



May 1, 2026

Nevada Medicaid Web Announcement 3909

Medicaid Services Manual Chapter 1200 Updated

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

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

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

Revisions to Medicaid Services Manual (MSM) Chapter 1200 – Prescribed Drugs to update criteria for Spevigo® intravenous (IV) formulation to revise age requirements and add weight requirements as well as be prescribed by, or in consultation with, an allergist. Added clinical criteria for Spevigo® subcutaneous formulation under Immunomodulator Drugs. Added prior authorization (PA) Guidelines under Coverage and Limitations for Topical Immunomodulators. Added clinical criteria for Rhapsido® to Respiratory and Allergy Biologics. Reworded Coverage and Limitations language for clarity under Long-Acting Narcotics. Renamed “Opioids, Opioid Containing Cough Preparations, Opioids Prescribed to Under Age 18” to “Opioids.” Renamed “Savella®” to “Fibromyalgia Agents” and added clinical criteria for Tonmya® to the section. Updated criteria for Topical Androgens revising pre-treatment testosterone level requirements, added PA Guidelines, Recertification Requests, as well as reworded language for clarity for the diagnosis of Gender Dysphoria. Within Hereditary Angioedema Agents, added Andembry®, Dawnzera® Kalbitor®, Berinert®, and Ekterly, removed Cinryze® (C1 esterase inhibitor), removed duplicate criteria for Kalbitor® and updated clinical criteria. Within Incretin Mimetics, added criteria for Wegovy® tablet. Removed Xartemis® XR (oxycodone and acetaminophen) section due to the drug being off the market. Removed “and Combinations” from Neurokinin-1 Antagonists and Combinations. Updated initial and recertification criteria for Exondys 51®, Vyondys 53®, Viltepso®, Amondys 45®, and Elevidys™. Created a new section named Neurokinin-3 Receptor Antagonists and Combinations and included clinical criteria for Lynkuet® and Veozah®.

“Patients” have been replaced with “Recipients” whenever applicable throughout Appendix A. Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.