Nevada Medicaid

Pharmacy Policy Updates

September 2026

The following policies are effective October 1, 2026

CareSource™

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** > 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
ALPHA1-PROTEINASE INHIBITOR (ARALAST NP, GLASSIA, PROLASTIN C, ZEMAIRA)	10/01/2026	NEVADA MEDICAID	REVISED POLICY
ALDURAZYME (LARONIDASE)	10/01/2026	NEVADA MEDICAID	ANNUAL REVIEW; NO UPDATES
AVLAYAH (TIVIDENOFUSP ALFA-EKNM)	10/01/2026	NEVADA MEDICAID	NEW POLICY
KANUMA (SEBELIPASE ALFA)	10/01/2026	NEVADA MEDICAID	REVISED POLICY
LOARGYS (PEGZILARGINASE-NBLN)	10/01/2026	NEVADA MEDICAID	NEW POLICY
MEPSEVII (VESTRONIDASE ALFA-VJBK)	10/01/2026	NEVADA MEDICAID	ANNUAL REVIEW; NO UPDATES
NAGLAZYME (GALSULFASE)	10/01/2026	NEVADA MEDICAID	ANNUAL REVIEW; NO UPDATES
PALYNZIQ (PEGVALIASE-PQPZ)	10/01/2026	NEVADA MEDICAID	REVISED POLICY

PHARMACY POLICY UPDATES

POLICY NAME	EFFECTIVE DATE	PLAN	IMPACT
RAVICTI (GLYCEROL PHENYLBUYTYRATE)	10/01/2026	NEVADA MEDICAID	REVISED POLICY
SODIUM PHENYLBUTYRATE (BUPHENYL, PHEBURANE, OLPRUVA)	10/01/2026	NEVADA MEDICAID	REVISED POLICY
VIMIZIM (ELOSULFASE ALFA)	10/01/2026	NEVADA MEDICAID	ANNUAL REVIEW; NO UPDATES
VYVGART (EFGARTIGIMOD ALFA-FCAB) AND VYVGART HYTRULO (EFGARTIGIMOD ALFA AND HYALURONIDASE-QVFC)	10/01/2026	NEVADA MEDICAID	REVISED POLICY
YARTEMLEA (NARSOPLIMAB-WUUG)	10/01/2026	NEVADA MEDICAID	NEW POLICY
YUVIWEL (NAVEPEGRITIDE)	10/01/2026	NEVADA MEDICAID	NEW POLICY