

February 5, 2024
Web Announcement 3274

Drug Use Review (DUR) Board Approves Changes Effective February 5, 2024

The Nevada Medicaid Drug Use Review (DUR) Board met on October 19, 2023 and voted to adopt the following changes effective February 5, 2024:

Drug Class/Program	Changes
Vyjuvek® (beremagene geperpavec-svdt)	Addition of new clinical criteria
Hemgenix® (etranacogene dezaparvovec-drlb)	Addition of new clinical criteria
Roctavian® (valoctocogene roxaparvovec rvox)	Addition of new clinical criteria
Spevigo® (spesolimab-sbzo)	Addition of new clinical criteria
Evkeeza® (evinacumab-dgnb)	Addition of new clinical criteria
Joenja® (leniolisib)	Addition of new clinical criteria
Daybue® (trofinetide)	Addition of new clinical criteria
Elfabrio® (pegunigalsidase alfa-iwxj)	Addition of new clinical criteria
Elevidys® (delandistrogene moxeparvovec-rokl)	Addition of new clinical criteria
Xiaflex® (collagenase clostridium histolyticum)	Addition of new clinical criteria
Qalsody® (tofersen)	Addition of new clinical criteria
Skyclarys® (omaveloxolone)	Addition of new clinical criteria

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