



August 15, 2025

Nevada Medicaid Web Announcement 3696

Medicaid Services Manual Chapters Updated

The following Medicaid Services Manual (MSM) chapters have been updated and posted on the Nevada Health Authority (NVHA) website:

- MSM Chapter 400 – Mental Health and Alcohol and Substance Abuse Services (effective July 1, 2025)

<https://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C400/Chapter400/>

Revisions to remove MSM Section 403.6F Peer-to Peer Services, reword, and place it into a new MSM Chapter 4300 dedicated to Peer Support Services.

- MSM Chapter 600 – Physician Services (effective July 30, 2025)

<https://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C600/Chapter600/>

Revisions correct a reference made regarding blood glucose monitors and diabetic supplies.

- MSM Chapter 1200 – Prescribed Drugs (effective August 4, 2025)

<https://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>

Revisions to update Appendix A, Section YYY. Antibiotics to remove ceftibuten and cefditoren from the list of outpatient antibiotic class criteria, update the coverage and limitations for Third Generation Cephalosporins to include provider attestation, and update the Exception Criteria to include that a third-generation cephalosporin is being prescribed in the setting of severe penicillin allergy. Updated the following Physician Administered Drugs (PAD) all included in Appendix B: Section A. - Abraxane® (paclitaxel albumin bound); Section B. - Anti-PD-1 Monoclonal Antibodies; Section C. - Beovu® (brolucizumab-dblb); Section D. - Avastin®, Mvasi®, Zirabev™, Alymsys®, Vegzelma™, Avzivi® (bevacizumab); Section E. - Darzalex® (daratumumab); Section F. - Darzalex Faspro® - (daratumumab and hyaluronidase-fihj); Section G. - Elaprase® (idursulfase); Section H. - Anti-Angiogenic Ophthalmic Agents: Eylea®, Eylea® HD (intravitreal); Section J. - Antineoplastic-Anti-Programmed Cell Death Receptor-1 (PD-1); Section L. - Aranesp® (darbepoetin alfa); Section N. - Pemetrexed Alimta®, Pemfexy™, Pemetrexed; Section P. - CD20 Monoclonal Antibodies; Section R. - Yervoy® (ipilimumab); Section M. - Long-Acting Granulocyte Colony Stimulating Factors (LA-gCSF): Neulasta®, Fulphila®, Udenyca®, Ziextenzo®; Nyvepria™; Fylmetra®; Stimufend®; Rolvedon®; Ryzneuta®; Pegfilgrastim-fpgk.

- MSM Chapter 4300 – Peer Support Services (effective July 1, 2025)

https://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C4300/Chapter_4300/

Revisions to add service descriptions for Adult, Youth, and Family Peer Support.