Joe Lombardo
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.

Stacie Weeks, JD
MPH
Administrator

April 6, 2023

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 proposed changes include addition of new Physician Administered Drugs (PAD)-specific prior authorization criteria for Libtayo® (cemiplimab-rwlc), Ocrevus® (ocrelizumab), Opdivo® (nivolumab) and Tecentriq® (atezolizumab) within the Anti-PD-1 Monoclonal Antibodies Section; addition of new PAD-specific prior authorization criteria for Eylea® (aflibercept), Lucentis®; Byooviz™; Cimerli™(ranibizumab), and Susvimo® (ranibizumab) within the Anti-Angiogenic Opthalmic Agent Section; addition of new PAD-specific prior authorization criteria for SCIG (immune globulin): Hizentra®, Gammagard Liquid®, Gamunex®-C, Gammaked®, HyQvia®, Cuvitru®, Cutaquig®, and Xembify® within the Immunoglobulins Section; addition of new PAD-specific prior authorization criteria for Pemetrexed within the Antimetabolites Section; addition of new PAD-specific prior authorization criteria for Perjeta® (pertuzumab), Herceptin ®, Ogivri®, Kanjinti™, Trazimera™,Herzuma™, Ontruzant® (Trastuzumab), and Herceptin Hylecta™ (trastuzumab and hyaluronidase-oysk) within the HER2 Inhibitor Section; addition of new PAD-specific prior authorization criteria for Rituxan®, Truxima®, Ruxience™, Riabni™ (Rituximab) and Rituxan Hycela® (rituximab and hyaluronidase human) within the CD20 Monoclonal Antibodies Section; addition of new PAD-specific prior authorization criteria for Soliris® (eculizumab), Ultomiris® (ravulizumab-cwyz) within the Selective Immunosuppressants Section; and addition of new PAD-specific prior authorization criteria for Yervoy® (ipilimumab) within the Anti-CLTA-4 Monoclonal Antibodies Section.

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 7, 2023 09:31 PDT)

Casey Angres
Division Compliance Chief, DHCFP

cc: Malinda Southard, D.C., CPM, Deputy Administrator, DHCFP
Sandie Ruybalid, CPM, Deputy Administrator, DHCFP
Antonio Gudino-Vargas SSPS III, DHCFP
Kindra Berntson, SSPS II, DHCFP
Monica Schiffer, SSPS III, Medical Programs Unit, DHCFP