



October 18, 2013  
Announcement 653

## **Clinical Prior Authorization Required for Prolia® , Forteo® , Cesamet® , Marinol® and Omontys®**

The Nevada Medicaid Drug Use Review (DUR) Board voted to require clinical prior authorizations (PA) for claims for the following drugs:

- Prolia®
- Forteo®
- Cesamet®
- Marinol®

Effective November 1, 2013, claims for the above drugs without a PA will deny when billed by the pharmacy.

- Omontys® (Physician Administered Only)

Effective November 1, 2013, claims for Omontys® without a PA will deny when billed by an outpatient provider.

The PA criteria can be found online at [www.dhcfp.nv.gov](http://www.dhcfp.nv.gov) in the Medicaid Services Manual (MSM) Chapter 1200. Prescribers may request a prior authorization by calling the Clinical Call Center at (855) 455-3311.