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Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the Medicaid Services Manual (MSM)

**Public Hearing April 25, 2023
Summary**

Date and Time of Meeting: April 25, 2023, at 10:12 AM

Name of Organization: State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

Place of Meeting: DHCFP
1100 E. William Street
First Floor Conference Room
Carson City, Nevada 89701

Teleconference and/or Microsoft Teams Attendees

(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

Karen A. Griffin, Senior Deputy Attorney General	Dustin McNeff
Malinda Southard, Deputy Administrator, DHCFP	Ellen Flowers, DHCFP
Amy Hale, JANUS	Erin Lynch, DHCFP
Antonio Gudino-Vargas, DHCFP	Gladys Cook, DHCFP
Ashleigh Papez	Hana Fahmi
Brooke Gruger, Liberty Dental	Holly Long
Candice Wilson, Gainwell Technologies (GWT)	Janell Reyes, DHCFP
Casey Angres, DHCFP	JC Flowers, Nevada Rural Health Center (NVRHC)
Catherine Vairo, DHCFP	Jeffrey Styer
Charyce Bedford	Jennifer Wheeler
Christy Nguyen, Fidelis Rx	Jessica Vannucci, DHCFP
Cyndi L. Smith, Division of Public and Behavioral Health (DPBH)	Josh Porter, DHCFP
David Dilworth, GWT	Julie Peterson, DHCFP
David Olsen, DHCFP	Kaelyne Day, DHCFP
De	Karen White
Deborah Jordan, DHCFP	Kimberly Adams, DHCFP
Dena Brennan	Kindra Berntson, DHCFP
Desiree Seghieri	Kirsten Coulombe, DHCFP
	Kristine Noblett-Lopez

Kurt Karst, DHCFP
Kyril Plaskon, DHCFP Public Information Officer
Laurie Curfman, DHCFP
Lisa Pulver, JANUS
Loretta Cook, DHCFP
Mackenzie Lopez, GWT
Marcia Tinberg, DHCFP
Mark Du, DHCFP
Mark Rosenberg, Fidelis Rx
Marta Jensen,
Mary Lou Fisher
Melody Hall-Ramirez, DHCFP
Michelle Soule, Division of Welfare and Supportive Services
(DWSS)
Michelyn Y. Domingo, Anthem
Minerva Perez, DHCFP

Nicole J. Myers, Silver Summit
Rossana Dagdagan, DHCFP
Sandra Stone, Division of Child and Family Services (DCFS)
Sarah Dearborn, DHCFP
Sarah Moses, DHCFP
Seth Wray
Shawna Derousse
Sheila Heflin-Conour, DHCFP
Sophia Heinz
Stephanie Sadabseng, DHCFP
Torie Jones
Travis Walker
Cherie Noor
Wendy Montgomery, DHCFP
Yvonne Vestal, DHCFP

Introduction:

Casey Angres, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Malinda Southard, Deputy Administrator, DHCFP, and Karen Griffin, Senior Deputy Attorney General.

Casey Angres – The notice for this public hearing was published on March 23, 2023, in accordance with Nevada Statute 422.2369.

- 1. **Public Comments:** There were none.
- 2. **Discussion and Proposed Adoption and Changes to MSM**

Subject: MSM Chapter 100 – Medicaid Program; and Addendum

Erin Lynch, Social Services Chief III of the Medicaid Programs Unit, DHCFP, presented the adoption for the proposed changes to MSM Chapter 100 – Medicaid Programs in its entirety and the Addendum. The Addendum includes proposed updates to the definition for convicted, emergency medical condition, fiscal agent, medical director, and quality improvement organization (QIO-like) vendor.

Several subject matter experts from different units within DHCFP presented the changes being proposed within their supervision. Those presenters include Erin Lynch, Catherine Vairo, Kurt Karst, Kyril Plaskon, Kirsten Coulombe, Kimberly Adams, and Janell Reyes.

