contrast, Petitioner presented multiple physician statements, infusion records, medication histories, and testimony all establishing that an Ajovy trial would likely replicate the severe adverse reactions she had already experienced and would be contrary to her treating providers' medical judgment.

Based on the evidence, Petitioner met the burden of showing that the denial was not medically justified; and that the Respondent's reliance on the Ajovy-trial requirement was improper when applied to the facts of her case. The record supports the conclusion that Vyepi qualifies as continuation therapy, that Petitioner has demonstrated clinical effectiveness with its use, and that an Ajovy trial is medically contraindicated. Because the Respondent's stated reason for denial is unsupported by the evidence, and no alternative valid basis was presented, the denial cannot be upheld.

DECISION AND ORDER

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

IT IS, THEREFORE, ORDERED that:

Respondent's decision is **REVERSED**.

Respondent is ordered to initiate the reprocessing of Petitioner's request for Vyepi.