

## Nevada Medicaid – DUR Board – July 26, 2018

### **Nevada Medicaid Managed Care Organizations**

Anthem – Jeannine Murray

Health Plan of Nevada – Ryan Bitton

Silver Summit Health Plan – Tom Beranek

### **The Ask:**

As directed by the DUR Board at the April 26, 2018 meeting, the MCOs met to review the proposal of consolidating the Hepatitis C prior authorization criteria documents.

### **MCO Discussion:**

1. Prior authorization criteria is based on evidence-based guidelines and the FDA label. In Hepatitis C, the referenced guidelines are from AASLD-IDSA. In addition, each MCO has their own Pharmacy & Therapeutics Committee that creates, maintains, and operationalizes clinical policies. Each organization's documentation aligns with each MCO's different processes and prior authorization systems.
2. Each MCO is part of a larger organization. That very infrastructure that enables us to provide the level of service to NV Medicaid members also makes our criteria difficult to merge with the criteria of another MCO.
3. No complaints have been received from practicing providers.
4. The DUR Board already oversees the criteria and each MCO is responsible to ensure they are not more restrictive than the Board- approved criteria. In the case of Hepatitis C, criteria is already consistent and aligned with FFS (ie. no fibrosis score staging, no specialist requirement, no drug testing requirement, etc)

### **MCO Recommendation on Request for Consolidated Prior Authorization Documents**

After multiple meetings to discuss the proposal, all NV Medicaid MCO's recommend not moving forward with consolidated prior authorization criteria documents.