

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

The Silver State Scripts Board (SSSB) met on March 19, 2026 and voted to adopt the following changes to the Nevada Medicaid Preferred Drug List (PDL) effective May 1, 2026.

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

| Drug Class/Program  | Changes  |
|---|--|
| <b>ADHD Agents</b>  | <ul style="list-style-type: none"> <li>Daytrana patches removed from the PDL due to product discontinuation</li> <li>Methylphenidate patch (generic for Daytrana) moved from preferred to non-preferred</li> <li>Methylin solution moved from preferred to non-preferred</li> <li>Methylphenidate ER (generic for Aptensio XR) moved from preferred with prior authorization to non-preferred</li> <li>Jornay PM to remain preferred with prior authorization</li> <li>Qelbree to remain preferred with prior authorization</li> </ul> |
| <b>Cardiovascular Agents, Vasodilators – Oral</b>                   | <ul style="list-style-type: none"> <li>Liqrev suspension removed from the PDL due to product discontinuation</li> <li>Bosentan tablet (generic for Tracleer) moved from non-preferred to preferred with prior authorization</li> <li>Tracleer tablet moved from preferred with prior authorization to non-preferred</li> </ul>   |
| <b>Inhaled Glucocorticoids</b>                                      | <ul style="list-style-type: none"> <li>Pulmicort Flexhaler removed from the PDL due to loss of rebate participation</li> <li>Flovent Diskus and HFA removed from the PDL due to product discontinuation</li> <li>Asmanex Twisthaler and HFA moved from non-preferred to preferred</li> </ul>   |
| <b>Anti-Migraine Agents, Serotonin-Receptor Agnoists (Triptans)</b> | <ul style="list-style-type: none"> <li>Frova removed from the PDL due to product discontinuation</li> <li>Treximet tablet removed from the PDL due to product discontinuation</li> <li>Symbravo tablet placed as non-preferred</li> </ul>  |
| <b>Antivirals, Influenza Agents</b>                                 | <ul style="list-style-type: none"> <li>Amantadine capsules, tablets and syrup moved to the Antiparkinsonian Agents, Dopamine Precursors class and will remain preferred</li> </ul>   |
| <b>Antiparkinsonian Agents, Dopamine</b>                            | <ul style="list-style-type: none"> <li>Amantadine capsules, tablets and syrup placed as</li> </ul>   |

|  |   |
|--|---|
| <p><b>Precursors</b></p>   | <p>preferred</p> <ul style="list-style-type: none"> <li>• Carbidopa/Levodopa ER (generic for Rytary ER) moved from preferred to non-preferred</li> <li>• Bromocriptine tablet placed as non-preferred</li> <li>• Carbidopa tablet placed as non-preferred</li> <li>• Crexont capsule placed as non-preferred</li> <li>• Dhivy tablet placed as non-preferred</li> <li>• Gocovri capsule placed as non-preferred</li> <li>• Vyalev vial placed as non-preferred</li> </ul> |
| <p><b>Antiparkinsonian Agents, Non-Ergot Dopamine Agonists</b></p> | <ul style="list-style-type: none"> <li>• Azilect and generic rasagiline moved to the Antiparkinsonian Agents, Miscellaneous class and will remain non-preferred</li> <li>• Ropinirole ER moved from preferred to non-preferred</li> <li>• Mirapex and Mirapex ER removed from the PDL due to product discontinuation</li> <li>• Requip and Requip XL removed from the PDL due to product discontinuation</li> <li>• Onapgo cartridge placed as non-preferred</li> </ul>   |
| <p><b>Atypical Antipsychotics, Oral/Topical</b></p>                | <ul style="list-style-type: none"> <li>• Zyprexa Zydis removed from the PDL due to product discontinuation</li> <li>• Olanzapine/fluoxetine capsule (generic for Symbyax) placed as non-preferred</li> <li>• Opienza film placed as non-preferred</li> <li>• Versacloz tablet placed as non-preferred</li> </ul>  |
| <p><b>Antipsychotics, Long-Acting Injectable</b></p>               | <ul style="list-style-type: none"> <li>• Erzofti injection placed as preferred</li> <li>• Risperidone injection (generic for Risperdal Consta) placed as non-preferred</li> </ul>   |
| <p><b>Ophthalmics for Dry Eye Disease</b></p>                      | <ul style="list-style-type: none"> <li>• Eysuvis drops moved from non-preferred to preferred</li> <li>• Cyclosporine drops (generic for Restasis) placed as non-preferred</li> <li>• Miebo drops placed as non-preferred</li> <li>• Tryptyr drops placed as non-preferred</li> <li>• Vevye drops placed as non-preferred</li> </ul>   |
| <p><b>Cardiovascular Agents, Vasodilators - Inhaled</b></p>        | <ul style="list-style-type: none"> <li>• Ventavis removed from the PDL due to product discontinuation</li> <li>• Yutrepia nebulas placed as preferred with prior authorization</li> <li>• Tyvaso nebulas moved from preferred with prior authorization to non-preferred</li> </ul>  |

