Steve Sisolak
Governor

Richard Whitley, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

Helping people. It's who we are and what we do.

Suzanne Bierman, JD MPH
Administrator

April 5, 2022

Inter-Tribal Council of Nevada
Serrell Smokey, ITCN President
Tribal Chairman of Washoe Tribe
919 Highway 395 South
Gardnerville, Nevada 89410

Dear Tribal Members:

In accordance with established consultation guidelines, the Division of Health Care Financing and Policy (DHCFP) is notifying Nevada tribes of the following proposed change in policy:

The DHCFP is proposing revisions to Medicaid Services Manual (MSM) Chapter 1200 – Prescribed Drugs, to reflect recommendations approved at the January 27, 2022, Drug Utilization Review (DUR) Board meeting. The proposed changes include new prior authorization for Qulipta® (atogepant) for diagnosis of episodic migraines as well as revision within the Anti-Migraine Medications section to improve readability; revisions to the current prior authorization criteria for Trikafta® (elexacaftor-tezacaftor-ivacaft) within the Cystic Fibrosis Agents to conform with new FDA-approved age indication; addition of new prior authorization criteria for Opzelura® (ruxolitinib) within the Topical Immunomodulator section as well as revisions to the current prior authorization criteria for Eucrisa® (crisaborole) to conform with new FDA-approved age indication; the creation of a new Human Immunodeficiency Virus (HIV) section which includes new prior authorization criteria for Cabenuva® (cabotegravir; rilpivirine) and Vocabria® (cabotegravir); new prior authorization criteria for Zeposia® (ozanimod) for Ulcerative Colitis; revisions to the current Dupixent® (dupilumab) prior authorization criteria to conform with new FDA-approved age as well as revision to the current prior authorization criteria for Fasenra® (benralizumab) to align with the Dupixent® and Nucala® (mepolizumab) criteria; revisions to the current prior authorization for Qutenza® (capsaicin) to conform with new FDA-approved age indication of neuropathic pain associated with diabetic peripheral neuropathy (DPN) of the feet; addition of new prior authorization criteria for Amondys 45® (casimersen) within the Duchenne Muscular Dystrophy (DMD) agents section; and lastly revision to the Topical Androgens section to improve readability.

There is no anticipated fiscal impact to Tribal Governments.

If you would like a consultation regarding this proposed change in policy, please contact Monica Schiffer at (775) 684-3653 who will schedule a meeting. We would appreciate a reply within 30 days from the date of this letter. If we do not hear from you within this time, we will consider this an indication that no consultation is requested.

Sincerely,

Casey Angres
Casey Angres (Apr 6, 2022 11:24 PDT)

Casey Angres
Manager of Division Compliance, DHCFP

cc: Antonina Capurro, DMD, Deputy Administrator, DHCFP
Sandie Ruybalid, CPM, Deputy Administrator, DHCFP
Antonio Gudino-Vargas, SSPS III, Pharmacy Services, DHCFP
Kindra Berntson, SSPS II, Pharmacy Services, DHCFP
Monica Schiffer, SSPS III, Medical Programs Unit, DHCFP