



State of Nevada DEPARTMENT OF BUSINESS AND INDUSTRY

Division of Insurance 2025 Defrayal Filing Guidance – SB 439

Webinar: 04/30/2024 1:30 PM Pacific

PPT Slides Available on DOI Website <https://doi.nv.gov/Insurers/Life-Health/>

Effective January 1, 2025

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SB 439

- Carriers must cover FDA-approved drugs for testing, treating and preventing human immunodeficiency virus and hepatitis C and for the treatment of opioid use disorder.
- Carriers must provide coverage for testing, treating and preventing hepatitis B.
- State mandated drugs covered by a carrier in excess of the EHB BMP cannot be counted as EHB; they must be defrayed.

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Drug Defrayal Rating

- Per CMS guidance, the cost of drugs in addition to EHB must be excluded from QHP rates on both the URRT and Rates Table Template
- Carriers must not factor these state-required benefits into the calculation of “Benefits in Addition to EHB”
- Carriers must still indicate in the Benefits Information field on the Plans and Benefits template that it covers the state-required benefits
- Rates for individual and small group plans that are not QHPs must be adjusted at the plan level to reflect the cost of drugs in addition to EHB

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Drug Defrayal Guidance

- The carrier is allowed to have a separate formulary for QHPs.
- When a carrier is covering a greater number of drugs than the EHB BMP, the drugs that are most heavily utilized on a PMPM basis will be counted as EHB; the least utilized drugs will be counted as the defrayal.
 - ✓ Example: Anti-HIV Agents, Integrase Inhibitors (INSTI)
 - BMP count 2
 - Carrier count 3
 - Raltegravir: \$6.59 PMPM
 - Dolutegravir: \$4.35 PMPM
 - Cabotegravir: \$2.12 PMPM

Cabotegravir is the defrayal drug

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PY2025 Drug Defrayal Process

- Price as normal using 2023 experience data with no adjustment factors for SB439 mandates
- Provide 2023 EDGE server data directly to consulting actuaries
- DOI consulting actuaries will use state-wide EDGE data to develop a PMPM defrayal amount based previous slide guidance
- Based on 2022 EDGE data, the current estimate is a \$10 PMPM defrayal amount for Individual QHP's

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PY2025 Drug Defrayal Reimbursement

- Consulting actuaries will determine the PMPM defrayal amount using 2023 Edge server individual market data
- The estimated PMPM defrayal amount will be released July 15th
- The approved PMPM defrayal amount will be released on August 15th
- The product of the approved PMPM defrayal amount and actual 2025 QHP member months will determine carrier specific reimbursement amounts
- The method of carrier reimbursement has not yet been determined

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DEFRAYAL DRUG CLASSES

1. Anti-Addiction/ Substance Abuse Treatment Agents - Opioid Dependence
2. Anti-Addiction/ Substance Abuse Treatment Agents - Opioid Reversal Agents
3. Anti-hepatitis C (HCV) Agents
4. Anti-HIV Agents, Integrase Inhibitors (INSTI)
5. Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)
6. Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)
7. Anti-HIV Agents, Other
8. Anti-HIV Agents, Protease Inhibitors (PI)

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Anti-Addiction/ Substance Abuse Treatment Agents - Opioid Dependence

PY24 EHB BMP Minimum: 4

PY25 Minimum Count: 5 **Defrayal Drugs: 1**

buprenorphine; naloxone	methadone
naltrexone	lofexidine hydrochloride
buprenorphine	

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Anti-Addiction/ Substance Abuse Treatment Agents - Opioid Reversal Agents

PY24 EHB BMP Minimum: 1

PY25 Minimum Count: 2 **Defrayal Drugs: 1**

naloxone

nalmefene

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Anti-hepatitis C (HCV) Agents

PY24 EHB BMP Minimum: 1

PY25 Minimum Count: 7 **Defrayal Drugs: 6**

sofosbuvir; velpatasvir	sofosbuvir
glecaprevir; pibrentasvir	sofosbuvir; velpatasvir; voxilaprevir
sofosbuvir; ledipasvir	elbasvir; grazoprevir
ribavirin	

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Anti-HIV Agents, Integrase Inhibitors (INSTI)