|  |  |
|--|--|
| <p><b>Antiparkinsonian Agents, Miscellaneous</b></p>   | <ul style="list-style-type: none"> <li>• New class added to PDL</li> <li>• Bzotropine tablet added as preferred</li> <li>• Entacapone tablet added as preferred</li> <li>• Trihexyphenidyl tablet added as preferred</li> <li>• Trihexyphenidyl solution/elixir added as non-preferred</li> <li>• Nourianz tablet added as non-preferred</li> <li>• Ongentys capsule added as non-preferred</li> <li>• Selegiline capsule and tablet added as non-preferred</li> <li>• Tolcapone tablet added as non-preferred</li> <li>• Xadago tablet added as non-preferred</li> <li>• Azilect and generic rasagiline added as non-preferred</li> </ul> |
| <p><b>Hereditary Angioedema (HAE), Prophylaxis</b></p> | <ul style="list-style-type: none"> <li>• New class added to PDL</li> <li>• Haegarda vial added as preferred with prior authorization</li> <li>• Takhzyro syringe and vial added as preferred with prior authorization</li> <li>• Andembry autoinjector added as non-preferred</li> <li>• Cinryze vial added as non-preferred</li> <li>• Dawnzera pen added as non-preferred</li> <li>• Orladeyo capsule and pellet added as non-preferred</li> <li>• Prior authorization is required for any prescription in this class</li> </ul>   |
| <p><b>Hereditary Angioedema (HAE), Treatment</b></p>   | <ul style="list-style-type: none"> <li>• New class added to PDL</li> <li>• Berinert kit and vial added as preferred with prior authorization</li> <li>• Icatibant syringe added as preferred with prior authorization</li> <li>• Sajazir syringe added as preferred with prior authorization</li> <li>• Ekterly tablet added as non-preferred</li> <li>• Kalbitor vial added as non-preferred</li> <li>• Ruconest vial added as non-preferred</li> <li>• Prior authorization is required for any prescription in this class</li> </ul>   |

## Other Changes Made to the Preferred Drug List Effective May 1, 2026

Nevada Medicaid will adopt the following changes to the Nevada Medicaid Preferred Drug List (PDL) effective May 1, 2026.

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

| Drug Class/Program                           | Changes  |
|--|--|
| <b>Short-Acting Beta Adrenergics (SABAs)</b> | <ul style="list-style-type: none"><li>• Albuterol HFA inhaler (generic for Proair) moved from non-preferred to preferred</li><li>• Albuterol HFA inhaler (generic for Proventil) moved from non-preferred to preferred</li><li>• Albuterol HFA inhaler (generic for Ventolin) will remain non-preferred</li><li>• Proventil HFA inhaler will remain preferred</li><li>• Ventolin HFA inhaler will remain preferred</li></ul> |