Erin Lynch presented the proposed changes in Section 100 – Introduction. New language was added to the MSM and there are additional chapters in the Addendum. Each MSM Chapter and Addendum can be found on the DHCFP website.

Catherine Vairo, Chief of the Provider Enrollment Unit, DHCFP, proposed changes to Section 100 – Introduction, including a new bullet, D. DHCFP added a new subsection to address the different types of National Provider Identifier (NPI) numbers for individuals and groups and appropriate business structures based on the NPI type.

Erin Lynch proposed changes to Section 101.1 – Authority. The names of authorities in this section have been updated and DHCFP added in any missing authorities.

Kurt Karst, Management Analyst in the Surveillance Utilization Review (SUR) Unit, DHCFP, presented the proposed changes to Section 100.2(A)(1)(b) – Confidential Information. DHCFP has added new language to the requirements of de-identified data for elements of dates.

Kyril Plaskon, Public Information Officer, DHCFP, presented the proposed changes to Section 101.2 – Nevada Medicaid and Nevada Checkup (NCU) Card. Getting a replacement card can be a barrier, so it is important for clients to know that a digital Medicaid card is also available through the NV Medicaid app. All eligible Nevada Medicaid recipients are eligible to download and log into the app to receive information about their healthcare and eligibility. They can view their health history, search for providers, and get important messages from Medicaid. For additional information, please see “NV Medicaid App” in Section 108 – References. On that referenced web page is a flyer that providers can post publicly so Medicaid members are aware and can download the app while they are waiting for services. DHCFP encourages one to download it, print it, and distribute it by publicly posting through social media, email, and other channels.

Catherine Vairo presented the proposed changes on Section 101.2A(2) – Eligibility Verification and Card Use. A note was added regarding prior verification of an individual’s identity and the potential for recoument for services rendered to an individual who is not eligible due to misidentification.

Catherine Vairo presented the proposed changes in Section 102 Provider Enrollment – Conditions of Participation. In this section, DHCFP has renamed the section, removed the opening paragraph, and included the former paragraph into Section 102, Bullets A through I. DHCFP added new language to Section 102 and all Subsections to further reflect provider enrollment requirements associated with disclosures, responsibility, delegation of authority, NPI numbers, screening, provider responsibility to maintain contact information in the provider web portal, and for cause terminations. Additionally, clarification is added to Change of Ownership (CHOW) and business structure, and the requirement of providers enrolled with Medicare to notify the Centers for Medicare/Medicaid Services (CMS) when a change in ownership occurs. When applicants submit information which is found to be false, untrue, or misleading, information has been added for process clarification, as well as language which further clarifies provider standard requirements for the duration of enrollment.

Catherine Vairo presented two friendly amendments to Section 102 A through I. The first can be found in Section 102(A)(11) to remove Bullet 11 from these changes. The second friendly amendment is in Section 102(E)(1) to replace the language at Bullet 1 with the following: “Failure to disclose a judgement of conviction entered by a Federal, State, or local court. The definition of conviction of purposes of Nevada Medicaid is defined in 42CFR Section 1001.2 and should be disclosed regardless of whether there is a post trial motion or an appeal pending, or the judgement has been expunged, sealed, or otherwise removed, or the charges were dismissed or set aside as a result of participation and completion of a first offender adjudication or other program.”

Catherine Vairo presented the proposed changes in Section 102.1 – Request for Enrollment, Re-Enrollment and Revalidation – Conditions of Participation (2). DHCFP updated the name of this section and added new language to further clarify enrollment requirements for initial, re-enrollment, and revalidation.

Catherine Vairo presented the proposed changes on updating the name of Section 102.2 to All Provider and Applicants – Conditions of Participation (3).

Catherine Vairo presented the proposed changes in Section 102.2(A)(3). DHCFP has added three additional High-Risk providers as defined by CMS.

Catherine Vairo presented the proposed changes in Section 102.2(B) DHCFP added Subsection B to describe the responsibility of applicants to provide accurate information and the consequences for failing to do so.

