

Drug Use Review (DUR) Board approves changes effective January 5, 2026

The Nevada Medicaid Drug Use Review (DUR) Board met on July 31, 2025 and October 16, 2025, and voted to adopt the following changes to Pharmacy Point-of-Sale (POS) criteria, effective January 5, 2026.

Drug Class/Program	Background and Explanation of Policy Changes, Clarifications and Updates
Niemann-Pick Disease Type C (NPC) Agents	<ul style="list-style-type: none"> Added new section
Alzheimer's Disease Agents	<ul style="list-style-type: none"> Added Kisunla®
Respirator and Allergy Biologics	<ul style="list-style-type: none"> Updated language for Dupixent® adding Diagnosis of Chronic Spontaneous Urticaria and Diagnosis of Bullous Pemphigoid. Added Nemluvio® and Ebglyss™. Add criteria for COPD indication for Nucala®
Bile Acid Agents	<ul style="list-style-type: none"> Added new section
Hematopoietic/ Hematinic Agents	<ul style="list-style-type: none"> Added Vafseo® to section, add NCCN recommendations for myelodysplastic syndrome and myeloproliferative neoplasms, and clarified which agents are indicated for each diagnosis
Anti-Migraine Medications	<ul style="list-style-type: none"> Under Serotonin 5-HT₁ Receptor Agonists updated PA Guidelines. Added Zavzpret®. Updated approved age of Ajovy® for episodic migraine. Made clarifications on indications for agents by diagnosis. Removed duplicate criteria.
Metabolic Dysfunction-Associated Steatohepatitis (MASH)	<ul style="list-style-type: none"> Added criteria for Wegovy® and Rezdiffra™ for the indication of MASH
Topical Immunomodulators	<ul style="list-style-type: none"> Added criteria for Anzupgo®. Updated Opzelura to change the approved age to 2 years and older.
Corticosteroids	<ul style="list-style-type: none"> Added criteria for Eohilia®

Narcotic Analgesic and Combinations	<ul style="list-style-type: none">• Added criteria for Prolate®
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Prior Authorization forms may be found on the pharmacy webpage:
<https://nv.primetherapeutics.com/provider/forms> (pharmacy/point-of-sale)