

Silver State Scripts Board (SSSB) Made Changes to the Preferred Drug List (PDL) Effective October 10, 2024

The Silver State Scripts Board (SSSB) met on September 26, 2024 and voted to adopt the following changes to the Nevada Medicaid Preferred Drug List (PDL) effective October 10, 2024.

The complete PDL is posted on the "Preferred Drug List" webpage

Drug Class/Program	Changes
Miscellaneous Heart Failure Agents	 Ivabradine, the generic for Corlanor[®], added as preferred
	 Corlanor[®] moved from preferred to non-preferred, and defined as both the tab and soln
	 Current preferred drug Entresto[®] defined as "Entresto[®] tab"
	 New dosage form, Entresto[®] sprinkle cap, added as non-preferred
Phosphodiesterase 4 Inhibitors	Drug class adjusted from "Phosphodiesterase 4 Inhibitors" to "Phosphodiesterase 4 Inhibitors or Combination"
	 Ohtuvayre[™] added as preferred
Erythropoiesis-Stimulating Agents	Vafseo [®] added as non-preferred
	Reblozyl [®] added as non-preferred
Movement Disorders	 Current preferred drug Ingrezza[®] defined as "Ingrezza[®] cap"
	 New dosage form, Ingrezza[®] sprinkle cap, added as preferred
	 Austedo XR[®] titration pack moved from non- preferred to preferred
Targeted Immunomodulators	 Adalimumab-aacf, adalimumab-aaty, adalimumab- adbm, adalimumab-ryvk, Abrilada[®], and Simlandi[®] added as non-preferred
	Bimzelx [®] added as non-preferred
	Omvoh [®] added as non-preferred
	Taltz [®] moved from preferred to non-preferred
	Velsipity [®] added as non-preferred

	Zeposia [®] added as non-preferred
Incretin Mimetics and Combinations	 Liraglutide, the generic for Victoza[®], added as non- preferred
	Adlyxin [®] removed from PDL due to product discontinuation
Dipeptidyl Peptidase-4 Inhibitors and Combinations with Metformin	Kazano [®] , Nesina [®] , and Oseni [®] removed from PDL due to product discontinuation
Non-Ergot Dopamine Agonists	Azilect [®] added as non-preferred
	 Kynmobi[®] removed from PDL due to product discontinuation
	Pramipexole ER added as non-preferred
	 Mirapex ER[®] moved from preferred to non- preferred
	Rasagiline added as non-preferred
Ophthalmic Quinolones	Moxifloxacin (generic for Vigamox [®]) moved from non-preferred to preferred
	 Moxifloxacin (generic for Moxeza[®]) kept as non- preferred
	Vigamox [®] moved from preferred to non-preferred
	Ophthalmic levofloxacin removed from the PDL due to manufacturer no longer participating in the Medicaid Drug Rebate Program
	Moxeza [®] removed from the PDL due to product discontinuation
Second-Generation Cephalosporins	Cefaclor susp and ER tablet moved from preferred to non-preferred
	Cefuroxime susp removed from PDL due to product discontinuation
Bisphosphonates	 Ibandronate tab moved from non-preferred to preferred
	 Risedronate (generic for Actonel[®]) added as preferred
	 Risedronate (generic for Atelvia[®]) added as non- preferred
	Boniva [®] and etidronate (generic for Didronel [®]) removed from PDL due to product discontinuation