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

The Nevada Medicaid Drug Use Review (DUR) Board met on July 18, 2024, and voted to adopt the following changes to Physician Administered Drugs (PAD) criteria, effective January 6, 2025.

Drug Class/Program	Background and Explanation of Policy Changes, Clarifications and Updates
Anti-PD-1 Monoclonal Antibodies	• Added tislelizumab to the criteria and updated the recertification criteria within Bavencio® section • Added tislelizumab to the criteria; added Vaginal Cancer and updated recertification request and prior authorization (PA) guidelines for Libtayo® • Updated criteria under Biliary Tract Cancers, added criteria under Esophageal Cancer and Esophagogastric/Gastroesophageal Cancers, Gastric Cancer, Junction Hepatocellular Carcinoma, and Cutaneous Melanoma. under Opdivo® • Renamed Malignant Peritoneal Mesothelioma (MPeM) to Peritoneal Mesothelioma (PeM) • Renamed Malignant Pleural Mesothelioma (MPM) to Pleural Mesothelioma (PM) • Updated Opdivo® Dosage Limits – Max Units (per dose and over time) [HCPCS Unit] • Added new criteria for Opdivo® Recertification request and added Vaginal and Gastric Cancer • Added new PA Guidelines for Opdivo® • Added new criteria for Tecentriq® (atezolizumab) – HCC and Cervical Cancer • Updated Tecentriq® (atezolizumab) – Dosage Limits • Added Tecentriq® Recertification Request (atezolizumab) – – Continuation Maintenance Therapy for Cervical Cancer
Aranesp®	• Added <30% to Initiation of Therapy • Updated criteria to Anemia Due to Myelodysplastic Syndrome (MDS) and Anemia due to Chemotherapy Treatment • Added new Prior Authorization Guidelines

Colony Stimulating Factors Pegfilgrastim	• Renamed the section to “Long-Acting Granulocyte Colony Stimulating Factors (LA-gCSF): Neulasta®; Fulphila®; Udenyca®; Ziextenzo®; Nyvepria™; Stimufend® • Updated Pegfilgrastim criteria; added Recertification Requests criteria; and added PA Guidelines
Pemetrexed	• Renamed the section to Pemetrexed, Alimta®; Pemfexy™; Pemetrexed
Alimta®, Pemfexy™, Pemrydi RTU®, Pemetrexed	• Removed Pemfexy™, Pemetrexed and Pemrydi RTU® N.2(a) Dosage Limits – Quantity Limit
Selective Immunosuppressants	• Updated Soliris® - Q.1(a) – removed REMS Program • Updated Soliris® (eculizumab) Universal Criteria • Updated Q.1(a)(4) – Paroxysmal Nocturnal Hemoglobinuria (PNH) • Updated Q.1(a)(7)– Neuromyelitis Spectrum Disorder (NMOSD) • Updated Soliris® (eculizumab) recertification criteria • Removed Soliris® (eculizumab) coverage criteria • Updated age requirements and coverage for Ultomiris® (ravulizumab-cwvz) • Added and revised Ultomiris® Universal Criteria • Added Ultomiris® PNH – Age requirement • Added Ultomiris® aHUS – Age requirement and added plasma exchange/infusion requirement • Removed age requirement From gMG • Addition of new section NMOSD • Updated Recertification Request under PNH and aHUS • Added NMOSD to Recertification Reques • Added Switch Therapy from eculizumab to ravulizumab

Prior Authorization forms may be found on the below webpage:
https://gatewaypa.com/ (medical pharmacy/physician administered drugs)