

## Drug Use Review (DUR) Board approves changes effective June 30, 2025

The Nevada Medicaid Drug Use Review (DUR) Board met on April 17, 2025, and voted to adopt the following changes to Pharmacy Point-of-Sale (POS) criteria, effective June 30, 2025.

Drug Class/Program	Background and Explanation of Policy Changes, Clarifications and Updates
Ohtuvayre™ (ensifentrine)	<ul style="list-style-type: none"> <li>Added to Phosphodiesterase-4 Inhibitors or combination section.</li> </ul>
Incretin Mimetics	<ul style="list-style-type: none"> <li>Added Zepbound® (tirzepatide)</li> </ul>
Cystic Fibrosis Agents	<ul style="list-style-type: none"> <li>Added Alyftrek® (vanzacaftor/tezacaftor/deutivacaftor)</li> </ul>
Immunomodulator Drugs	<ul style="list-style-type: none"> <li>Added subsection for Refractory Atopic Dermatitis</li> <li>Updated age requirements under Plaque Psoriasis</li> </ul>
Filsuvez® (birch triterpenes)	<ul style="list-style-type: none"> <li>Added new section.</li> </ul>
Juxtapid™ (lomitapide)	<ul style="list-style-type: none"> <li>Added new section.</li> </ul>
Tryngolza™ (olezarsen)	<ul style="list-style-type: none"> <li>Added new section</li> </ul>
Yorvipath® (palopegteriparatide)	<ul style="list-style-type: none"> <li>Added new section.</li> </ul>
Ocaliva® (obeticholic acid)	<ul style="list-style-type: none"> <li>Added new section.</li> </ul>
Iqirvo® (elafibranor)	<ul style="list-style-type: none"> <li>Added new section.</li> </ul>
Livdelzi® (seladelpar)	<ul style="list-style-type: none"> <li>Added new section</li> </ul>

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