Catherine Vairo presented the proposed changes in Section 102.2(D) DHCFP added Subsection D to describe the responsibility of providers to provide accurate information for enrollment and continued enrollment.

Catherine Vairo presented the proposed changes in Section 102.2(E) 1-4. DHCFP added a friendly amendment to replace the existing language to the following: “Failure to disclose a judgement of conviction entered by a Federal, State, or local court. The definition of conviction for purposes of Nevada Medicaid is to find in 42 CFR Section 1001.2 and should be disclosed regardless of whether there is a post-trial motion or an appeal pending, or the judgement has been expunged, sealed, or otherwise removed or the changes were dismissed or set aside as a result of participation and completion of a first offender, deferred adjudication or other program.”

Catherine Vairo presented the proposed changes in Section 102.2(F). DHCFP added Subsection F to list examples of crimes and/or offenses for convictions which deem an applicant or provider is eligible for enrollment or continued enrollment and added Bullet #10 to the list in Subsection F to include a person who holds or previously held five percent or more direct or indirect control or ownership who was convicted.

Catherine Vairo presented the proposed changes in Section 102.2(G). DHCFP added Subsection G to list examples of events and/or circumstances in which an applicant or provider is not eligible for new or ongoing participation. Clarification was added to the existing Bullets on overpayments, exclusions, revocation, and suspension. New Bullets #6 – 14 regarding non-cooperation with a DHCFP request, license or credential restriction, payment suspension, or willful disregard of policy, returned mail, false information, non-enrolled individuals rendering services, entity or individual who held ownership or an interest in an entity convicted under Medicare, Medicaid, CHIP, or Title XX, or any other state or federally funded assistance program. Bullet #15 requirements were updated to disclose convictions for evaluations.

Catherine Vairo presented the proposed changes in Section 102.2(I). Subsection I was added for when the Fiscal Agent shall not enroll a group provider which is not structured according to licensure, and the responsibility of applicants and provider to understand the requirements of their business model and certifications and license necessary to conduct business.

Catherine Vairo presented the proposed changes to Section 102.2(K). Subsection K was added regarding enrollment of Out-of-State/Out-of-Catchment providers and added clarification on full enrollment versus temporary/cross-over enrollment.

Catherine Vairo presented the proposed changes to Section 102.2(L). Subsection L was added to require providers to report to DHCFP circumstances which may necessitate additional oversight from the Division such as balances owed, and/or negative action taken against a license required for continued enrollment.

Kurt Karst presented the changes to Section 102.2(O). New language on failure to timely submit or failure to retain adequate documentation for services billed to Nevada Medicaid and resulting consequences was added. A friendly amendment on this section was added to replace the previous language to, "Providers are required to retain adequate documentation for services billed to the Division and upon request must submit the documentation in the timely manner. Failure to do so may result in recoupment recovery or payments for services not adequately documented, and may result in the suspension, termination, and/or sanction of the provider as defined from participation with Nevada Medicaid."

Catherine Vairo presented the change of renaming Section 102.3 to Enhanced Provider Screening – Conditions of Participation (4).

Catherine Vairo presented changes to Section 102.3(B). In this section, new language was added on risk level adjustment on payment suspension and re-payment plan default to clarify how this adjustment extends to those with five percent or greater direct or indirect interest and other entities.

Catherine Vairo presented the renaming of Section 102.4 to Provisional Enrollment – Conditions of Participation (5).

Catherine Vairo presented the renaming of Section 102.5 to Out-of-State Provider Participation – Conditions of Participation (6). New language was also added to indicate Out-of-State enrollments may be temporary, full enrollment, or enrollment for Medicare cross-over claims only, and all enrollments are at the discretion of DHCFP.

Catherine Vairo presented the renaming of Section 102.6 to Urgent/Emergent Services Outside the State of Nevada – Conditions of Participation (7) as well as new language added regarding payments to urgent/emergent providers.

