Drug Utilization Review (DUR) Board approves changes effective November 2, 2026

The Nevada Medicaid Drug Utilization Review (DUR) Board met on August 13, 2026, and voted to adopt the following changes to Pharmacy Point-of-Sale (POS) criteria, effective November 2, 2026.

Drug Class/Program	Background and Explanation of Policy Changes, Clarifications and Updates
Agents used for the Treatment of Attention Deficit Disorder (ADD)/attention deficit hyperactivity disorder (ADHD)	• Updated criteria for Qelbree® (viloxazine) and revised minimum age requirements within the exception criteria
Respiratory and Allergy Biologics	• Updated clinical criteria for Dupixent® (dupilumab) and Fasenra® (benralizumab) with new indications/label expansions
Antibiotics	• Added clinical criteria for Orlynvah™ (sulopenem etzadroxil and probenecid) and Blujepa™ (gepotidacin)
Achondroplasia Agents	• Added clinical criteria for Yuviwel® (navepegritide)
Antilipemic Agent	• Updated clinical criteria for Redemplo® (plozasiran) and Tryngolza™ (olezarsen)
Dipeptidyl Peptidase 1 (DPP1) Inhibitor	• Added clinical criteria for Brinsupri® (brensocatib)
Human Arginase 1 Enzyme Replacement Therapy	• Added clinical criteria for Loargys® (pegzilarginase-nbln)
ATP-Sensitive Potassium Channel Activators	• Added clinical criteria for Vykat XR® (diazoxide choline)

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