October 7, 2015

Announcement 992

Future Changes to MSM Chapter 1200, Prescribed Drugs

The Drug Use Review Board (DUR) reviewed and approved the following changes to the Medicaid Services Manual (MSM) Chapter 1200, Prescribed Drugs, at the September 3, 2015, DUR meeting. These changes will not be implemented until approved at a Division of Health Care Financing and Policy (DHCFP) public hearing on MSM changes. The date of that public hearing is yet to be announced. The following is just a summary of the approved changes. More detailed information will be provided before DHCFP's public hearing on the changes.

1. **Appendix A (N.) Psychotropic Medications for Children and Adolescents:**
   - The psychotropic drug class Lithium Preparations and Anticonvulsants are to be changed to Mood Stabilizers.
   - To be removed is the prior authorization requirement on single therapy for 6-18 year olds.
   - To be continued is the prior authorization requirement for all classes on 0-5 year olds utilizing Food and Drug Administration (FDA) approved indications and/or peer review literature.
   - To be added is prior authorization requirement for poly-pharmacy for children ages 0-18.
   - To be revised is the Continuity of Care clause to include recipients discharged from an institution and for recipients already on a medication regimen.
   - Two prior authorization forms will be created, one for children under the age of 6 and one for children/adolescents ages 6 to 18.
2. **Appendix A. (MM.) Kalydeco® (ivacaftor):**
   - Coverage was lowered to recipients at least 2 years of age.
3. **Appendix A (I.) Anti-fungal Onychomycosis:**
   - Added the requirement for FDA approval for the treatment of onychomycosis (tinea unguium).
   - Removed the requirement for positive KOH stain, positive PAS stain, or positive fungal culture.
   - Added the requirement for requested length of therapy to be appropriate based on agent and infection location.
   - For Itraconazole, added the recipient does not have a diagnosis of heart failure.
4. **Appendix A (V.) Sedative Hypnotics:**
   - Added must have an FDA approved diagnosis.
   - Added Hetlioz® (tasimelteon) that requires a diagnosis of non-24-hour sleep-wake disorder.
   - Added for all other agents a diagnosis of insomnia.
5. **Corlanor® (ivabradine):**
   - Added a requirement of a diagnosis of chronic heart failure.
   - Added additional coverage requirements related to cardiac status.

Applicable Quantity Limits for the above changes will be posted on the HP Enterprise Services (HPES) website (www.medicaid.nv.gov) under Pharmacy Billing Manual at a later date.