Catherine Vairo presented the renaming of Section 102.7 to Facility Disclosure – Conditions of Participation (8).

Catherine Vairo presented the renaming of Section 102.8 to Provider Disclosure – Conditions of Participation (9).

Catherine Vairo presented the proposed changes to Section 102.8(A)(9). Bullet #9 was added to the list in Subsection A indicating any change in contact information must be reported within five business days.

Catherine Vairo presented the renaming of Section 102.9 to Disposition of Contacts for Providers – Conditions of Participation (10).

Catherine Vairo presented the renaming of Section 102.10 to Certification Statement – Conditions of Participation (11).

Catherine Vairo presented the proposed changes to Section 102.10(A). New language was added throughout Subsection A regarding certification statement, delegation of authority, disclosure of board member(s), requirement, and claim submissions.

Kurt Karst presented the proposed changes to Section 102.12 – Contract Denial. New language was added throughout the section, including clarifying language on DHCFP’s obligation, falsified information, provider’s documented history of “Waste” or “Abuse,” and failure to permit a site visit.

Catherine Vairo presented the renaming of Section 102.13 to Voluntary Termination as well as the addition of clarifying language regarding the term “voluntary termination” and the imposition of a sanction when a provider is under investigation.

Erin Lynch presented the addition of Section 102.14 – Ordering, Prescribing, or Referring (OPR) Providers, and defined OPR providers within this Section.

Catherine Vairo presented the addition of Section 102.15 – Enrollment with Managed Care Organizations (MCO) Providers. This section outlines the requirements for any provider who wishes to enroll and maintain enrollment with MCOs, Prepaid Inpatient Health Plans (PIHP), Prepaid Ambulatory Health Plans (PAHP), and Dental Benefits Administrator (DBA).

Catherine Vairo presented the proposed changes to Section 103(E) – Provider Rules and Requirements. Subsection E was added to indicate terminated providers have the obligation to refer recipients to other providers for ongoing services and/or care.

Kyril Plaskon presented the revisions to Section 103.9. The section has been amended to comply with Americans with Disabilities Act of 1990 and Nevada law to prohibit discrimination based on mental or physical disability, religious beliefs, veteran status, pregnancy, genetic testing, gender expression, and gender identity.

Kyril Plaskon presented the proposed changes to Section 103.9(D). This Section has been amended to comply with NRS 232.0081 and the monitoring, tracking, evaluation, and reporting of services to limited English proficiency persons. The section has been amended so that vital documents are provided in the recipients preferred language. A list of vital documents and definitions must be maintained, including production of vital documents in “Safe Harbor”. The definition of “Safe Harbor Languages” and vital documents can be found in the references.

Kyril Plaskon presented the proposed change to both Sections 103.9(G) and (H) indicating that all providers must maintain a list of community-registered sign language interpreters and services may be provided in-house at no cost to the recipient. DHCFP may request this information at no cost to DHCFP. DHCFP will request this information on these items later this year.

Kirsten Coulombe, Chief for Long Term Services and Supports (LTSS), DHCFP presented the proposed changes to Section 103.10 – Advance Directive. New language was added throughout this Section and Subsections regarding statutory requirements of Advance Directives per NRS 449A Care and Rights of Patients. Outdated language was taken out.

Kirsten Coulombe presented the addition of Section 103.11 – Supported Decision-Making. DHCFP added this Section as a result of NRS changes per NRS 162C, Supported Decision Making Act. This Section outlines

what the Decision-Making Act does so providers are aware when working with an individual that may fall under the criteria.

Kurt Karst presented the proposed changes to Section 103.13 – Medical Record Documentation. DHCFP added a new section enumerating the specific requirements for medical record documentation applying to all Provider Types (PTs).

Janell Reyes, Management Analyst III with the Recoupment and Recovery Team, DHCFP, presented the proposed changes on Section 104 – Third Party Liability (TPL) – Other Health Care Coverage. DHCFP added new language regarding adoption/surrogacy agreements/contracts to the introduction paragraph.

