



April 6, 2021

Web Announcement 2467

Drug Use Review (DUR) Board Approves Changes Effective March 1, 2021

The Nevada Medicaid Drug Use Review (DUR) Board met on October 22, 2020, and voted to adopt the following changes effective March 1, 2021:

Drug Class/Program	Changes
Multiple Sclerosis (MS) Agents	Added new prior authorization criteria for Zeposia® (ozanimod).
Osteoporosis Agents	Revised prior authorization criteria for Prolia® (denosumab). Added new criteria for Evenity® (romosozumab-aqqg), Forteo® (teriparatide) and Tymlos® (abaloparatide).
Gonadotropin-Releasing Hormone (GnRH) Receptor Antagonists and Combinations	Added new prior authorization criteria for Orilissa® (elagolix) and Oriahnn® (elagolix, estradiol and norethindrone).
Doxepin Topical	Added new prior authorization criteria for doxepin topical.

Prior authorization forms may be found on the Pharmacy Forms webpage at:

<https://www.medicaid.nv.gov/providers/rx/rxforms.aspx>