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

The Nevada Medicaid Drug Use Review (DUR) Board met on January 16, 2025 and voted to adopt the following changes to Physician Administered Drugs (PAD) criteria, effective March 31, 2025.

Drug Class/Program	Background and Explanation of Policy Changes, Clarifications and Updates
Anti-PD-Monoclonal Antibodies	• Updated Bavencio® (avelumab) under Renal Cell Carcinoma (RCC); added Extranodal NK/T-Cell Lymphomas, added Thymic Carcinomas, and updated dosing limits. • Updated Imfinzi® (durvalumab) under Non-Small Cell Lung Cancer (NSCLC), Small Cell Lung Cancer (SCLC), updated Dosage Limits, Recertification Requests, and PA Guidelines. • Updated Libtayo® (cemiplimab-rwlc) adding Anal Carcinoma, Small Bowel Adenocarcinoma, updated Dosage Limits, and Recertification Request. • Updated Ocrevus® (ocrelizumab) coverage, Dosage Limits, and PA Guidelines. • Updated Opdivo® under Urothelial Carcinoma (Bladder Cancer), Adult Central Nervous System (CNS) Cancers, Colorectal Cancer (CRC), Appendiceal Adenocarcinoma – Colon Cancer, Esophageal Cancer and Esophagogastric/ Gastroesophageal Junction Cancers, Gestational Trophoblastic Neoplasia, Adult Classical Hodgkin Lymphoma (cHL), Pediatric cHL, Kaposi Sarcoma, RCC, Cutaneous Melanoma, Peritoneal Mesothelioma (PeM), Pleural Mesothelioma (PM), NSCLC, Small Bowel Adenocarcinoma, SCLC, Soft Tissue Sarcoma, Pleomorphic Rhabdomyosarcoma, Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL), Dosage Limits, Recertification Request, and PA Guidelines. • Updated Tecentriq® (atezolizumab) updated coverage, NSCLC, SCLC, Dosage Limits, Recertification Requests, and PA Guidelines.
Beovu® (brolucizumab-dbll)	• Updated Beovu® (brolucizumab-dbll) updated Universal Criteria, and durable medical equipment (DME).
Avastin®; Mvasi®; Zirabev™; Alymsys®; Vegzelma™; Avzivi® (bevacizumab)	• Updated Avastin®, Mvasi®, Zirabev®, Alymsys®, Vegzelma™, Avzivi® (bevacizumab) updated Adult CNS Cancers, PeM) Pleural Mesothelioma (PM), Pediatric CNS Cancers, RCC, Dosage Limits, and Recertification Requests.

Darzalex® (daratumumab)	• Updated Darzalex® (daratumumab) Multiple Myeloma, Systemic Light Chain Amyloidosis, Recertification Requests and PA Guidelines.
Darzalex Faspro® (daratumumab and hyaluronidase-fihj)	• Updated Darzalex Faspro® (daratumumab and hyaluronidase-fihj) Recertification Request.
Anti-Angiogenic Ophthalmic Agents	• Updated Eylea® (aflibercept) Universal Criteria, Dosage Limit, and Recertification Request. • Updated Lucentis®; Byooviz™; Cimerli™ (ranibizumab) Recertification Requests and PA Guidelines. • Updated Susvimo® (ranibizumab) Universal Criteria, Dosage Limits, Recertification Requests, and PA Guidelines.
Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1)	• Updated Keytruda® (pembrolizumab) Squamous Cell Carcinoma of the Head and Neck, CLL/SLL, Kaposi Sarcoma, RCC, PeM, PM, Penile Cancer, Soft Tissue Sarcoma, Endometrial Carcinoma (Uterine Neoplasms), Polymerase Epsilon/Delta (POLE/POLD 1) Mutation Cancer, Dosage Limits, and PA Guidelines.
CD20 Monoclonal Antibodies	• Updated Rituxan®, Truxima®, Ruxience™, Riabni™ (rituximab) CLL/SLL Hairy Cell Leukemia, Management of Immunotherapy-Related Toxicities, Non-Oncology Indications, Rheumatoid Arthritis (RA), Systemic Lupus Erythematosus (SLE), Dosage Limits, and Recertification Requests.
Yervoy® (ipilimumab)	• Updated CNS Cancer, CRC, Appendiceal Adenocarcinoma, Kaposi Sarcoma, RCC, PeM, PM, Cutaneous Melanoma, Small Bowel Adenocarcinoma (SBA), Pleomorphic Rhabdomyosarcoma, Gestational Trophoblastic Neoplasia, Dosage Limits, Recertification Request, and PA Guidelines.

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