

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

The Nevada Medicaid Drug Use Review (DUR) Board met on October 16, 2025, and voted to adopt the following changes to Physician Administered Drugs (PAD) criteria, effective January 5, 2026.

Drug Class/Program	Background and Explanation of Policy Changes, Clarifications and Updates
Abraxane®; paclitaxel albumin bound	<ul style="list-style-type: none"><li>Added new section</li></ul>
Anti-PD-1 Monoclonal Antibodies	<ul style="list-style-type: none"><li>Updated Prior Authorization Verbiage</li><li>Updated Urothelial Carcinoma, Recertification Request, and PA Guidelines; Updated under Imfinzi® Biliary Tract Cancers, Hepatocellular Carcinoma, Recertification Requests, and PA Guidelines. Updated PA Guidelines for Libtayo®. Under Opdivo® updated Urothelial Carcinoma, Adult Central Nervous System, Esophageal Cancer and Esophagogastric/Gastroesophageal Junction Cancers, Gastric Cancer, Pediatric cHL, RCC, NSCLC, Pediatric Aggressive Mature B-Cell Lymphomas. Added Dedifferentiated Liposarcoma with or without Concurrent Well-Differentiated Liposarcoma, Epithelioid Hemangioendothelioma, Adrenal Gland Tumor, and Squamous Cell Skin Cancer. Updated dosage limits and PA Guidelines. Under Tecentriq® the following were updated – Hepatocellular Carcinoma and PA Guidelines</li></ul>
Beovu® (brolucizumab-dbll)	<ul style="list-style-type: none"><li>Updated Universal Criteria, Dosing Limits, Recertification Requests, and PA Guidelines</li></ul>
Alymsys®, Avastin®, Myasis® Zirabev™, Vegzelma™, Zirabev® (bevacizumab)	<ul style="list-style-type: none"><li>Updated title, Colorectal Cancer, Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer, Pediatric Central Nervous System (CNS) Cancers, and PA Guidelines</li></ul>
Darzalex®	<ul style="list-style-type: none"><li>Updated Universal Criteria and PA Guidelines</li></ul>
Anti-Angiogenic Ophthalmic Agents	<ul style="list-style-type: none"><li>Updated Universal Criteria, Dosing Limit and PA Guidelines for Eylea®. For Byooviz™, Cimerli™ and Lucentis® updated Universal Criteria, Dosage Limits, Recertification Request, and PA Guidelines</li></ul>

Immune Globulins (immunoglobulin)	<ul style="list-style-type: none"> <li>Updated criteria under Immune Thrombocytopenia/Idiopathic Thrombocytopenia Purpura (ITP), Chronic Inflammatory Demyelination Polyneuropathy (CIDP), Guillain-Barre Syndrome, Multifocal Motor Neuropathy, .HIV-Infected Children: Bacterial Control or Prevention, Myasthenia Gravis, Dermatomyositis (for Octagam® 10%, Polymyositis, Allogeneic Bone Marrow or Stem Cell Transplant, Kawasaki's Disease, Fetal Alloimmune Thrombocytopenia, Neonatal Alloimmune Thrombocytopenia, Acquired Immune Deficiency Secondary to ALL or MM, Toxic Shock Syndrome, Management of Immune Check point Inhibitor Related Toxicities, Management of CAR T Cell-Related Toxicities, and Cancer-Associated Venous Thromboembolic Disease. Updated Recertification Request and PA Guidelines</li> </ul>
Antineoplastic-AntiProgrammed Cell Death Receptor-1 (PD-1)	<ul style="list-style-type: none"> <li>Under Jemperli® Updated PA Guidelines</li> <li>Updated Urothelial Carcinoma, Adult CNS Cancer, Gastric Cancer, Head and Neck Cancers, Hepatocellular Carcinoma, Adult Classical Hodgkin Lymphoma, Pediatric Classical Hodgkin Lymphoma, Soft Tissue Sarcoma, Thyroid Carcinoma, Tumor Mutation Burden-High Cancer, and PA Guidelines for Keytruda®</li> </ul>
Aranesp®	<ul style="list-style-type: none"> <li>Updated Universal Criteria</li> </ul>
Pemetrexed	<ul style="list-style-type: none"> <li>Updated coverage, Dosage Limits, Recertification Request, and PA Guidelines</li> </ul>
HER2 Inhibitors	<ul style="list-style-type: none"> <li>Updated Universal Criteria, Dosage Limits, and Recertification Request for Perjeta. For Herceptin®; Herzuma®; Kanjinti®; Ogvir®; Ontruzant®; Trazimera™; (trastuzumab) (Intravenous) updated Universal Criteria, Dosage Limits, Recertification Request, and PA Guidelines</li> </ul>
CD20 Monoclonal Antibodies	<ul style="list-style-type: none"> <li>Under Rituximab, the following where updated – Universal Criteria, Dosage Limits, Recertification Requests, and PA Guidelines</li> </ul>
Yervoy® (ipilimumab)	<ul style="list-style-type: none"> <li>Updated Universal Criteria and PA Guidelines</li> </ul>
Osteoporosis Agents	<ul style="list-style-type: none"> <li>Deleted section, revised language, and relocated section to Appendix A Section MMMMM</li> </ul>

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