

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

The Silver State Scripts Board (SSSB) met on June 12, 2025 and voted to adopt the following changes to the Nevada Medicaid Preferred Drug List (PDL) effective August 1, 2025.

The complete PDL is posted on the ["Preferred Drug List"](#) webpage

Drug Class/Program	Changes
<b>Targeted Immunomodulator</b>	<ul style="list-style-type: none"><li>• Pyzchiva® and Yesintek® added as preferred with prior authorization</li><li>• Stelara® moved from preferred with prior authorization to non-preferred</li><li>• Unbranded Stelara® (ustekinumab) added as non-preferred</li><li>• Biosimilars for Stelara® (Otulfi®, Selarsdi®, Steqeyma®, ustekinumab-aekn, ustekinumab-ttwe) added as non-preferred</li><li>• Biosimilars for Actemra® (Tofidence® and Tyenne®) added as non-preferred</li><li>• Biosimilar for Remicade® (Zymfentra®) added as non-preferred</li><li>• Arcalyst® added as non-preferred</li></ul>
<b>Cholinesterase Inhibitors</b>	<ul style="list-style-type: none"><li>• Exelon® patch moved from preferred to non-preferred</li><li>• Rivastigmine capsule and patch moved from non-preferred to preferred</li><li>• Galantamine non-preferred product defined as both the tablet and solution formulation</li><li>• Zunveyl® placed as non-preferred</li><li>• Razadyne® ER removed from PDL due to product discontinuation</li></ul>
<b>Beta-Blockers</b>	<ul style="list-style-type: none"><li>• Coreg CR® removed from the PDL, as it is no longer participating in the Medicaid Drug Rebate Program (MDRP)</li><li>• Hemangeol® placed as preferred with prior authorization</li><li>• Metoprolol/HCTZ moved from preferred to non-preferred</li><li>• Inderal LA®, Inderal XL®, and Innopran XL® placed as</li></ul>

	non-preferred
<b>Phosphodiesterase Type 4 Inhibitors or Combination</b>	<ul style="list-style-type: none"> <li>Ohtuvayre® moved from preferred with prior authorization to non-preferred</li> </ul>
<b>Incretin Mimetics and Combinations</b>	<ul style="list-style-type: none"> <li>Exenatide placed as non-preferred</li> </ul>
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>	<ul style="list-style-type: none"> <li>Ibuprofen chewable tablet and ibuprofen/APAP added as preferred</li> <li>Naproxen suspension moved from preferred to non-preferred</li> <li>Arthrotec®, Celebrex®, ibuprofen with famotidine tablet, indomethacin oral suspension, indomethacin rectal suppository, and tolmetin sodium tablet and capsule added to PDL as non-preferred</li> <li>Sprix® nasal spray removed from PDL, as it is no longer participating in the Medicaid Drug Rebate Program (MDRP)</li> </ul>
<b>Rapid-Acting Insulins</b>	<ul style="list-style-type: none"> <li>Apidra® and Apidra Solostar® moved from preferred to non-preferred</li> <li>Humalog® products moved from preferred to non-preferred</li> <li>Novolog® products moved from preferred to non-preferred</li> <li>Fiasp® (all products) defined as non-preferred</li> <li>Lyumjev® (all products) defined as non-preferred</li> </ul>
<b>Short-Intermediate Acting Insulins</b>	<ul style="list-style-type: none"> <li>Humulin R® U-100 moved from non-preferred to preferred</li> <li>Humulin N® vial and Kwikpen moved from non-preferred to preferred</li> </ul>
<b>Long-Acting Insulins</b>	<ul style="list-style-type: none"> <li>Levemir removed from PDL due to product discontinuation</li> <li>Basaglar® Tempo Pen placed as non-preferred</li> <li>Insulin degludec (generic for Tresiba®/Tresiba FlexTouch®) placed as non-preferred</li> <li>Insulin glargine (generic for Toujeo®/Toujeo Max®) placed as non-preferred</li> </ul>
<b>Pre-Mixed Insulin Combinations</b>	<ul style="list-style-type: none"> <li>Humalog 75/25 Kwikpen® moved from preferred to non-preferred</li> <li>Insulin lispro protamine/insulin lispro Kwikpen (generic for Humalog 75/25®) placed as preferred</li> <li>Novolog 70/30® moved from preferred to non-preferred</li> </ul>

