

Nevada Medicaid

# *Pharmacy Policy Updates*

June 2026

*The following policies are effective July 1, 2026*



## AT CARESOURCE, WE LISTEN TO OUR PROVIDERS, AND WE STREAMLINE OUR BUSINESS PRACTICES TO MAKE IT EASIER FOR YOU TO WORK WITH US.

We have worked to create a predictable cycle for releasing administrative, pharmacy, and reimbursement policies, so you know what to expect.

Check back each month for a consolidated network notification of policy updates from CareSource.

## HOW TO USE THIS NETWORK NOTIFICATION

- Reference the list of policy updates.
- Note the effective date and impacted plans for each policy.
- Click the hyperlinked policy title to open the webpage containing the policy location.

## FIND OUR POLICIES ONLINE

To access all CareSource policies, visit [CareSource.com](https://www.caresource.com) > Providers > Tools & Resources > [Provider Policies](#). Select your plan and state, then Pharmacy, Reimbursement, or Administrative. Each policy page has an archive where you can find previous versions of policies.

## PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
<a href="#">ADZYNMA (ADAMTS13, RECOMBINANT-KRHN)</a>	07/01/2026	NEVADA MEDICAID	REVISED POLICY
<a href="#">CABLIVI (CAPLACIZUMAB-YHDP)</a>	07/01/2026	NEVADA MEDICAID	REVISED POLICY
<a href="#">CAMZYOS (MAVACAMTEN)</a>	07/01/2026	NEVADA MEDICAID	REVISED POLICY
<a href="#">DAWNZERA (DONIDALORSEN)</a>	07/01/2026	NEVADA MEDICAID	NEW POLICY
<a href="#">GAZYVA (OBINUTUZUMAB)</a>	07/01/2026	NEVADA MEDICAID	NEW POLICY
<a href="#">JASCAYD (NERANDOMILAST)</a>	07/01/2026	NEVADA MEDICAID	NEW POLICY
<a href="#">LEQVIO (INCLISIRAN)</a>	07/01/2026	NEVADA MEDICAID	NEW POLICY
<a href="#">LUPKYNIS (VOCLOSPORIN)</a>	07/01/2026	NEVADA MEDICAID	REVISED POLICY
<a href="#">MEDICAL BENEFIT MEDICATIONS</a>	07/01/2026	NEVADA MEDICAID	REVISED POLICY

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<a href="#">MYQORZO (AFICAMTEN)</a>	07/01/2026	NEVADA MEDICAID	NEW POLICY
<a href="#">NOCDURNA (DESMOPRESSIN ACETATE)</a>	07/01/2026	NEVADA MEDICAID	REVISED POLICY
<a href="#">ONCOLOGY REGIMENS</a>	07/01/2026	NEVADA MEDICAID	REVISED POLICY
<a href="#">PALSONIFY (PALTUSOTINE)</a>	07/01/2026	NEVADA MEDICAID	NEW POLICY
<a href="#">SKYSONA (ELIVALDOGENE AUTOTEMCEL)</a>	07/01/2026	NEVADA MEDICAID	REVISED POLICY
<a href="#">WASKYRA (ETUVETIDIGENE AUTOTEMCEL)</a>	07/01/2026	NEVADA MEDICAID	NEW POLICY
<a href="#">WAYRILZ (RILZABRUTINIB)</a>	07/01/2026	NEVADA MEDICAID	NEW POLICY
<a href="#">ZYCUBO (COPPER HISTIDINATE)</a>	07/01/2026	NEVADA MEDICAID	NEW POLICY