



June 6, 2012

Pharmacy Announcement

DUR Board Approves Changes to MSM Chapter 1200 Effective April 17, 2012

On April 28, 2011, and January 26, 2012, the Nevada Drug Use Review (DUR) Board approved the following changes to [Medicaid Services Manual \(MSM\) Chapter 1200 Prescribed Drugs](#). The changes were effective April 17, 2012.

- Clinical criteria were added to Hepatitis C antiretrovirals, Incivek® (telaprevir) and Victrelis® (boceprevir).
- The clinical criteria for Altace® (ramipril) were removed.
- Clinical criteria were added for brand Makena™ (hydroxyprogesterone caproate).

For more information on the specific clinical criteria, see MSM Chapter 1200, Appendix A.

Recipients must have an approved clinical prior authorization (PA) form on file for Incivek (telaprevir) or Victrelis (boceprevir) or Makena (hydroxyprogesterone caproate) in order for Medicaid to authorize reimbursement.

PA forms can be found on this website on the [Pharmacy Forms](#) page.