



December 10, 2012

Announcement 543

Quantities of Partial Units of Measure on Drug Claims Effective December 10, 2012

Effective with dates of service on or after December 10, 2012, Nevada Medicaid will accept quantities of partial units of measure submitted on pharmacy and physician-administered drug claims for the medications listed in the table below. Quantity limits will also be placed on these medications. The following table lists the products and their respective quantity limits.

Generic Name	Trade Name	Unit of Measure	Unit Description	Qty Limit
BEVACIZUMAB IV SOLN 100 MG/4ML (FOR INFUSION)	Avastin	4 ML	Vial	12 ML
BEVACIZUMAB IV SOLN 400 MG/16ML (FOR INFUSION)	Avastin	16 ML	Vial	32 ML
CYTARABINE INJ PF 20 MG/ML (5 ML Vial)		5 ML	Vial	15 ML
CYTARABINE INJ PF 20 MG/ML (50 ML Vial)		50 ML	Vial	250 ML
DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 25 MCG/ML	Aranesp	1 ML	Vial	3 ML
DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 40 MCG/ML	Aranesp	1 ML	Vial	3 ML
DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 60 MCG/ML	Aranesp	1 ML	Vial	3 ML
DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 100 MCG/ML	Aranesp	1 ML	Vial	3 ML
DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 150 MCG/0.75ML	Aranesp	0.75 ML	Vial	3 ML
DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 200 MCG/ML	Aranesp	1 ML	Vial	3 ML
DARBEPOETIN ALFA-POLYSORBATE 80 SOLN INJ 300 MCG/ML	Aranesp	1 ML	Vial	3 ML
EPOETIN ALFA INJ 2000 UNIT/ML	Epogen/Procrit	1 ML	Vial	3 ML
EPOETIN ALFA INJ 3000 UNIT/ML	Epogen/Procrit	1 ML	Vial	3 ML
EPOETIN ALFA INJ 4000 UNIT/ML	Epogen/Procrit	1 ML	Vial	3 ML
EPOETIN ALFA INJ 10000 UNIT/ML (1 ML and 2 ML Vials)	Epogen/Procrit	1 ML, 2 ML	Vial	4 ML
EPOETIN ALFA INJ 20000 UNIT/ML	Epogen/Procrit	1 ML	Vial	3 ML
EPOETIN ALFA INJ 40000 UNIT/ML	Procrit	1 ML	Vial	3 ML
ONDANSETRON HCL INJ 4 MG/2ML (2 MG/ML)	Zofran	2 ML	Vial	6 ML
ONDANSETRON HCL INJ 40 MG/20ML (2 MG/ML)	Zofran	20 ML	Vial	20 ML
PEGASPARGASE INJ 750 UNIT/ML (5 ML Vial)	Oncaspar	5 ML	Vial	15 ML
PEGINESATIDE ACETATE SOLN INJ 10 MG/ML (1 ML Vial)	Omontys	1 ML	Vial	3 ML
PEGINESATIDE ACETATE SOLN INJ 20 MG/2ML (2 ML Vial)	Omontys	2 ML	Vial	4 ML