

August 5, 2024
Web Announcement 3407

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 August 5, 2024:

Drug Class/Program	Background and Explanation of Policy Changes, Clarifications and Updates
Abraxane® (paclitaxel albumin-bound)	Adoption of prior authorization criteria and/or quantity limits
Anti-PD-1 monoclonal antibodies	Adoption of prior authorization criteria and/or quantity limits
Beovu® (brolocizumab-dblI)	Adoption of prior authorization criteria and/or quantity limits
bevacizumab	Adoption of prior authorization criteria and/or quantity limits
Darzalex® (daratumumab)	Adoption of prior authorization criteria and/or quantity limits
Elaprase® (idursulfase)	Adoption of prior authorization criteria and/or quantity limits
Anti-Angiogenic Ophthalmic Agents	Adoption of prior authorization criteria and/or quantity limits

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