



March 15, 2019

Web Announcement 1857

## **Drug Use Review (DUR) Board Approves Changes Effective February 4, 2019**

The Nevada Medicaid Drug Use Review (DUR) Board met on July 26, 2018, and voted to adopt the following changes. These changes were effective on February 4, 2019.

<b>Drug Class/Program</b>	<b>Changes</b>
Topical Immunomodulators	Added Eucrisa® to the existing criteria
Opioid containing cough preparations	Prior authorization added for recipients under 18 years of age
Antihemophilia Agents	Prior authorization criteria added
Anti-Hepatitis C Agents	Updated prior authorization criteria to include individual agents
Kalydeco® (ivacaftor)	Updated prior authorization criteria to allow Federal Drug Administration (FDA)-approved gene mutations
Irritable-Bowel Syndrome Agents	Added Trulance® (plecanatide) to the existing criteria
Symdeko (tezacaftor/ivacaftor)	Prior authorization criteria added
Botulinum Toxin	Prior authorization criteria relocated from Medicaid Services Manual (MSM) Chapter 600 to MSM Chapter 1200
Compounded Medications	Added prior authorization requirement for compounded medications that exceed \$200 per claim