PY24 EHB BMP Minimum: 2

PY25 Minimum Count: 9 **Defrayal Drugs: 7**

emtricitabine; tenofovir alafenamide; bictegravir	emtricitabine; cobicistat; elvitegravir; tenofovir alafenamide
lamivudine; dolutegravir	raltegravir
dolutegravir	emtricitabine; tenofovir disoproxil; cobicistat; elvitegravir
lamivudine; abacavir; dolutegravir	cabotegravir
rilpivirine; dolutegravir	

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Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

PY24 EHB BMP Minimum: 6

PY25 Minimum Count: 11 **Defrayal Drugs: 5**

emtricitabine; rilpivirine; tenofovir alafenamide	rilpivirine
rilpivirine; dolutegravir	efavirenz; emtricitabine; tenofovir disoproxil
doravirine	nevirapine
emtricitabine; tenofovir disoproxil; rilpivirine	efavirenz
etravirine	lamivudine; efavirenz; tenofovir disoproxil
lamivudine; tenofovir disoproxil; doravirine	

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Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

PY24 EHB BMP Minimum: 13

PY25 Minimum Count: 23 **Defrayal Drugs: 10**

emtricitabine; tenofovir alafenamide; bictegravir	emtricitabine; tenofovir disoproxil; rilpivirine	lamivudine; abacavir
lamivudine; dolutegravir	emtricitabine; tenofovir disoproxil; cobicistat; elvitegravir	emtricitabine
emtricitabine; tenofovir alafenamide	tenofovir disoproxil	efavirenz; emtricitabine; tenofovir disoproxil
lamivudine; abacavir; dolutegravir	lamivudine; tenofovir disoproxil; doravirine	stavudine
emtricitabine; rilpivirine; tenofovir alafenamide	lamivudine; efavirenz; tenofovir disoproxil	zidovudine
emtricitabine; cobicistat; elvitegravir; tenofovir alafenamide	lamivudine; tenofovir disoproxil	zidovudine; lamivudine
emtricitabine; tenofovir disoproxil	abacavir	zidovudine; lamivudine; abacavir
emtricitabine; darunavir; cobicistat; tenofovir alafenamide	lamivudine	

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Anti-HIV Agents, Other

PY24 EHB BMP Minimum: 3

PY25 Minimum Count: 10 **Defrayal Drugs: 7**

emtricitabine; cobicistat; elvitegravir; tenofovir alafenamide	emtricitabine; tenofovir disoproxil; cobicistat; elvitegravir
emtricitabine; darunavir; cobicistat; tenofovir alafenamide	atazanavir; cobicistat
darunavir; cobicistat	cobicistat
fostemsavir	enfuvirtide
maraviroc	tenacapavir sodium

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Anti-HIV Agents, Protease Inhibitors (PI)

PY24 EHB BMP Minimum: 7

PY25 Minimum Count: 10 **Defrayal Drugs: 3**

emtricitabine; darunavir; cobicistat; tenofovir alafenamide	ritonavir
darunavir; cobicistat	atazanavir; cobicistat
darunavir	nelfinavir
atazanavir	tipranavir
ritonavir; lopinavir	fosamprenavir

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Carrier Questions

1. *Will the drugs that are considered to be EHB for HIV and HEP C be the same for all carriers?* **No, drugs that are expected to be the most impactful on a PMPM basis should be counted as EHB**
2. *What is the expected timing of the defrayal PMPM amount from the DOI consulting actuaries?* **The approved PMPM defrayal amount will be released by the Division to carriers on August 15, 2024**

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Carrier Questions

3. *What is the timing for the actual defrayal payments from the state? **This is dependent upon the method of carrier reimbursement which has not yet been determined***
4. *Can the DOI provide a list of FDA-approved NDCs for HIV, hepatitis C, and hepatitis B which must be covered? Please include an indicator for whether or not the NDC is in excess of the existing EHB BMP and must be defrayed. **SB 439 does not mandate coverage of FDA approved drugs for hepatitis B. A list of all FDA approved chemically distinct drugs for each class affected by defrayal are included on slides 8-15***

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Carrier Questions

5. *Can the \$10 PMPM defrayal estimate calculation be provided with as much detail as possible? **This estimate is based on 2022 individual market data. The Division and its consulting actuaries will share calculation details when the estimated PMPM defrayal amount based on 2023 data is released on July 15th***
6. *Are carriers required to use the defrayal PMPM estimate calculated/provided by the DOI for non-QHP plans? **No***



**ADDITIONAL
QUESTIONS?**