

Drug Use Review (DUR) Board approves changes effective March 31, 2025

The Nevada Medicaid Drug Use Review (DUR) Board met on July 18, 2024 and January 16, 2025 and voted to adopt the following changes to Pharmacy Point-of-Sale (POS) criteria, effective March 31, 2025.

Drug Class/Program	Background and Explanation of Policy Changes, Clarifications and Updates
Benlysta® (belimumab)	<ul style="list-style-type: none"> Updated age requirements. Added Lupus Nephritis.
Voydeya™ (danicopan)	<ul style="list-style-type: none"> Added Voydeya™ (danicopan).
Duchenne Muscular Dystrophy (DMD) Agents	<ul style="list-style-type: none"> Added Agamree® (vamorolone) and Duvyzat® (givinostat).
Movement Disorder Agents	<ul style="list-style-type: none"> Under Ingrezza® (valbenazine) added “For the treatment of Tardive Dyskinesia (TD)” and “For the treatment of Chorea Associated with Huntington’s Disease.” Updated prior authorization (PA) Guidelines.
Xolremdi™ (mavorixafor)	<ul style="list-style-type: none"> Added new section.
Cayston® (aztreonam)	<ul style="list-style-type: none"> Added new section.
Polyneuropathy of Hereditary Amyloidosis Agents	<ul style="list-style-type: none"> Added new section including Onpattro™ (patisiran) and Tegsedi™ (inotersen).
Zynteglo® (betibeglogene autotemcel)	<ul style="list-style-type: none"> Added new section.
Winrevair™ (sotatercept-csrk)	<ul style="list-style-type: none"> Added new section.

Beqvez™ (fidanacogene elaparvovec-dzkt)	<ul style="list-style-type: none"> Added new section.
Primary Hyperoxaluria Agents	<ul style="list-style-type: none"> Added new section including Oxlumo™ (lumasiran) and Rivfloza™ (nedosiran).

Prior Authorization forms may be found on the pharmacy webpage:
<https://nv.primetherapeutics.com/provider/forms> (pharmacy/point-of-sale)