	<ul style="list-style-type: none"> <li>Insulin aspart/insulin aspart protamine (generic for Novolog 70/30®) placed as preferred</li> </ul>
<b>Antivirals, COVID-19</b>	<ul style="list-style-type: none"> <li>New drug class added to PDL</li> <li>Paxlovid® Therapy Pack placed as preferred</li> </ul>
<b>Steroids, Topical Low</b>	<ul style="list-style-type: none"> <li>New drug class added to the PDL</li> <li>Preferred agents to include: <ul style="list-style-type: none"> <li>hydrocortisone cream (topical and rectal), oint</li> <li>hydrocortisone acetate cream, oint</li> <li>hydrocortisone-aloe cream</li> </ul> </li> <li>Non-preferred agents to include: <ul style="list-style-type: none"> <li>aclometasone dipropionate</li> <li>desonide</li> <li>hydrocortisone lotion, gel</li> <li>fluocinolone oil</li> </ul> </li> </ul>
<b>Steroids, Topical Medium</b>	<ul style="list-style-type: none"> <li>New drug class added to the PDL</li> <li>Preferred agents to include: <ul style="list-style-type: none"> <li>fluocinolone acetonide soln</li> <li>fluticasone propionate cream, oint</li> <li>hydrocortisone valerate cream</li> <li>mometasone furoate cream, oint, soln</li> <li>Oralene®</li> <li>triamcinolone paste</li> </ul> </li> <li>Non-preferred agents to include: <ul style="list-style-type: none"> <li>betamethasone valerate foam</li> <li>fluocinolone acetonide cream, oint</li> <li>fluticasone propionate lotion</li> <li>flurandrenolide</li> <li>hydrocortisone butyrate cream, oint, soln, lipid/lipocream</li> <li>hydrocortisone valerate oint</li> <li>prednicarbate</li> </ul> </li> </ul>
<b>Steroids, Topical High</b>	<ul style="list-style-type: none"> <li>New drug class added to the PDL</li> <li>Preferred agents to include: <ul style="list-style-type: none"> <li>betamethasone dipropionate cream, oint, lotion</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ betamethasone dipropionate/prop gly cream</li> <li>○ triamcinolone acetonide cream, oint, lotion</li> <li>○ fluocinonide cream, oint, soln</li> <li>• Non-preferred agents to include: <ul style="list-style-type: none"> <li>○ betamethasone dipropionate gel</li> <li>○ betamethasone dipropionate/prop gly lotion, oint</li> <li>○ betamethasone valerate cream, lotion, oint</li> <li>○ desoximetasone</li> <li>○ diflorasone diacetate</li> <li>○ fluocinonide emollient, gel</li> <li>○ halcinonide</li> <li>○ Halog®</li> <li>○ Topicort®</li> <li>○ Vanos®</li> </ul> </li> </ul>
<b>Steroids, Topical Very High</b>	<ul style="list-style-type: none"> <li>• New drug class added to the PDL</li> <li>• Preferred agents to include: <ul style="list-style-type: none"> <li>○ clobetasol propionate 0.05% cream</li> <li>○ clobetasol propionate oint, gel, soln</li> <li>○ halobetasol propionate oint, cream</li> </ul> </li> <li>• Non-preferred agents to include: <ul style="list-style-type: none"> <li>○ Bryhali®</li> <li>○ clobetasol lotion, shampoo, emollient</li> <li>○ clobetasol propionate spray, foam</li> <li>○ Clobex® shampoo</li> <li>○ halobetasol propionate foam</li> </ul> </li> </ul>