



Date: 10/05/11

Pharmacy Announcement

DUR Board Changes Effective August 25, 2011

At the October 2010 and January 2011 meetings, the Drug Use Review (DUR) Board of the Nevada Department of Health and Human Services' Division of Health Care Financing and Policy met to review new and existing prior authorization criteria for certain drugs. Changes listed below became effective on August 25, 2011.

A brief summary of changes is listed below. It is important for providers to view complete criteria in Medicaid Services Manual (MSM) [Chapter 1200](#).

- **Pradaxa (Dabigatran etexilate)** requires prior authorization.
- **Colcrys (colchicine)** requires prior authorization. The quantity limit on Colcrys is six tablets per fill for the treatment of acute gout flares. Please see MSM Chapter 1200 for other approved uses and limitations.
- The use of **two concurrent Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)** requires prior authorization unless the prescriber's specialty type is 146 or 147 (psychiatry).
- **Psychotropics drugs used by children** <18 years of age require prior authorization. This change extends the same criteria currently applied to children aged 0-5 to those 6-17 years.
- The quantity limits on the class "**Antiemetics: Oral 5-HT3s**" have been updated to apply the same quantity limits to recently approved products within the class.

Prior authorization can be requested through Magellan Medicaid Administration's online "Web PA" application or on paper forms located at <https://medicaid.nv.gov/providers/rx/rxforms.asp>.