

October 12, 2023
Web Announcement 3187

Silver State Scripts Board (SSSB) Made Changes to Preferred Drug List (PDL) Effective October 12, 2023

The Silver State Scripts Board (SSSB) met on September 28, 2023 and October 5, 2023 and voted to adopt the following changes to the Nevada Medicaid Preferred Drug List (PDL) effective October 12, 2023.

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

| Drug Class/Program | Changes |
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| Sodium-Glucose Co-Transport 2 (SGLT2) Inhibitors and Combinations | Inpefa® added as non-preferred |
| Growth Hormone Modifiers | Ngenla® added as non-preferred Sogroya® added as non-preferred Zomacton® added as non-preferred |
| Targeted Immunomodulator | adalimumab-adaz added as non-preferred adalimumab-fkjp added as non-preferred Cyltezo® added as non-preferred Hadlima® added as non-preferred Hulio® added as non-preferred Hyrimoz® added as non-preferred Idacio® added as non-preferred Spevigo® added as non-preferred Uplizna® added as non-preferred Yuflyma® added as non-preferred Yusimry® added as non-preferred |
| Atypical Antipsychotics – Long Acting Injectable | Abilify Asimtufii® added as preferred Uzedy® added as preferred |
| Ophthalmic Corticosteroids | Durezol® moved to non-preferred difluprednate added as preferred |
| Dipeptidyl Peptidase-4 Inhibitors and Combinations with Metformin | Kombiglyze XR® removed from PDL due to manufacturer discontinuation Onglyza® removed from PDL due to manufacturer discontinuation saxagliptin added as non-preferred saxagliptin/metformin ER added as non-preferred Jentadueto XR® added as preferred |

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| | <p>Kazano[®] moved to preferred</p> <p>Nesina[®] moved to preferred</p> |
| Immune Globulins (new class) | <p>Gamunex-C[®] added as preferred</p> <p>Gammagard Liquid[®] added as preferred</p> <p>Hizentra[®] added as preferred</p> <p>Privigen[®] added as preferred</p> <p>Asceniv[®] added as non-preferred</p> <p>Bivigam[®] added as non-preferred</p> <p>Cutaquig[®] added as non-preferred</p> <p>Cuvitru[®] added as non-preferred</p> <p>Cytogam[®] added as non-preferred</p> <p>Flebogamma[®] added as non-preferred</p> <p>Gamastan[®] added as non-preferred</p> <p>Gamastan S-D[®] added as non-preferred</p> <p>Gammagard S-D[®] added as non-preferred</p> <p>Gammaked[®] added as non-preferred</p> <p>Gammplex[®] added as non-preferred</p> <p>Hepagam B[®] added as non-preferred</p> <p>Hyperhep B S-D[®] added as non-preferred</p> <p>Hyperrab[®] added as non-preferred</p> <p>Hyqvia[®] added as non-preferred</p> <p>Kedrab[®] added as non-preferred</p> <p>Octagam[®] added as non-preferred</p> <p>Panzyga[®] added as non-preferred</p> <p>Varizig[®] added as non-preferred</p> <p>Xembify[®] added as non-preferred</p> |
| Movement Disorders | <p>Austedo XR[®] (standard/non-titration kit) moved to preferred</p> |
| Topical Retinoids | <p>adapalene gel moved to preferred</p> <p>Differin[®] removed from PDL due to manufacturer non-participation in Medicaid Drug Rebate Program</p> <p>Epiduo[®] removed from PDL due to manufacturer non-participation in Medicaid Drug Rebate Program</p> <p>Tazorac[®] removed from PDL due to manufacturer non-participation in Medicaid Drug Rebate Program</p> |
| Opiate Agonists | <p>Nucynta[®] ER removed from class for alternative placement</p> <p>Avinza[®] removed from PDL due to manufacturer discontinuation</p> <p>Dolophine[®] removed from PDL due to manufacturer discontinuation</p> <p>Duragesic[®] patches removed from PDL due to manufacturer discontinuation</p> <p>Exalgo[®] removed from PDL due to manufacturer discontinuation</p> <p>Kadian[®] removed from PDL due to manufacturer discontinuation</p> |

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| | Opana® ER removed from PDL due to manufacturer discontinuation Xartemis® XR removed from PDL due to manufacturer discontinuation |
| Mixed Acting Opioid Analgesics | Nucynta® ER added to class as preferred Nucynta® moved to preferred Ultram® removed from PDL due to manufacturer discontinuation |
| Leukotriene Receptor Antagonists | Zyflo® moved to non-preferred Zyflo CR® removed from PDL due to manufacturer discontinuation |
| Vasodilators – Oral | Liqrev® suspension added as non-preferred Tadliq® suspension added as non-preferred |
| Vasodilators – Inhaled | Tyvaso DPI® moved to non-preferred |
| Monoclonal Antibodies for the Treatment of Respiratory Conditions | Xolair® vial moved to non-preferred |
| Topical Analgesics | Pennsaid® moved to non-preferred diclofenac 3% gel added as preferred |