

STATE OF MICHIGAN
DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
Before the Director of Insurance and Financial Services

In the matter of:

██████████
Petitioner

v

File No. 151102-001

Blue Cross Blue Shield of Michigan
Respondent

Issued and entered
this 5th day of January 2016
by **Randall S. Gregg**
Special Deputy Director

ORDER

I. PROCEDURAL BACKGROUND

On December 1, 2015, ██████████, authorized representative of ██████████ (Petitioner), filed a request with the Director of Insurance and Financial Services for an external review under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* On December 8, 2015, after a preliminary review of the information submitted, the Director accepted the request.

The Petitioner receives health care benefits through a group plan that is underwritten by Blue Cross Blue Shield of Michigan (BCBSM). The benefits are defined in BCBSM's *MESSA Account-Based Choices (ABC) Plan 1* certificate of coverage.

Because the case involved medical issues it was assigned to an independent review organization which submitted its analysis and recommendation to the Director on December 22, 2015.

II. FACTUAL BACKGROUND

The Petitioner has inflammatory bowel disease and was treated with the drug Humira (adalimumab). His physician ordered the Anser ADA diagnostic test to monitor the Petitioner's response to Humira. The test was performed on February 13, 2015 by Prometheus Laboratories, Inc., a Los Angeles, California laboratory that developed the test. The charge was \$2,500.00.

BCBSM denied coverage, ruling that the test was experimental or investigational for the Petitioner's condition and therefore not a covered benefit. The Petitioner appealed the denial through BCBSM's internal grievance process. At the conclusion of that process, November 12,

2015, BCBSM issued a final adverse determination affirming its denial. The Petitioner now seeks the Director's review of that determination.

III. ISSUE

Was the Anser ADA test experimental or investigational in the treatment of the Petitioner's condition?

IV. ANALYSIS

BCBSM's Argument

In its final adverse determination, BCBSM stated that a doctor, board-certified in internal medicine, reviewed the Petitioner's appeal and wrote:

For the management of the member's ulcerative colitis the Anser ADA test was done to measure Adalimumab concentrations and antibodies. According to the current [BCBSM] medical policy "Measurement of Serum Antibodies to Infliximab and Adalimumab" the measurement of antibodies to either infliximab or adalimumab in a patient receiving treatment with either infliximab or adalimumab, whether alone or as a combination test which includes the measurement of serum infliximab or adalimumab is considered experimental/investigational. The use of these tests has not been clinically proven to improve patient clinical outcomes or alter patient management.

Petitioner's Argument

In the external review request, the Petitioner's authorized representative wrote:

Anti-TNF agents, such as Humira (adalimumab), have demonstrated efficacy for induction and maintenance of remission in patients with moderate to severe CD [*Crohn's disease*] or UC [*ulcerative colitis*] or both but the response is not universal. More than one third of patients do not respond to induction therapy (primary nonresponse) and even among initial responders, the response wanes over time. [The Petitioner's doctor] has been treating [him] with adalimumab for his IBD [inflammatory bowel disease]. He had begun to exhibit symptoms / or loss of response that may be attributed to subtherapeutic levels of Adalimumab (ADA) and/or the presence of antibodies to Adalimumab (ATA).

* * *

[T]here is a growing consensus that measuring ADA drug levels as well as ATA's is important in the management and treatment of patients to identify those who:

- Have clinical symptoms that may not correlate with active IBD 7'8
- Have antibodies to antibodies to adalimumab 2'7
- Exhibits therapeutic levels of adalimumab, but their inflammation is not TNF-driven

Based on [the Petitioner's] symptoms, the clinician's medical findings and assessment as well as the evidence presented above we are asking that you

overturn the denial of this service as Experimental/Investigational and provide coverage at an in-network benefit level. This patient should not be penalized for obtaining a test which his physician believed could play a critical role in assessing and managing his response to Humira.

