Drug Use Review (DUR) Board approves changes effective April 6, 2026

The Nevada Medicaid Drug Use Review (DUR) Board met on January 15, 2026, and voted to adopt the following changes to Pharmacy Point-of-Sale (POS) criteria, effective April 6, 2026.

Drug Class/Program	Background and Explanation of Policy Changes, Clarifications and Updates
Immunomodulator Drugs	• Updated criteria for Spevigo® IV formulation and criteria for Spevigo® SC formulation added.
Respiratory and Allergy Biologics	• Criteria for Rhapsido® added.
Hormone and Hormone Modifiers	• Updated Topical Androgens criteria.
Hereditary Angioedema Agents	• Added Andembry®, Dawnzera® Kalbitor®, Berinert®, and Ekterly® to criteria. Clinical criteria updated. Removed duplicate criteria for Kalbitor®.
Duchenne Muscular Dystrophy Agents	• Updated initial and recertification criteria for Exondys 51®, Vyondys 53®, Viltepso®, Amondys 45®, and Elevidys™.
Neurokinin-3 Receptor Antagonists and Combinations	• Created new section named Neurokinin-3 Receptor Antagonists and Combinations. Included clinical criteria for Lynkuet® and Veozah®.

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