

September 30, 2024
Web Announcement 3451

Drug Use Review (DUR) Board approves changes for Physician Administered Drugs (PAD)

The Nevada Medicaid Drug Use Review (DUR) Board met on April 18, 2024, and voted to adopt the following changes to Physician Administered Drugs (PAD) criteria, effective September 30, 2024:

Drug Class/Program	Background and Explanation of Policy Changes, Clarifications and Updates
Immune Globulins (immunoglobulin)	Adoption of prior authorization criteria and/or quantity limits for Asceniv™; Alyglo™; Bivigam®; Flebogamma®; Liquid; Gamunex-C®; Gammagard® Gammagard® S/D; Gammaked™; Gammaplex®; Octagam®; Privigen®; Panzyga®, Hizentra®, HyQvia®, Cuvitru®, Cutaquig®, Xembify®
Antineoplastic-AntiProgrammed Cell Death Receptor-1 (PD-1)	Adoption of prior authorization criteria and/or quantity limits for Keytruda®
Kadcyla	Adoption of prior authorization criteria and/or quantity limits
Colony Stimulating Factors	Adoption of prior authorization criteria and/or quantity limits for Neulasta®; Fulphila®; Udenyca®; Ziextenzo®; Nyvepria™; Fylnetra®; Stimufend®
Pemetrexed	Adoption of prior authorization criteria and/or quantity limits for Alimta®; Pemfexy™; Pemrydi RTU®; Pemetrexed
HER2 Inhibitors	Adoption of prior authorization criteria and/or quantity limits for Perjeta®, Herceptin®; Ogivri®; Kanjinti™; Trazimera™; Herzuma®; Ontruzant® (Trastuzumab)
CD20 Monoclonal Antibodies	Adoption of prior authorization criteria and/or quantity limits for Rituxan®, Ruxience™, Riabni™ (Rituximab)

Selective Immunosuppressants	Adoption of prior authorization criteria and/or quantity limits for Soliris®, Ultomiris®
Yervoy® (ipilimumab)	Adoption of prior authorization criteria and/or quantity limits for Yervoy®

Prior Authorization forms may be found on the below webpages:

<https://www.mrxgateway.com/> (medical pharmacy/physician administered drugs)