

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

January 25, 2018

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL
FROM: LYNNE FOSTER, CHIEF OF DIVISION COMPLIANCE
SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 1200 – PRESCRIBED DRUGS

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 1200 – Prescribed Drugs are being proposed to reflect approved actions by the Drug Use Review (DUR) Board at the April 27, 2017 meeting. On April 27, 2017, the DUR board approved the removal of prior authorization criteria for Symlin® (Pramlinitide Injection).

These changes are effective January 29, 2017.

MATERIAL TRANSMITTED

CL 31356
PRESCRIBED DRUGS

MATERIAL SUPERSEDED

MTL N/A
PRESCRIBED DRUGS

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
Appendix A Section J	Pramlinitide Injection (Symlin®)	Deleted section for Symlin® (Pramlinitide Injection).

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All drugs in Appendix A may be subject to Quantity Limitations.

Check the Nevada Medicaid and Nevada Check Up Pharmacy Manual for a listing of the exact Quantity Limitation.

J. ~~RESERVED FOR FUTURE USE~~ Pramlintide Injection (Symlin®)~~Therapeutic Class: Antihyperglycemic, Amylin Analog Type~~~~Last Reviewed by the DUR Board: September 21, 2006~~~~Pramlintide injection is subject to prior authorization and age restriction:~~~~1. Coverage and Limitations (For recipients 15 years or older)~~~~Authorization will be given if the following criteria are met and documented:~~

- ~~a. Diagnosis of Type 1 or Type 2 Diabetes Mellitus;~~
- ~~b. Documentation that recipient has not achieved desired HbA1c despite optimal insulin therapy;~~
- ~~c. Documented HbA1c < 9%;~~
- ~~d. Patient is competent and has received diabetic education, able to self-administer drug and willing to perform blood glucose monitoring;~~
- ~~e. Approval period of six months; and~~
- ~~f. Exclusion criteria:

 - ~~1. HbA1c > 9%;~~
 - ~~2. Confirmed diagnosis of gastroparesis;~~
 - ~~3. Use of drugs that alter GI motility;~~
 - ~~4. Presence of hypoglycemia unawareness; and~~
 - ~~5. Use of alpha-glucosidase inhibitors (e.g. acarbose, miglitol).~~~~

~~2. Prior Authorization Guidelines~~~~Prior Authorization forms are available at:~~~~<http://www.medicaid.nv.gov/providers/rx/rxforms.aspx>~~