

July 6, 2021 Web Announcement 2539

## Drug Use Review (DUR) Board Approves Changes Effective July 6, 2021

The Nevada Medicaid Drug Use Review (DUR) Board met on January 28, 2021, and voted to adopt the following changes effective July 6, 2021:

Drug Class/Program	Changes
Anticonvulsants	Added prior authorization criteria for Fintepla® (fenfluramine)
Spinal Muscular Atrophy (SMA)	Added prior authorization criteria for Evrysdi <sup>®</sup> (risdiplam)
Duchenne Muscular Dystrophy (DMD)	Added prior authorization criteria for Vyondys 53 <sup>®</sup> (golodirsen)
Topical neuropathic pain agents	Added prior authorization criteria for Qutenza® (capsaicin)

Prior authorization forms may be found on the Pharmacy Forms webpage at: <a href="https://www.medicaid.nv.gov/providers/rx/rxforms.aspx">https://www.medicaid.nv.gov/providers/rx/rxforms.aspx</a>