



December 2, 2019

Web Announcement 2037

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

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

Drug Class/Program	Changes
Growth Hormone	Patient's age has been updated from third to fifth percentile and new language has been added. Language now reads, "The recipient has a diagnosis of Noonan Syndrome, Prader-Willi Syndrome or Turner Syndrome and their height is as least two standard deviations below the mean or below the fifth percentile for the patient's age and gender and the bone age is less than 16 years for male recipients or less than 14 years for female recipients."
Anti-Migraine Medications	No changes
Spravato™ (Esketamine)	New prior authorization criteria added.
Functional Gastrointestinal Disorder Agents	New prior authorization criteria added for medications used to treat Chronic Idiopathic Constipation.

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