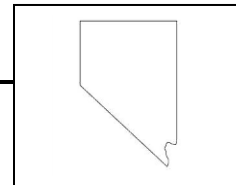


Hepatitis C: State of Medicaid Access Report Card

Nevada

Estimated Number of Individuals Living with Hepatitis C: 36,500¹



Grade	Summary
<p style="font-size: 2em; font-weight: bold; color: #8B4513;">A-</p>	<p>Liver Damage (Fibrosis) Restrictions: Fee-For-Service (FFS) and Primary Care Case Management (PCCM) do not have liver damage requirements. One Managed Care Organization (MCO), Amerigroup, complies with Nevada Division of Health Care Financing and Policy’s mandate to follow FFS criteria and does not have liver damage requirements. Two MCOs, Health Plan of Nevada and SilverSummit Healthplan, do not provide hepatitis C coverage criteria publicly.</p> <p>Sobriety Restrictions: FFS/PCCM do not impose sobriety restrictions. One MCO, Amerigroup, complies with Nevada Division of Health Care Financing and Policy’s mandate to follow FFS criteria and does not impose sobriety restrictions. Two MCOs, Health Plan of Nevada and SilverSummit Healthplan, do not provide hepatitis C coverage criteria publicly.</p> <p>Prescriber Restrictions: FFS/PCCM do not impose prescribing requirements. One MCO, Amerigroup, complies with Nevada Division of Health Care Financing and Policy’s mandate to follow FFS criteria and does not impose prescribing restrictions. Two MCOs, Health Plan of Nevada and SilverSummit Healthplan, do not provide hepatitis C coverage criteria publicly.</p> <p>Recommendations to Improve Patient Access:</p> <ul style="list-style-type: none"> • Maintain open access to hepatitis C medications and mandated coverage parity across the FFS and MCO programs. • Require all MCOs to make their hepatitis C coverage criteria publicly available. <p><i>Grade Rationale: FFS/PCCM have continuously provided open access to hepatitis C medications. Additionally, the Nevada Division of Health Care Financing and Policy mandates that MCOs cannot impose more stringent coverage requirements than the FFS program. Because two MCOs do not provide their coverage criteria publicly, a “minus” has been added to the state’s “A” grade.</i></p>

Background

As of June 2017, Nevada had 631,132 individuals enrolled in Medicaid and Children’s Health Insurance Program.² Nevada operates Fee-For-Service (FFS) and Primary Care Case Management (PCCM). It also contracts with Managed Care Organizations (MCOs).³ Most beneficiaries, 77 percent, are enrolled in the MCO program, 16 percent participate in FFS and almost 7 percent in the PCCM.⁴ The Nevada Division of Health Care Financing and Policy (DHCFP) contracts with three MCOs: Amerigroup Community Care (Amerigroup), Health Plan of Nevada, and SilverSummit Healthplan.⁵ On March 1, 2016, the Nevada Division of Health Care Financing and Policy mandated that all MCOs comply with FFS criteria for hepatitis C Direct-Acting Antivirals (DAAs).⁶ MCO criteria cannot be more stringent than the FFS coverage requirements but MCOs can maintain their own Preferred Drug Lists (PDL).⁷

State of Medicaid Hepatitis C Treatment Access

Nevada Medicaid FFS/PCCM has relatively open access to hepatitis C medications, although treatment still requires prior authorization (PA).⁸ FFS requires a diagnosis of chronic hepatitis C and does not impose liver damage, sobriety or prescribing restrictions.⁹ Nevada FFS/PCCM utilizes commonly accepted treatment guidelines for PA determinations.¹⁰ Preferred DAA regimens include Epclusa, Harvoni, Sovaldi and Zepatier.¹¹ Non-preferred DAAs include Daklinza, Olysio, Technivie and Viekira Pak.¹² FFS/PCCM imposes quantity and dispensing limits on DAAs; the first fill is 14 days’ supply, thereafter dispensing depends on the regimen.¹³ For subsequent fills, Daklinza, Harvoni, Olysio, Sovaldi are dispensed in 28 tablets or capsules per rolling 25 days for Technivie (2 boxes of tablets every 28 days) and Viekira PAK (one pack every 28 days).¹⁴

One of three MCOs, Amerigroup, imposes the same coverage criteria as the FFS program. Amerigroup requires PA, a diagnosis of chronic hepatitis C and a patient to be 18 years old to access treatment.¹⁵ Amerigroup imposes quantity and durations limits that reflect FFS.¹⁶ Amerigroup’s preferred regimens are Epclusa (Genotype 4), Sovaldi, and Zepatier (Genotypes 1 and 4) and non-preferred: Daklinza, Harvoni, Olysio, Technivie, Viekira PAK, Viekira XR.¹⁷

Health Plan of Nevada's hepatitis C PA criteria are not publicly available.¹⁸ Health Plan of Nevada's PDL states that hepatitis C medications require PA.¹⁹ The following DAA regimens are preferred: Epclusa (Genotypes 2, 3, 5 and 6), Sovaldi (Genotype 2) and Zepatier (Genotypes 1 and 4).²⁰

Silver Summit's hepatitis C prior authorization criteria are not publicly available.²¹ SilverSummit Healthplan's PDL states that hepatitis C medications require PA and limited to one daily dose.²² Epclusa and Zepatier are established as the preferred regimens.²³

Liver Damage (Fibrosis) Restrictions

Nevada FFS/PCCM requires a diagnosis of chronic hepatitis C with no liver damage requirements and follows commonly accepted treatment guidelines for PA determinations.²⁴

Amerigroup complies with mandated FFS criteria and requires a diagnosis for chronic hepatitis C with no liver damage requirements.²⁵

Health Plan of Nevada and SilverSummit Healthplan do not provide hepatitis C coverage criteria publicly.