Janell Reyes presented the proposed changes to Section 104(J). Subsection J was added to reflect adoption/surrogacy agreements/contracts changes to TPL.

Janell Reyes presented the proposed changes to Section 104.1(G) – Payment Limits and Exceptions. Subsection G was added to reflect new language for encounter providers and TPL.

Janell Reyes presented the proposed change to Section 104.1(H) to add new language regarding payments or denial letters from Other Health Care Coverage, and old language was removed.

Janell Reyes presented the proposed changes to Section 104.1(I) to add new language regarding services that are not covered under Other Health Care Coverage, and old language was removed.

Janell Reyes presented the proposed changes Section 104.1(J) to add new language regarding delays in payment from Other Health Care Coverage.

Janell Reyes presented the proposed changes in Section 104.1(L). Subsection L was added regarding the Individualized Education Program.

Erin Lynch presented the proposed changes to Section 105.1(F) – Medicaid Payment to Providers. New language was added within this Section to reflect that all claims submitted for payment must use the appropriate Current Procedural Terminology (CPT), Healthcare Common Procedural Coding System, (HCPCS), and International Classification of Diseases (ICD) codes and adhere to national coding standards. Providers must also comply with Nevada Medicaid Billing Manual and Billing Guides. Outdated was also removed from this Section.

Erin Lynch presented the proposed changes to Section 105.1(I) to add new language regarding “incident to” billing to further explain how this is not allowed.

Erin Lynch presented the proposed changes to Section 105.1(N) to add new language to reflect that not all improper billings can be detected at the time of payment and all payments are subject to post payment review.

Kimberly Adams, Manager of the Rate Analysis and Development Unit, DHCFP presented the proposed changes to Section 105.1(O) – Letters of Agreement (LOA) Information. The language in this Section is being added to mirror some of the information within MSM 700, and to capture standardized language of what DHCFP includes in their LOA. The first paragraph gives context on when LOA are issued (limited to out-of-state services where care cannot be secured at the standard payment amounts listed within the

State Plan). The following paragraphs explain the procedure for requesting an LOA: must be enrolled with Nevada Medicaid, follow all other requirements in the MSM/claim submission requirements, provider's responsibility to request an extension if care is expected to continue after the expiration date of the agreement, LOAs are effective based on the date the request is received; only will backdate LOAs in the event the service occurred over a weekend or was an emergent service., LOA process does not override PA or TPL requirements defined elsewhere in MSM 100, and explains agreements are not considered final until approved by administration and contains the contact information for where requests can be sent.

Janell Reyes presented the proposed changes on Section 105.2B– Billing Time Frames (Stale Dates) to add new language regarding billing time frames and TPL.

Erin Lynch presented the proposed changes on Section 105.3(A) – Billing Medicaid Recipients. Subsection A was added to reflect references and clarify that Medicaid payment is payment in full; providers may not attempt to collect additional money from recipients; providers cannot bill recipients for covered services or remaining balances, and all covered services must be billed to Nevada Medicaid.

Erin Lynch presented the proposed change on Section 105.3(C) to add new language regarding signed written agreements for services that are not covered by Nevada Medicaid.

Catherine Vairo presented the proposed changes to Section 106 – Contract Terminations to add new language that providers who terminate from Nevada Medicaid must assist in care coordination for the recipients they serve.

Kurt Karst presented the proposed changes to Section 106.2(A) – Condition of Contract Termination, to add new language to Subsection A regarding immediate termination which includes license restrictions, revocation by CMS, any licensing Board or termination/sanction by any State’s Medicaid program, inactive license, and new Bullets #16 – 20 to include ownership/interest in a sanctioned individual an/or entity, failure to fully cooperate with any DHCFP investigation, audit, review, existing overpayment with no repayment agreement or default on agreement, ownership/interest in a group or entity convicted of any offense in a DHHS program, and CMS or another State has terminated the individual, owner, and/or group “for cause.”

