

**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. 150807-001-SF**

**Northern Michigan University, Plan Sponsor**  
**and**  
**Blue Cross Blue Shield of Michigan, Plan Administrator**  
**Respondents**

---

**Issued and entered**  
**this 15<sup>th</sup> day of December 2015**  
**by Randall S. Gregg**  
**Special Deputy Director**

**ORDER**

**I. PROCEDURAL BACKGROUND**

On November 9, 2015, ██████████ (Petitioner) filed a request for external review with the Department of Insurance and Financial Services. The request for review concerns a denial of prescription drug coverage issued by Blue Cross Blue Shield of Michigan (BCBSM), the administrator of the Petitioner's health benefit plan which is sponsored by Northern Michigan University. The Petitioner's prescription drug benefits are defined in BCBSM's *Preferred Rx Program Certificate ASC*.

The request for external review was filed under Public Act No. 495 of 2006 (Act 495), MCL 550.1951 *et seq.* Act 495 requires the Director to provide external reviews to a person covered by a self-funded health plan that is established or maintained by a state or local unit of government. The Director's review is performed "as though that person were a covered person under the Patient's Right to Independent Review Act." (MCL 550.1952) The Petitioner's benefit plan is such a governmental self-funded plan.

On November 17, 2015, after a preliminary review of the information submitted, the Director accepted the Petitioner's request. The Director notified BCBSM of the appeal and asked it to provide the information used to make its final adverse determination. BCBSM furnished its response on November 24, 2015.

The issue in this external review can be decided by a contractual analysis. The Director reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

## II. FACTUAL BACKGROUND

The Petitioner has history of depression. On May 29, 2014, following a hospital admission at the [REDACTED], she was prescribed thirty capsules of 20 mg Fetzima. On June 9, 2015, her psychiatrist increased the dosage to 80 mg and requested authorization for sixty 40 mg capsules. The new prescription was submitted to BCBSM for coverage approval. BCBSM denied the request.

On June 13, 2014, the Petitioner purchased a 5-day supply of 40 mg capsules at the cost of \$76.61 and requested reimbursement from BCBSM. BCBSM denied the request. The Petitioner appealed the denial through BCBSM's internal grievance process. At the conclusion of that process BCBSM issued a final adverse determination dated October 9, 2015, upholding its decision. The Petitioner now seeks a review of that final adverse determination from the Director.

## III. ISSUE

Did BCBSM correctly deny prescription drug coverage for Petitioner's June 13, 2015 Fetzima prescription?

## IV. ANALYSIS

### Petitioner's Argument

In her request for external review, the Petitioner wrote:

I am asking to be reimbursed for \$76.61. My doctor prescribed this medication and dosage and I purchased it. I had just been released from the hospital at [REDACTED] and I believed that I needed this medication to stay alive. It was my third inpatient hospitalization. I was following my doctors recommended treatment plan. The [REDACTED] doctors and my local doctor were all in agreement for me to increase my dosage.

### Respondent's Argument

In its final adverse determination, a BCBSM representative explained why coverage for the June 13, 2014 prescription was denied:

[T]he purchase of prescription drug Fetzima on June 13, 2014 exceeds the allowed quantity limit for this prescription drug.

You are covered under the *Preferred RX Program Certificate ASC (Certificate)*. According to Page 11 of the *Certificate*:

We will not pay for the following:

More than the quantities and doses allowed per prescription of select drugs by BCBSM, unless the prescribing physician obtains prior authorization from BCBSM. A list of drugs that may have quantity and/or dose limits is available at the BCBSM website at [bcbsm.com](http://bcbsm.com).

On July 4, 2014 BCBSM approved a quantity limit totaling 60 capsules of Fetzima per 24 days. Between May 29, 2014 and June 22, 2014 we approved payment for the purchase of 60 capsules of Fetzima. As a result, because the quantity limit for the purchase of Fetzima was exhausted for that time period, the claim for the purchase on June 13, 2014 was denied appropriately and the cost of the drug, \$76.61, remains your responsibility.

### Director's Review

Fetzima is a prescription drug used to treat major depressive disorder. It is distributed by Forest Pharmaceuticals, Inc. Forest Pharmaceuticals' medication guide for Fetzima includes these instructions for dosage and administration:

The recommended dose range for Fetzima is 40 mg to 120 mg once daily with or without food. Fetzima should be initiated at 20 mg once daily for 2 days and then increased to 40 mg once daily. Based on efficacy and tolerability, Fetzima may then be increased in increments of 40 mg at intervals of 2 or more days. The maximum recommended dose is 120 mg once daily.

BCBSM, in its formulary, limits its coverage for Fetzima to one capsule per day in any strength. This limitation, and similar restrictions for other prescription drugs, are found in BCBSM's Quantity Limit Program, which is posted on BCBSM's web site.

On May 29, 2014, BCBSM approved coverage for sixty capsules of Fetzima. Because the Petitioner's dosage was later increased to 80 mg, the May 29 prescription was not a sufficient supply. Her physician requested an additional quantity on June 9, 2014. BCBSM denied the request.

While BCBSM's quantity limitation may not be sufficient to cover the Petitioner's prescribed doses, BCBSM is not required to provide coverage beyond the limits stated in its Quantity Limit Program. The Director finds that BCBSM's denial of coverage for the June 13, 2014 Fetzima prescription is consistent with the Petitioner's BCBSM prescription drug coverage.

**V. ORDER**

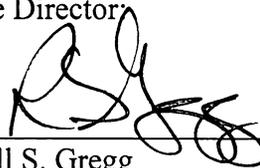
The Director upholds BCBSM's October 9, 2015 final adverse determination. BCBSM is not required to provide coverage for the Petitioner's June 13, 2014 Fetzima prescription

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:

A handwritten signature in black ink, appearing to read 'R. S. Gregg', is written over a horizontal line.

Randall S. Gregg

Special Deputy Director