February 28, 2020

Web Announcement 2116

Drug Use Review (DUR) Board Approves Changes Effective March 2, 2020

The Nevada Medicaid Drug Use Review (DUR) Board met on October 17, 2019, and voted to adopt the following changes. These changes are effective March 2, 2020.

Drug Class/Program	Changes
Hematopoietic/Hematinic Agents	Prior authorization criteria has been updated to include the requirement: "The recipient has been evaluated for adequate iron stores."
Regranex® (becaplermin)	Removal of prior authorization requirement.
Topical Immunomodulators	Prior authorization requirements have been updated to remove requirement of therapeutic failure with the use of a topical steroid for this class. For Protopic® 0.1%, the age indication has been updated from 18 years of age to 16 years of age. For Eucrisa®, prior authorization requirement "the recipient must have had therapeutic failure with the trial of a topical steroid of at least 14 days within the last six months for approval of Eucrisa®" has been removed.
Lidoderm 5% Patches	Prior authorization approval guideline added to reflect approval duration of one year.
Inhaled Anticholinergic Agents	Removal of prior authorization criteria.
Daliresp® (roflumilast)	Prior authorization requirements have been revised to remove the word "severe" and wording "associated with chronic bronchitis." Contraindication criteria was added to reflect that Daliresp® (roflumilast) may not be approved for a recipient with a diagnosis of moderate (Child-Pugh B) or severe (Child-Pugh C) hepatic impairment. Prior authorization approval guideline added to reflect approval duration of one year.
Natroba® (spinosad)	Removal of prior authorization requirement.
Zolgensma® (onasemnogene abeparvovec-xioi)	Addition of new prior authorization criteria.

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