November 3, 2025
Web Announcement 3757

Silver State Scripts Board Made Changes to the Preferred Drug List Effective November 1, 2025

The Silver State Scripts Board (SSSB) met on September 18, 2025 and voted to adopt the following changes to the Nevada Medicaid Preferred Drug List (PDL) effective November 1, 2025.

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

Drug Class/Program	Changes
Anticonvulsants	• All Tegretol products moved from preferred to non-preferred • Carbatrol moved from preferred to non-preferred • Equetro placed as non-preferred • All Depakote products moved from preferred to non-preferred • Zarontin moved from preferred to non-preferred • Felbamate (generic for Felbatol) moved from preferred to non-preferred • Lamictal tablets, dispersible tablets, oral disintegrating tablets (ODT), and dose packs moved from preferred to non-preferred • Lamotrigine dose pack and ODT dose pack moved from non-preferred to preferred • Methsuximide (generic for Celontin) placed as non-preferred • Perampanel (generic for Fycompa) placed as preferred • Fycompa moved from preferred to non-preferred • Gabitril removed from the PDL due to product discontinuation • Tiagabine (generic for Gabitril) placed as non-preferred • Qudexy XR removed from the PDL due to product discontinuation • Preferred strengths of topiramate sprinkle defined as the 15 mg and 25 mg, non-preferred strength defined as the 50 mg • Depakene removed from the PDL due product discontinuation

Atypical Antipsychotics – Topical/Oral	• Saphris moved from preferred to non-preferred • Asenapine (generic for Saphris) moved from non-preferred to preferred • Fanapt moved from preferred to non-preferred • Cobenfy placed as a preferred product • Fazaclo removed from the PDL due to product discontinuation
Topical Antivirals	• Xerese cream, Zovirax cream, and Zovirax ointment removed from the PDL due to these products no longer participating in the Medicaid Drug Rebate Program (MDRP)
Bladder Antispasmodics	• Tolterodine IR (generic for Detrol) and tolterodine ER (generic for Detrol LA) moved from non-preferred to preferred • Toviaz moved from preferred to non-preferred • Fesoterodine ER (generic for Toviaz) placed as preferred • Preferred strength of oxybutynin IR tablet defined as 5 mg, non-preferred strength defined as 2.5 mg • Myrbetriq ER tablet moved from non-preferred to preferred • Myrbetriq granules kept as non-preferred • Mirabegron ER tablet (generic for Myrbetriq ER) placed as non-preferred • Ditropan XL, Gelnique, and Sanctura removed from the PDL due to product discontinuation
Rapid-Acting Insulins	• Novolog moved from non-preferred to preferred
Pre-Mixed Insulin Combinations	• Novolin 70/30 and Novolog 70/30 moved from non-preferred to preferred
Bile Acid Sequestrants	• Welchol moved from preferred to non-preferred • Colesevelam (generic for Welchol) moved from non-preferred to preferred
Narcolepsy Agents	• Nuvigil moved from preferred to non-preferred • Armodafanil (generic for Nuvigil) moved from non-preferred to preferred with prior authorization • Sodium oxybate (generic for Xyrem) placed as non-preferred

Ophthalmic Corticosteroids	• Prednisolone acetate (generic for Pred Forte) 1% suspension moved from non-preferred to preferred • Omnipred removed from the PDL due to product discontinuation
Platelet Inhibitors	• Durlaza removed from the PDL due to product no longer participating in the Medicaid Drug Rebate Program (MDRP) • Aggrenox removed from the PDL due to product discontinuation • Aspirin/dipyridamole (generic for Aggrenox) moved from non-preferred to preferred • Ticagrelor (generic for Brilinta) placed as non-preferred
Anxiolytics, Sedatives, and Hypnotics	• Rozerem moved from preferred to non-preferred • Ramelteon (generic for Rozerem) placed as preferred with prior authorization • Preferred strengths of temazepam defined as 7.5 mg, 15 mg, and 30 mg; non-preferred strength defined as 22.5 mg • Sublingual zolpidem moved from preferred to non-preferred • Zolpidem capsule defined as non-preferred • Zolpidem CR moved from non-preferred to preferred with prior authorization • Flurazepam moved from preferred to non-preferred • Eszopiclone (generic for Lunesta) moved from non-preferred to preferred with prior authorization • Tasimelteon placed as non-preferred • Sonata and Zolpimist removed from the PDL due to product discontinuation
Gastrointestinal Anti-inflammatory Agents	• Apriso and Colazol removed from the PDL as these products are no longer participating in the Medicaid Drug Rebate Program (MDRP) • Mesalamine (generic for Apriso) moved from non-preferred to preferred • Mesalamine (generic for Lialda) moved from non-preferred to preferred • Pentasa moved from preferred to non-preferred

	• Mesalamine (generic for Pentasa) placed as non-preferred • Delzicol removed from the PDL due to product discontinuation • Canasa suppository moved from preferred to non-preferred • Mesalamine suppository (generic for Canasa) moved from non-preferred to preferred
Functional Gastrointestinal Disorder Drugs: Constipation-Related	• Relistor, Trulance, and Zelnorm removed from the PDL due to these products no longer participating in the Medicaid Drug Rebate Program (MDRP) • Class name changed from “Functional Gastrointestinal Disorder Drugs” to “Functional Gastrointestinal Disorder Drugs: Constipation-Related” • Prucalopride (generic for Motegrity) placed as non-preferred
Acne Medications: Topical	• Acanya, Azelex, Amzeeq, and Onexton removed from the PDL due to these products no longer participating in the Medicaid Drug Rebate Program (MDRP) • Clindamycin/benzoyl peroxide (generic for Duac) placed as preferred, keeping all other clindamycin/benzoyl peroxide gel formulations as non-preferred • Duac CS removed from the PDL due to product discontinuation
Topical Retinoids	• Retin-A, Ziana, and Arazlo removed from the PDL due to these products no longer participating in the Medicaid Drug Rebate Program (MDRP) • Tretinoin cream placed as preferred • Tretinoin gel (generic for Avita and Retin-A) placed as preferred, and tretinoin gel (generic for Atralin) placed as non-preferred • Tretinoin microspheres gel remain non-preferred • Clindamycin/tretinoin combination product placed as non-preferred • Twyneo placed as non-preferred • Avita removed from the PDL due to product discontinuation

Functional Gastrointestinal Disorder Drugs: Diarrhea Predominant	• New class added to the PDL • Lotronex and Viberzi placed as preferred with prior authorization • Alosetron (generic for Lotronex) placed as non-preferred