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State/Territory Name: Nevada

State Plan Amendment (SPA)#: 25-0022

This file contains the following documents in the order listed

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid Benefits and Health Programs Group

October 8, 2025

Ann Jensen, Administrator
Nevada Health Authority
Nevada Medicaid
4070 Silver Sage Drive
Carson City, NV 89701

Dear Ann Jensen,

We have reviewed Nevada's State Plan Amendment (SPA) 25-0022 received in the Centers for Medicare and Medicaid Services (CMS) OneMAC application on September 17, 2025. This amendment authorizes the state to implement a single Preferred Drug List (PDL) for the pharmacy benefit to be utilized by Fee for Service (FFS) and the participating Managed Care Organizations (MCO).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that NV-25-0022 is approved with an effective date of January 1, 2026.

We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into the Nevada state plan. If you have any questions regarding this amendment, please contact Michael Forman at Michael.forman@cms.hhs.gov.

Sincerely,

[redacted]

Catherine A. Traugott, R.Ph., J.D.
Acting Director
Division of Pharmacy

cc: Antonio Brown, NV Division of Health Care Financing and Policy/Medicaid
Bonnie Palomino, NV Division of Health Care Financing and Policy/Medicaid
Jenifer Graham, NV Division of Health Care Financing and Policy/Medicaid
Stacie Weeks, NV Division of Health Care Financing and Policy/Medicaid
Keiko Duncan, NV Division of Health Care Financing and Policy/Medicaid
Cecilia Williams, CMS, Medicaid and CHIP Operations Group

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0022

2. STATE: NV

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
42 U.S.C. Section 1396r-8, Sections 1902 and 1903 of the Social Security Act, 42 CFR 440.120

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 0
b. FFY 2027 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Page 5b

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Attachment 3.1-A, Page 5b

9. SUBJECT OF AMENDMENT
To allow Nevada Medicaid to implement a single Preferred Drug List (PDL) for the pharmacy benefit to be utilized by Fee for Service and the participating Managed Care Organizations.

10. GOVERNOR'S REVIEW *(Check One)*
(●) GOVERNOR'S OFFICE REPORTED NO COMMENT
( ) COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
( ) NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
( ) OTHER, AS SPECIFIED:

STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
STACIE WEEKS

13. TITLE
DIRECTOR, NVHA

14. DATE SUBMITTED
September 17, 2025

15. RETURN TO
Ann Jensen, Administrator
NVHA/Nevada Medicaid
4070 Silver Sage Drive
Carson City, NV 89701

FOR CMS USE ONLY

16. DATE RECEIVED
9/17/25

17. DATE APPROVED
10/8/25

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
1/1/26

19. SIGNATURE OF
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Catherine A. Traugott, R.Ph., J.D

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Pharmacy

22. REMARKS

3. The State will not pay for covered outpatients' drugs of a non-participating manufacturer, except for drugs rated "1-A" by the FDA. If such a medication is essential to the health of a recipient and a physician has obtained approval for use of the drugs in advance of its dispensing, it may be covered by the program pursuant to Section 1927(a)(3).

4. The Medicaid program restricts coverage of certain covered outpatient drugs through the operation of a prior authorization program. The prior authorization process provides for a turn-around response by either telephone or other telecommunications device within twenty-four hours of receipt of a prior authorization request. In emergency situations, providers may dispense at least a seventy-two-hour supply of medication in accordance with the provisions of §1927 (d)(5) of the (SSA).

5. Pursuant to 42 U.S.C. Section 1396r-8, the state is establishing a preferred drug list with prior authorization for drugs not included on the preferred drug list. The state, or the state in consultation with a contractor, may negotiate supplemental rebate agreements that will reclassify any drug not designated as preferred in the baseline listing for as long as the agreement is in effect. Effective January 1, 2026, Nevada Medicaid shall implement a single Preferred Drug List (PDL) for the pharmacy benefit to be utilized by Fee-for-Service and participating Managed Care Organizations.

6. Pursuant to Section 1927(d)(6), the State has established a maximum quantity of medication per prescription as a 34-day supply; maintenance drugs per prescription as a 100-day (three month) supply; and contraceptives per prescription as a 12-month supply.

    a. In those cases where less than a 30-day supply of maintenance drug is dispensed without reasonable medical justification, the professional fee may be disallowed.

    b. In nursing facilities if the prescriber fails to indicate the duration of therapy for maintenance drug, the pharmacy must estimate and provide at least a 30-day supply.

7. The state will meet the requirements of Section 1927 of the SSA. Based on the requirements for Section 1927 of the act, the state has the following policies for the supplemental rebate program for Medicaid recipients:

    a. CMS has authorized the State of Nevada to enter into direct agreements with pharmaceutical manufacturers for a supplemental drug rebate program. The supplemental rebate agreement effective July 1, 2014 amends the original, January 1, 2012 version, which is effective through their expiration dates. Additionally, the State may enter into value-based contracts with pharmaceutical manufacturers on a voluntary basis. Such contracts will be executed on the model agreement entitled "Value-Based Supplemental Rebate Agreement" submitted to CMS on December 27, 2024 and authorized for use effective January 1, 2025.

    b. CMS has authorized the State of Nevada to enter into the Michigan multi-state pooling agreement (MMSPA) also referred as the National Medicaid Pooling Initiative (NMPI) for drugs provided to Medicaid beneficiaries. The NMPI Supplemental Rebate Agreement (SRA) was submitted to CMS on March 30, 2022 and has been reviewed and authorized by CMS.

    c. Supplemental rebates received by the State under these agreements by the State that are in excess of those required under the national drug rebate agreement will be shared with the federal government on the same percentage basis as applied under the national rebate agreement.