



September 10, 2018

Web Announcement 1686

## Drug Use Review (DUR) Board Approves Changes Effective July 2, 2018

The Nevada Medicaid Drug Use Review (DUR) Board met on January 25, 2018, and voted to adopt the following changes. These changes were effective on July 2, 2018:

Drug Class/Program	Changes
Bevyxxa® (betrixaban)	Added new drug prior authorization criteria for Bevyxxa®
Benlysta® (belimumab)	Added new prior authorization criteria for Benlysta®
Immunomodulator Drugs	Addition of Kevzara® (sarilumab) to the drug list of Immunomodulators within the existing prior authorization criteria for Immunomodulator Drugs
Austedo® (deutetrabenazine)	Revised Austedo® prior authorization criteria to include the diagnosis of Tardive Dyskinesia and added the new criteria for that diagnosis
Symproic® (naldemedine)	Addition of Symproic® to the list of opioid-induced constipation agents