Catherine Vairo presented the proposed changes on Section 106.2(B) to add new language to Subsection B regarding advance notice of termination in instances of investigation under the rules and governance of license and/or returned mail.

Catherine Vairo presented the proposed changes to Section 106.3 – Sanction Periods, to remove existing sanction language and replaced it with more concise language, regarding the extension of termination and sanction actions beyond the initial group or individual termination/sanction action.

Catherine Vairo presented the proposed changes to Section 106.3(A)(4)(g) to add new clarifying language regarding conviction and the subsequent permanent sanction as follows: abuse, neglect, exploitation, isolation, or abandonment of older/vulnerable persons under NRS 200.5091 – 200.5099.

Kurt Karst presented the proposed changes to Section 106.3(B)(2) to add new language in Subsection B to include a sanction when a provider has failed to produce reports as requested.

Catherine Vairo presented the proposed change to remove Bullet h from Section 106.3(B)(3)(h).

Catherine Vairo presented the proposed changes in Section 106.3(C). Bullets #8 – 10 were added to Subsection C to include additional Tier 3, Three Year Sanctions.

Catherine Vairo presented the proposed changes in Section 106.3(D)(4)(b) to add Bullet B to Subsection D, #4 to include additional Tier 4, 12-Month Sanction with a change to the status of any license required for participation with Nevada Medicaid.

Catherine Vairo presented the proposed changes in Section 106.3(E)(2) to add Bullet 2 to Subsection E to include additional Immediate Re-Application requirements and language which indicates that Nevada Medicaid is not obligated to enroll, re-enroll, or re-validate providers.

Kurt Karst presented the proposed changes to Section 106.6(A) #4 – 5 – Suspension to include additional requirements to when a provider may be suspended from Nevada Medicaid.

Erin Lynch presented the proposed changes to Section 108 – References to add new language on where to find current References online. DHCFP also removed the list of contact information of References as they easily become outdated.

Erin Lynch presented the proposed changes to Section 110 – Nevada Medicaid Provider Types to add new language on where to find current PTs online and removed the previous list of PTs as they easily become outdated.

Within the Addendum, Catherine Vairo presented the proposed changes to Section C – Convicted, to add a new definition and introduce a friendly amendment to replace the previous language to the following, “A judgement of conviction is entered by a Federal, State, or local court. The definition of conviction for purposes of Nevada Medicaid is to find in 42 CFR Section 1001.2 and should be disclosed regardless of whether there is a post-trial motion or an appeal pending, or the judgement has been expunged, sealed, or otherwise removed or the changes were dismissed or set aside as a result of participation and completion of a first offender, deferred adjudication, or other program.”

In the Addendum, Erin Lynch presented the proposed to Section E – Emergency Medical Condition, to add, “This is a higher degree of need than one implied by the words “medically necessary” and requires a physician’s determination that it exists” to the end of the definition.

Erin Lynch presented the proposed change to Section F – Fiscal Agent, to add “Fee-for-Service” (FFS) into the processing of FFS Claims for payment and took out Bullet #3.

Erin Lynch presented the proposed changes to Section M – Medical Director in the Addendum to update the definition to, “A Medical Director is a licensed provider who is allowed to be a Medical Director based upon their specific industry’s scope of practice, which is defined by NRS, Nevada Administrative Code (NAC), licensing board, or any other regulatory body.

Erin Lynch presented the proposed change to Section Q – QIO-Like Vendor, to add on the following sentence to the definition, “Throughout the MSM, the term QIO-Like Vendor is utilized. This term refers to either the FFS or MCO vendor that manages the coverage for the Nevada Medicaid recipient.”

All providers enrolled into Nevada Medicaid will be affected.

There are no financial impacts on local governments known.

The effective date of these changes is April 26, 2023.

At the conclusion of Erin Lynch's et al. presentation, Casey Angres asked Malinda Southard and Karen Griffin if they had any questions or comments, they had none.

Public Comments: There were none.

