Drug Utilization Review (DUR) Board approves changes effective July 6, 2026

The Nevada Medicaid Drug Utilization Review (DUR) Board met on April 16, 2026, and voted to adopt the following changes to Pharmacy Point-of-Sale (POS) criteria, effective July 6, 2026.

Drug Class/Program	Background and Explanation of Policy Changes, Clarifications and Updates
Pyruvate Kinase Activators	• Added clinical criteria for Aqvesme® (mitapivat)
Spinal Muscular Atrophy (SMA) Agents	• Added clinical criteria for Itvisma® (onasemnogene abeparvovec-brve)
Respiratory and Allergy Biologics	• Added clinical criteria for Exdensur® (depemokimab-ulaa)
Endothelin Antagonists	• Added clinical criteria for Tryvio® (aprocitentan)
Antibiotics	• Added clinical criteria for Pivya® (pivmecillinam)
Transthyretin-Mediated Amyloidosis (ATTR) Agents	• Added clinical criteria for diagnosis Cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis (ATTR-CM) to Amvuttra® (vutrisiran) • Added clinical criteria for Vyndamax® (tafamidis), Attruby® (acoramidis)

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