Director's Review

The *MESSA Account-Based Choices (ABC) Plan 1* certificate of coverage, on page 45, states that no coverage is available for experimental treatment, defined in the certificate (page 59) as treatment: "that has not been scientifically demonstrated to be as safe and effective for treatment of the patient's condition as conventional treatment."

The question of whether the Anser ADA test was experimental or investigational for the Petitioner's condition was presented to an independent review organization (IRO) for analysis as required by section 11(6) of the Patient's Right to Independent Review Act, MCL 550.1911(6).

The IRO reviewer is a physician in active practice who is certified by the American Board of Internal Medicine with a subspecialty in gastroenterology. The reviewer is a clinical assistant professor at a university based medical college and is published in peer-reviewed medical literature and is in active clinical practice. The IRO reviewer's report included the following analysis and recommendation:

There continues to be insufficient evidence in the peer-review published medical literature to clearly determine the role of the measurement of antibodies to adalimumab, whether performed separately or combined with testing blood levels. There is insufficient evidence to demonstrate the use of these tests results in improved health outcomes compared to usual clinical management.

* * *

Antibodies to infliximab (ATI) or to adalimumab (ATA) are present in a substantial number of patients treated with infliximab or adalimumab, respectively, and there may be a correlation between the level of these antibodies and clinical response. However, the clinical utility of measuring anti-drug antibody concentrations has not been established as it is not known how patient management would change based on test results. Limited evidence describes changes in management after measurement of ATA, but does not compare these management changes to those made in the absence of ATA measurement. Technical factors related to different assay methods are unresolved, and ATI or ATA threshold values that are informative for discriminating treatment response have not been definitively established. As such, the service under review is experimental/investigational at this time.

* * *

The use of the Prometheus Anser ADA test is not medically necessary for the treatment of this enrollee's condition. The management of inflammatory bowel disease with biologic therapy is directed by the clinical response of the enrollee to the medication. If the therapy is proving less than beneficial, the dose can be increased. If the benefit is not seen then the therapy is discontinued, regardless of whether there is presence of an antibody. Furthermore, if there is the presence of

an antibody but the enrollee is tolerating the therapy and benefiting from the therapy, there is no indication to discontinue the treatment based solely on a laboratory result such as the Anser ADA diagnostic test.

As such, the balance of the scientific literature does not demonstrate that the expected benefits of the Anser ADA diagnostic test is more likely to be beneficial to this enrollee than the available approach for the management of inflammatory bowel disease with biologic therapy. Therefore, based on the documentation submitted for review, the current standards of care in the field, and the peer-reviewed medical literature, the Anser ADA diagnostic test was experimental/investigational for treatment of the enrollee's condition.

The Director is not required to accept the IRO's recommendation. *Ross v Blue Care Network of Michigan*, 480 Mich 153 (2008). However, the recommendation is afforded deference by the Director. In a decision to uphold or reverse an adverse determination, the Director must cite "the principal reason or reasons why the [Director] did not follow the assigned independent review organization's recommendation." MCL 550.1911(16)(b). The IRO's analysis is based on extensive experience, expertise, and professional judgment. In addition, the IRO's recommendation is not contrary to any provision of the Petitioner's certificate of coverage. MCL 550.1911(15).

The Director, discerning no reason why the IRO's recommendation should be rejected in this case, finds that the Anser ADA test is experimental/investigational for the treatment of the Petitioner's condition and is therefore not a benefit under the terms of the *MESSA Account-Based Choices (ABC) Plan 1* certificate of coverage.

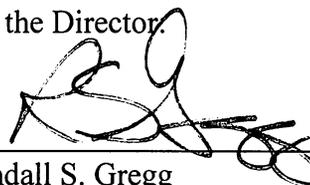
V. ORDER

The Director upholds BCBSM's final adverse determination of November 12, 2015.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this order may seek judicial review no later than 60 days from the date of this order in the circuit court for the Michigan county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of General Counsel, Post Office Box 30220, Lansing, MI 48909-7720.

Patrick M. McPharlin
Director

For the Director.



Randall S. Gregg
Special Deputy Director