NEVADA HEALTH AUTHORITY
NevadaMedicaid.nv.gov

July 22, 2026

Nevada Medicaid Web Announcement 3968

Medicaid Services Manual Chapters Updated

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

- MSM Chapter 1200 – Prescribed Drugs (effective July 6, 2026)

  https://www.nevadamedicaid.nv.gov/resources/medicaid-services-manual/chapter-1200-prescribed-drugs/

  Nevada Medicaid has adopted revisions to Medicaid Services Manual (MSM) Chapter 1200, Prescribed Drugs. These revisions were heard and approved through the Public Hearing process pursuant to Nevada Revised Statutes (NRS) 422.2369 on **June 30, 2026**, and became effective **July 6, 2026**.

  The adopted changes are to update the Pharmacy Lock-In criteria to add a good cause when requesting a pharmacy change and updating the duration of the Lock-In from 108 months to 24 months. Renamed section B. Pyrukynd® (mitapivat) to Pyruvate Kinase Activators and added clinical criteria for Aqvesme (mitapivat). Added clinical criteria for Itvisma® (onasemnogene abeparvovec-brve) in Spinal Muscular Atrophy Agents. Added clinical criteria for Exdensur® (depemokimab-ulaa) in Respiratory and Allergy Biologics. Added a new Section R. Endothelin Antagonists and added clinical criteria for Tryvio (aprocitentan). Updated clinical criteria for Ocrevus® (ocrelizumab) in Multiple Sclerosis Agents. Within Anti-Hepatitis Agents, removed requirement that all medications in the section must be prescribed by or in consultation with one of the following: Hepatologist, Gastroenterologist, Infectious Disease Specialist, and HIV Specialist (certified through the American Academy of HIV Medicine). Added clinical criteria for Pivya® (pivmecillinam) in Antibiotics. Renamed Section CCCC. Amvuttra® (vutrisiran) to Transthyretin-Mediated Amyloidosis (ATTR) Agents, added clinical criteria for diagnosis Cardiomyopathy of wild type or hereditary transthyretin-mediated amyloidosis (ATTR-CM) to Amvuttra® (vutrisiran), and added clinical criteria for Vyndamax® (tafamidis), Attruby® (acoramidis), and added clinical criteria for Onpattro™ (patisiran), Tegsedi™ (inotersen), and Wainua™ (eplontersen) to the section. Relocated Wainua™ (eplontersen) clinical criteria to Section CCCC. and removed Section WWWW. Relocated Onpattro™ (patisiran) and Tegsedi™ (inotersen) clinical criteria to Section CCCC. and removed Section AAAAA. In Osteoporosis agents, clinical criteria for Prolia® and denosumab biosimilars and Xgeva® and denosumab biosimilars added

- MSM Chapter 2600 – Intermediary Service Organization (effective July 1, 2026)

  https://www.nevadamedicaid.nv.gov/resources/medicaid-services-manual/chapter-2600-intermediary-service-organization/

  Nevada Medicaid has adopted revisions to Medicaid Services Manual (MSM) Chapter 2600 – Intermediary Service Organization. These revisions were heard and approved through the Public Hearing process pursuant to Nevada Revised Statutes (NRS) 422.2369 on **June 30, 2026**, and became effective **July 1, 2026**.

  The adopted changes include updating the Division's name to Nevada Medicaid and removing language restricting providers from submitting initial requests, allowing direct submission to the Quality Improvement Organization (QIO)-like vendor in alignment with other prior authorization processes. Additionally, all language related to the Personal Care Services (PCS) Independent Contractor (IC) Model will be removed, as the service delivery model is obsolete.

- MSM Chapter 3500 – Personal Care Services Program (effective July 1, 2026)

  https://www.nevadamedicaid.nv.gov/resources/medicaid-services-manual/chapter-3500-personal-care-services-program/

  Nevada Medicaid has adopted revisions to Medicaid Services Manual (MSM) Chapter 3500 – Personal Care Services (PCS) Program. These revisions were heard and approved through the Public Hearing process pursuant to Nevada Revised Statutes (NRS) 422.2369 on **June 30, 2026**, and became effective **July 1, 2026**.

  The adopted changes include updating the Division's name to Nevada Medicaid and removing language restricting providers from submitting initial requests which would allow direct submission to the Quality Improvement Organization (QIO)-like vendor in alignment with other prior authorization processes.

- MSM Chapter 4300 – Peer Support Services (effective July 1, 2026)

  https://www.nevadamedicaid.nv.gov/resources/medicaid-services-manual/chapter-4300-peer-support-services/

  Nevada Medicaid has adopted revisions to Medicaid Services Manual (MSM) Chapter 4300 – Peer Support Services. These revisions were heard and approved through the Public Hearing process pursuant to Nevada Revised Statutes (NRS) 422.2369 on **June 30, 2026**, and became effective **July 1, 2026**.

  The adopted changes are to update the maximum age of a recipient for youth and family peer support to 26 years old, add language to state that certification can be provided by the Nevada Certification Board (NCB) or its successor organization, and remove redundant subsections.