NEVADA HEALTH AUTHORITY
NevadaMedicaid.nv.gov

**November 9, 2026**

**Nevada Medicaid Web Announcement 4056**

# Medicaid Services Manual Chapters Updated

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

- MSM Chapter 1000 – Dental (effective October 28, 2026)

  https://www.nevadamedicaid.nv.gov/resources/medicaid-services-manual/chapter-1000-dental/

  Nevada Medicaid has adopted revisions to Medicaid Services Manual (MSM) Chapter 1000 – Dental. These revisions were heard and approved through the Public Hearing process pursuant to Nevada Revised Statutes (NRS) 422.2369 on **October 27, 2026**, and became effective **October 28, 2026**.

  The adopted changes include updates to clarify that the $1,000 expanded adult dental limit for recipients aged 21–65 does not apply to pregnant individuals and clarifying that the expanded adult dental benefit is available only up to age 65.

- MSM Chapter 1200 – Prescribed Drugs (effective November 2, 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 **October 27, 2026**, and became effective **November 2, 2026**.

  The adopted changes include updating criteria for Qelbree® and revising minimum age requirements within exception criteria. Updated clinical criteria for Dupixent® and Fasenra® with new indications/label expansions. Added clinical criteria for Orlynvah™ and Blujepa™ to Antibiotics. Added clinical criteria for Yuviwel® and renamed section to Achondroplasia Agents. Renamed Tryngolza™ (olezarsen) section to Antilipemic Agents and updated clinical criteria for Redemplo® and Tryngolza™. Added new section Dipeptidyl Peptidase 1 (DDP1) Inhibitors with clinical criteria for Brinsupri™. Added new section Human Arginase 1 Enzyme Replacement Therapy with clinical criteria for Loargys. Added new section ATP-Sensitive-Potassium Channel Activators with clinical criteria for Vykat™ XR (diazoxide choline).

- MSM Chapter 3600 – Managed Care Organization (effective October 28, 2026)

  https://www.nevadamedicaid.nv.gov/resources/medicaid-services-manual/chapter-3600-managed-care-organization/

  Nevada Medicaid has adopted revisions to Medicaid Services Manual (MSM) Chapter 3600 – Managed Care Organization. These revisions were heard and approved through the Public Hearing process pursuant to Nevada Revised Statutes (NRS) 422.2369 on **October 27, 2026**, and became effective **October 28, 2026**.

  The adopted changes include updates to align to the Centers for Medicare and Medicaid Services (CMS) approved Amendment #3 for the Managed Care Contract.