Malinda Southard approved the changes, pending spelling and grammar checks.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM Chapter 100 – Medicaid Programs and the Addendum.

3. Discussion and Proposed Adoption and Changes to MSM

Subject: MSM Chapter 1200 – Prescribed Drugs

Kindra Berntson, Social Services Specialists for Pharmacy Services, DHCFP, presented the proposed revisions to MSM 1200 – Prescribed Drugs based on recommendations approved at the January 19, 2023, Drug Utilization Review (DUR) Board Meeting and to create a section specific to Physician Administered Drugs (PAD).

The proposed changes include: addition of new clinical criteria for Nucala® (mepilzumab) and the addition of new clinical criteria for Dupixent® (dupilumab) within the Respiratory and Allergy Biologics section, addition of new clinical criteria for Ocrevus® (ocrelizumab) within Multiple Sclerosis (MS) Agents, addition of new prior authorization (PA) criteria for penicillamine and revised the title to create new Antirheumatics section, addition of new clinical criteria for Rayaldee® (calcifediol) and revised the title to create new section for Vitamins, addition of new clinical criteria for Relyvrio® (sodium phenylbutyrate/taurusodiol) within the Amyotrophic Lateral Sclerosis section, addition of new PAD-related clinical criteria for Prolia® (denosumab) within the Osteoporosis Agents section, added new PAD-specific PA criteria for Abraxane® (paclitaxel protein-bound particles) within the new Taxane Chemotherapy section, added new PAD-specific PA criteria for Bavencio® (avelumab) and Imfinzi® (durvalumab) within the new Anti-PD-1 Monoclonal Antibodies section, added new PAD-specific PA criteria for Beovu® (brolucizam-dbl) within the new Ophthalmic-Macular Degeneration section, added new PAD-specific PA criteria for Avastin®, Myasi®, Zirabev™, Alymsys®, Vegzelma™ (Bevacizumab) within the new ANP-Human Vascular Endothelial Growth Fractor Inhib Rec-MC Antibody section, added new PAD-specific PA criteria for Darzalex® (daratumumab) within the new Antineoplastic section, added new PAD-specific PA criteria for Darzalex Easpro® (daratumumab and hyalouronidase-fihj) within the new Antineoplastic-CD38 Specific Recombinant Monoclonal Antibody Agent section, added new PAD-specific PA criteria for Elaprase®(idursulfase) within the new Lysosomal Enzymes section, added new PAD-specific PA criteria for Eylea® (aflibercept) within the new Anti-angiogenic Ophthalmic Agents section, added new PAD-specific PA criteria for Immune Globulins within the new Immune Globulins section, added new PAD-specific PA criteria for Jemperli® (dostarlimab-gxly) and Keytruda® (pembrolizumab) within the Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1), added new PAD-specific PA criteria for Kadcyra® (adotrastuzumab emtansine) within the Antineoplastic-Antibody Drug Conjugates (ADCs) section, added new PAD-specific PA criteria for Aranesp® (darbepoetin alfa) within the Recombinant

Human Erythropoietins section, and added new PAD-specific PA criteria for Pegfilgrastim/Colony Stimulating Factors within the Colony Stimulating Factors section.

Providers who prescribe, dispense, or administer this drug may be affected by this change, including but not limited to the PTs listed on the agenda.

There are no financial impacts on local government known.

The effective date of these changes is May 1, 2023.

At the conclusion of Kindra Berntson's presentation, Casey Angres asked Malinda Southard and Karen Griffin if they had any questions or comments, they had none.

Public Comments: There were none.

Malinda Southard approved the changes, pending spelling and grammar checks.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM Chapter 1200 – Prescribed Drugs.

4. Adjournment

There were no further comments and Casey Angres closed the Public Hearing at 11:04 AM.

****An Audio (CD) version of this meeting is available through the DHCFP Compliance office. For more detailed information on any of the handouts, submittals, testimony and or comments please contact Jenifer Graham at documentcontrol@dhcp.nv.gov with any questions.***