



July 1, 2015

Pharmacy Announcement

Drug Use Review (DUR) Board Approves Changes to MSM Chapter 1200 Effective July 1, 2015

The Nevada Medicaid Drug Use Review (DUR) Board met on January 22, 2015, and approved changes or revisions to clinical criteria for the following medications: Transdermal Fentanyl, Entyvio® (vedolizumab), Pradaxa (dabigatran etexilate), Eliquis® (apixaban), Xarelto® (rivaroxaban), Anti-Hepatitis Agents – Protease Inhibitor Agents, Sovaldi® (sofosbuvir), Harvoni® (Ledipasvir/sofosbuvir), and Xartemis® XR (oxycodone and acetaminophen). Details for these changes can be found in the Nevada Medicaid Services Manual (MSM) Chapter 1200 Prescribed Drugs at the following website: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSMDetail/>. Changes and/or revisions are effective July 1, 2015.