



September 3, 2019
 Web Announcement 1965

Drug Use Review (DUR) Board Approves Changes Effective September 2, 2019

The Nevada Medicaid Drug Use Review (DUR) Board met on April 25, 2019, and voted to adopt the following changes. These changes are effective September 2, 2019.

Drug Class/Program	Changes
Agents Used for the Treatment of Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)	Criteria has been revised by removing most of the requirements. Approval will now be given if the recipient has a diagnosis of ADD/ADHD or other FDA approved diagnosis, only one long-acting stimulant may be used at a time and other treatable causes of ADD/ADHD must have been ruled out. A 30-day transitional overlay in therapy is allowed. The criteria specific to children includes that the recipient is at least three years of age (short-acting stimulants) or at least six years of age (long-acting stimulants, long-acting alpha agonists, atomoxetine) and an initial evaluation or regular examination must have been done within the past 12 months with the treating prescriber.
Transdermal Fentanyl	Replaced the word “encouraged” with the word “required” so that the statement now reads, “Prescribers are required to check the Nevada State Board of Pharmacy’s Prescription Monitoring Program (PMP) prior to prescribing narcotic analgesics.”
Buprenorphine/Naloxone	The title of this section has been revised and now reads, “Substance Abuse Agents”. All existing criteria has been removed and replaced with requiring a diagnosis of opioid dependence. Pharmacy claims submitted with an ICD-10 diagnosis code of opioid dependence will bypass prior authorization requirements at Point of Sale. Prior authorization is required on any prescriptions over 24 mg. Addition of new prior authorization criteria for Lucemyra™ (lofexidine).
Androgel®, Androderm®, Testim® (testosterone gel and transdermal system)	Addition of new prior authorization criteria for Xyosted™ (testosterone enanthate).

Prior authorization forms may be found at: <https://www.medicaid.nv.gov/providers/rx/rxforms.aspx>