Sobriety Restrictions

Nevada FFS/PCCM does not impose sobriety requirements.²⁶

Amerigroup complies with mandated FFS criteria and does not impose sobriety requirements.²⁷

Health Plan of Nevada and SilverSummit Healthplan do not provide hepatitis C coverage criteria publicly.

Prescriber Restrictions

Nevada FFS/PCCM does not impose prescribing requirements.²⁸

Amerigroup complies with mandated FFS criteria and does not impose prescribing requirements.²⁹

Health Plan of Nevada and SilverSummit Healthplan do not provide hepatitis C coverage criteria publicly.

Points of Contact for Questions & Concerns about Nevada's State of Medicaid Hepatitis C Access

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¹ Nevada State Profile, HepVu (Accessed August 2017): <https://hepvu.org/state/nevada/>

² Medicaid and CHIP in Nevada, By-State, Medicaid.gov (Accessed August 2017): <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=nevada>

³ Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Market Tracker, Henry J. Kaiser Family Foundation, July 1, 2016 (Accessed August 2017): <http://www.kff.org/medicaid/state-indicator/share-of-medicaid-population-covered-under-different-delivery-systems/?currentTimeframe=0&sortModel=%7B%22colId%22%22Location%22%22sort%22%22asc%22%7D>

⁴ Ibid. Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Market Tracker, Henry J. Kaiser Family Foundation, July 1, 2016

⁵ Nevada Department of Health and Human Services, Division of Health Care Financing and Policy, Managed Care (Accessed September 2017): <http://dhcfnv.gov/Members/BLU/MCOMain/>

⁶ Direct Acting Antivirals (DAAs) for Hepatitis C, Amerigroup, 8/3/2017 (Accessed August 2017): https://providers.amerigroup.com/ProviderDocuments/NVNV_CAID_HepCPolicy.pdf

⁷ Ibid. Direct Acting Antivirals (DAAs) for Hepatitis C, Amerigroup, 8/3/2017

⁸ Notice of Public Meeting on March 23, 2017, Pharmacy and Therapeutics Committee, Division of Health Care Financing and Policy, Department of Health and Human Services (Accessed August 2017): https://www.medicaid.nv.gov/Downloads/provider/E-Binder_PT_March_2017.pdf

⁹ Pharmacy Forms, Nevada Department of Health and Human Services (Accessed August 2017): <https://www.medicaid.nv.gov/providers/rx/rxforms.aspx>; See also: Appendix A: Coverage and Limitations, Medicaid Services Manual, Division of Health Care Financing and Policy, July 26, 2017 (Accessed August 2017):

http://dhcfnv.gov/uploadedFiles/dhcfpnhv/content/Resources/AdminSupport/Manuals/MSM/C1200/MSM_1200_17_08_01.pdf; See also: Notice of Public Meeting on March 23, 2017, Pharmacy and Therapeutics Committee, Division of Health Care Financing and Policy, Department of Health and Human Services

¹⁰ Viekira PAK Notification, Pharmacy Announcement, July 21, 2015 (Accessed August 2017): https://www.medicaid.nv.gov/Downloads/provider/Pharmacy_Announcement_Viekira_2015-0721.pdf; See also: Direct Acting Hepatitis C Antivirals and Combinations, Therapeutic Class Overview, University of Massachusetts Medical School/Catamaran, Completed: 6/10/2016 (Accessed August 2017):

https://www.medicaid.nv.gov/Downloads/provider/Hepatitis_C_Antivirals_and_Combinations_Direct_Acting_2016-0613.pdf; See also: Notice of Public Meeting—Drug Use Review Board, December 18, 2015 for Meeting on January 28, 2016 (Accessed August 2017): https://www.medicaid.nv.gov/Downloads/provider/Binder_DUR_2016_01.pdf

¹¹ Ibid. Notice of Public Meeting on March 23, 2017, Pharmacy and Therapeutics Committee, Division of Health Care Financing and Policy, Department of Health and Human Services

¹² Ibid. Notice of Public Meeting on March 23, 2017, Pharmacy and Therapeutics Committee, Division of Health Care Financing and Policy, Department of Health and Human Services

¹³ NV Billing Guidelines, Appendix D – Quantity Limits, Effective: June 14, 2017 (Accessed August 2017): https://www.medicaid.nv.gov/Downloads/provider/NV_BillingGuidelines_PT28_D.pdf

¹⁴ Ibid. NV Billing Guidelines, Appendix D – Quantity Limits, Effective: June 14, 2017

