

Silver State Scripts Board Made Changes to the Preferred Drug List Effective February 1, 2026

The Silver State Scripts Board (SSSB) met on December 11, 2025 and voted to adopt the following changes to the Nevada Medicaid Preferred Drug List (PDL) effective February 1, 2026.

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

Drug Class/Program	Changes
Androgens	<ul style="list-style-type: none">• Androderm, AndroGel gel packet, Fortesta, and testosterone solution removed from the PDL due to product discontinuation• AndroGel gel pump removed from the PDL due to there currently being no active NDCs for this drug• Testosterone gel packet (generic for Vogelxo) moved from non-preferred to preferred with prior authorization• Testosterone gel packet (generic for Androgel) to remain non-preferred• Testosterone gel* (generic for Vogelxo, Axiron, and Fortesta) placed as non-preferred *all other non-packet presentations
Miscellaneous Heart Failure Agents	<ul style="list-style-type: none">• Sacubitril/valsartan (generic for Entresto) placed as preferred with prior authorization• Entresto tablet moved from preferred with prior authorization to non-preferred
Anticoagulants: Oral	<ul style="list-style-type: none">• Eliquis tablet and dose pack will remain preferred• Eliquis sprinkle capsule and suspension moved from preferred to non-preferred• Xarelto tablet and dose pack will remain preferred• Xarelto suspension moved from preferred to non-preferred• Rivaroxaban tablet and suspension (generics for Xarelto) placed as non-preferred
Pregnancy-Induced Nausea and Vomiting Treatment	<ul style="list-style-type: none">• Diclegis moved from non-preferred to preferred• Doxylamine/pyridoxine OTC (25mg/10mg) removed from PDL due to product discontinuation

Serotonin-receptor Antagonist/Combo	<ul style="list-style-type: none"> • Ondansetron ODT (16 mg strength) moved from preferred to non-preferred • Anzemet, Zofran, and Zuplenz removed from the PDL due to product discontinuation • Barhemsys removed from the PDL and will be left unmanaged due to differing mechanism of action from other drugs in this PDL class
Anticholinergics and Combination Products	<ul style="list-style-type: none"> • Tudorza Pressair moved from preferred to non-preferred • Tiotropium (generic for Spiriva) placed as non-preferred • Umeclidinium/vilanterol (generic for Anoro Ellipta) placed as non-preferred • Lonhala Magnair removed from the PDL due to product discontinuation
Anti-Hypoglycemic Agents	<ul style="list-style-type: none"> • GlucaGen Hypokit removed from the PDL due to product discontinuation • Glucagon emergency kit (manufactured by Eli Lilly and Lupin) moved from non-preferred to preferred • Glucagon emergency kit (all other manufacturers) will remain non-preferred • Gvoke vial and syringe moved from non-preferred to preferred • Gvoke pen moved from preferred to non-preferred
ADHD Agents	<ul style="list-style-type: none"> • Adderall XR moved from preferred to non-preferred • Lisdexamfetamine capsule and chewable tablet (generics for Vyvanse) moved from non-preferred to preferred • Vyvanse capsule will remain preferred • Vyvanse chewable tablet moved from preferred to non-preferred • Methylphenidate patch (generic for Daytrana) moved from non-preferred to preferred • Onyda XR suspension placed as non-preferred • Ritalin LA, Adhansia XR, Evekeo ODT, and Strattera removed from PDL due to product discontinuation • Desoxyn removed from PDL due to the manufacturer no longer participating in the Medicaid Drug Rebate Program (MDRP)

Antidepressants, Other	<ul style="list-style-type: none"> • Exxua ER tablet and titration pack placed as non-preferred • Raldesy solution placed as non-preferred • Aplenzin and Wellbutrin XL removed from the PDL due to the manufacturer no longer participating in the MDRP
Dipeptidyl Peptidase-4 Inhibitors and Combinations with Metformin	<ul style="list-style-type: none"> • Janumet and Janumet XR moved from preferred to non-preferred • Zituvimet and Zituvimet XR placed as preferred • Sitagliptin/metformin (generic for Zituvimet) and sitagliptin/metformin ER (generic for Zituvimet XR) placed as non-preferred • Sitagliptin placed as preferred • Januvia moved from preferred to non-preferred • Zituvio placed as non-preferred • Brynovin solution placed as non-preferred
Opiate Antagonists	<ul style="list-style-type: none"> • Opvee, Rextovy, and Zurnai placed as non-preferred • Zimhi removed from PDL due to product discontinuation
Multiple Sclerosis Agents: Injectable	<ul style="list-style-type: none"> • Copaxone 20 mg/mL will remain preferred with prior authorization • Copaxone 40 mg/mL moved from preferred with prior authorization to non-preferred • Glatiramer (generic for Copaxone) 40 mg/mL moved from non-preferred to preferred with prior authorization • Glatiramer (generic for Copaxone) 20 mg/mL will remain non-preferred • Ocrevus Zunovo placed as non-preferred • Tyruko placed as non-preferred
Neurokinin-1 Antagonists	<ul style="list-style-type: none"> • New class added to PDL • Aprepitant capsules and fosaprepitant added as preferred • Aponvie, aprepitant pack, Cinvanti, Emend, and Focinvez added as non-preferred • Prior authorization is required for any prescription in this class exceeding quantity limits