

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3725

██████████, 2019  
Signature confirmation

Client # ██████████  
Request # ██████████

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2019, the Department of Social Services (the “Department”) issued ██████████ (“the Appellant”) a Notice of Action denying prior authorization of Sildenafil 50 MB tablets.

On ██████████ 2019, the Appellant requested an administrative hearing to contest the Department’s decision.

On ██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████, Appellant  
Jason Gott, Department’s Pharmacy Consultant  
Scott Zuckerman, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether the Department's decision to deny the Appellant's medical provider's request for prior authorization of Sildenafil 50 MG tablets was correct.

## **FINDINGS OF FACT**

1. The Appellant has a diagnosis of erectile dysfunction due to microvascular effects of diabetes. (Hearing Summary and Exhibit 1: Drug Prior Authorization request form)
2. On [REDACTED], 2019, the Department received a prior authorization request form from the Appellant's physician requesting approval of Sildenafil 50 mg to be taken once daily. (Hearing Summary Ex. 1: Request form)
3. On [REDACTED] [REDACTED], 2019, the Department denied prior authorization of Sildenafil 50 mg tablets because the diagnosis of erectile dysfunction is not a valid diagnosis to be covered by Medicaid. (Department's testimony, Exhibit 2: Pharmacy Prior Authorization Denial Notice, [REDACTED]/19)
4. On [REDACTED] 2019, the Department contacted the Appellant's prescriber. The prescriber was informed that Sildenafil was not covered for the diagnosis of Erectile Dysfunction but may be covered with an acceptable diagnosis. (Hearing Summary)
5. Sildenafil 50 mg tablets are approved for Medicaid payment for the following diagnosis: pulmonary hypertension, Raynaud's syndrome, idiopathic pulmonary fibrosis, hereditary lymphedema and effects of high altitude. (Departments Testimony, Hearing Summary, Exhibit 7: Acceptable diagnosis codes)
6. The Appellant is not diagnosed with pulmonary hypertension, Raynaud's syndrome, idiopathic pulmonary fibrosis, hereditary lymphedema or effects of high altitude. (Appellant's testimony)

## **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of Social Services to administer the Medicaid program.
2. State Statute provides:

For the purposes of the administration of the medical assistance programs by the Department, “medically necessary” and “medical necessity” mean those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual’s medical condition, including mental illness, or its effects , in order to attain or maintain the individual’s achievable health and independent functioning provided such services are: (1) consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual’s illness, injury or disease; (3) not primarily for the convenience of the individual, the individual’s health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual’s illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.

Conn. Gen. Stat. § 17b-259b (a)

3. U.S. Code provides:

The following drugs or classes of drugs, or their medical uses, may be excluded from coverage or otherwise restricted: Agents when used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition, other than a sexual or erectile dysfunction, for which the agents have been approved by the Food and Drug Administration.

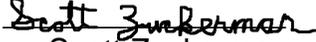
42 U.S. Code § 1396r- 8 (d)(2)(H)

4. The Department was correct when it denied prior authorization of Sildenafil 50 mg tablets for the Appellant because it is not clinically appropriate in terms of type, frequency and considered effective to treat the Appellant’s condition of diabetes. U.S.code excludes the use of Sildenafil to cover a diagnosis of erectile dysfunction. There was no evidence presented from the Appellant or

his physician of a medical condition which would warrant the approval of prior authorization of this medication.

**DECISION**

The Appellant's appeal is **DENIED.**

  
Scott Zuckerman  
Hearing Officer

Pc: Herman Kranc, Manager, Pharmacy Unit, DSS, C.O.  
Jason Gott, Pharmacy Consultant, DSS, CO

### **RIGHT TO REQUEST RECONSIDERATION**

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105.

### **RIGHT TO APPEAL**

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.