¹⁵ Ibid. Direct Acting Antivirals (DAAs) for Hepatitis C, Amerigroup, 8/3/2017

¹⁶ Ibid. Direct Acting Antivirals (DAAs) for Hepatitis C, Amerigroup, 8/3/2017

¹⁷ Preferred Drug List, Amerigroup Real Solutions, 8/1/2017 Applies to Medicaid Market Nevada (Accessed August 2017): https://providers.amerigroup.com/AGP%20Documents/NVNV_CAID_PDL.pdf; See also: Direct Acting Antivirals (DAAs) for Hepatitis C, Amerigroup, 8/3/2017

¹⁸ Information, Your Service, Health Plan of Nevada (Accessed August 2017): <https://www.hpnmedicaidnvcheckup.com/Provider/Provider-Memos-Letters-and-Forms>

¹⁹ Preferred Drug List, Health Plan of Nevada, Effective: 7/01/2017 (Accessed August 2017): <file:///C:/Users/dratz/Downloads/Medicaid%20Provider%20PDL%20070117.pdf>; See also: Prior Authorization, I Need Help With, I am a Provider, Health Plan of Nevada (Accessed August 2017): <https://www.hpnmedicaidnvcheckup.com/Provider/Prior-Authorizations>

²⁰ Ibid. Preferred Drug List, Health Plan of Nevada, Effective: 7/01/2017

²¹ Pharmacy, Silver Health Plan (Accessed August 2017): <https://www.silversummithealthplan.com/providers/pharmacy.html>

²² Preferred Drug List, SilverSummit Healthplan/ Evolve Pharmacy Solutions (Accessed August 2017): https://www.silversummithealthplan.com/content/dam/centene/Nevada/Medicaid/PDFs/NV_SilverSummit-PDL.pdf

²³ Ibid. Preferred Drug List, SilverSummit Healthplan/ Evolve Pharmacy Solutions

²⁴ Viekira PAK Notification, Pharmacy Announcement, July 21, 2015; See also: Direct Acting Hepatitis C Antivirals and Combinations, Therapeutic Class Overview, University of Massachusetts Medical School/Catamaran, Completed: 6/10/2016; See also: Notice of Public Meeting—Drug Use Review Board, December 18, 2015 for Meeting on January 28, 2016; See also: Pharmacy Forms, Nevada Department of Health and Human Services; See also: Hepatitis C Protease Inhibitors, Prior Authorization Request, Nevada Medicaid-OptumRX; See also: Appendix A: Coverage and Limitations, Medicaid Services Manual, Division of Health Care Financing and Policy, July 26, 2017 ; See also: Notice of Public Meeting on March 23, 2017, Pharmacy and Therapeutics Committee, Division of Health Care Financing and Policy, Department of Health and Human Services

²⁵ Ibid. Direct Acting Antivirals (DAAs) for Hepatitis C, Amerigroup, 8/3/2017

²⁶ Ibid. Pharmacy Forms, Nevada Department of Health and Human Services; See also: Hepatitis C Protease Inhibitors, Prior Authorization Request, Nevada Medicaid-OptumRX; See also: Appendix A: Coverage and Limitations, Medicaid Services Manual, Division of Health Care Financing and Policy, July 26, 2017 ; See also: Notice of Public Meeting on March 23, 2017, Pharmacy and Therapeutics Committee, Division of Health Care Financing and Policy, Department of Health and Human Services

²⁷ Ibid. Direct Acting Antivirals (DAAs) for Hepatitis C, Amerigroup, 8/3/2017

²⁸ Ibid. Pharmacy Forms, Nevada Department of Health and Human Services; See also: Hepatitis C Protease Inhibitors, Prior Authorization Request, Nevada Medicaid-OptumRX; See also: Appendix A: Coverage and Limitations, Medicaid Services Manual, Division of Health Care Financing and Policy July 26, 2017; See also: Notice of Public Meeting on March 23, 2017, Pharmacy and Therapeutics Committee, Division of Health Care Financing and Policy, Department of Health and Human Services

²⁹ Ibid. Direct Acting Antivirals (DAAs) for Hepatitis C, Amerigroup, 8/3/2017

³⁰ Nevada, Medicaid Director, National Association of Medicaid Directors (Accessed August 2017): <http://medicaiddirectors.org/about/medicaid-directors/>; See also: DHCFP Leadership, Division of Health Care Financing and Policy (Accessed August 2017): http://dhcfp.nv.gov/About/AdminSupport/DHCFP_Leadership/

³¹ P & T Committee, Division of Health Care Financing and Policy Provider Portal, Department of Health and Human Services (Accessed August 2017): <https://www.medicaid.nv.gov/providers/rx/pt/PTCommittee.aspx>; Note Agendas and Meeting Schedules are posted: <http://dhcfp.nv.gov/Public/Home/>; Drug Use Review (DUR) Board information can be found at: <https://www.medicaid.nv.gov/providers/rx/dur/DURBoard.aspx>; Contact Ellen Felsing for issues related to DUR as well. DUR Agendas and Meeting Schedules are found: <http://dhcfp.nv.gov/Public/Home/>