



Joe Lombardo  
Governor

## NEVADA HEALTH AUTHORITY

### NEVADA MEDICAID

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## NOTICE OF PUBLIC MEETING – SILVER STATE SCRIPTS BOARD

### AGENDA

**Date of Posting:** November 10, 2025

**Date of Meeting** December 11, 2025

**Name of Organization:** The State of Nevada, Nevada Health Authority (NVHA), Nevada Medicaid, Silver State Script Board (SSSB).

**Place of Meeting:** Please use the teleconference/Microsoft Teams options provided below.

The physical location of this meeting which is open to the public at:

Courtyard by Marriott Las Vegas Convention Center  
3275 Paradise Road  
Las Vegas, NV, 89109  
(702) 791-3600

**Please check with staff to verify room location.**

*Note: If at any time during the meeting an individual who has been named on the agenda or has an item specifically regarding them included on the agenda is unable to participate because of technical or other difficulties, please email [rxinfo@nvha.nv.gov](mailto:rxinfo@nvha.nv.gov) and note at what time the difficulty started so that matters pertaining specifically to their participation may be continued to a future agenda if needed or otherwise addressed.*

**Webinar:** [December 2025 SSSB Meeting](#)

(See final agenda page for full link or employ the shortened link directly above)

OR

<https://tinyurl.com/DecemberSSSB>

**Audio Only:** (844) 730-9010

**Event Number: 421 131 925#**

**PLEASE DO NOT PUT THIS NUMBER ON HOLD** (*hang up and rejoin if you must take another call*)

**YOU MAY BE UNMUTED BY THE HOST WHEN SEEKING PUBLIC COMMENT, PLEASE HANG UP AND REJOIN IF YOU ARE HAVING SIDE CONVERSATIONS DURING THE MEETING**

**This meeting will be recorded to facilitate note-taking or other uses. By participating you consent to recording of your participation in this meeting.**

**Closed Executive Session – 1:00 PM**

**Open Session/Public Meeting – will begin upon completion of the Closed Executive Session**

## **AGENDA**

- 1. Call to Order and Roll Call**
- 2. General Public Comment**

*Public comment is encouraged to be submitted in advance so that it may be included in meeting materials and given attention. No action may be taken upon a matter raised through public comment unless the matter itself has been specifically included on an agenda as an action item. Please provide your name in any comment for record keeping purposes. You may submit comments in writing via e-mail to ([rxinfo@nvha.nv.gov](mailto:rxinfo@nvha.nv.gov)). There may be opportunity to take public comment via telephone or the meeting's virtual platform as well as in person opportunities, but phone participants should disconnect their call and re-join if they must take another call. Do not place your phone on hold or you may disrupt the meeting for other participants. Public comment may be limited to three minutes per person. **Note: this guidance applies for all periods of public comment referenced further in the agenda, such as those related to clinical presentations.***

Public comments may be related to topics on the agenda or matters related to other topics per NRS 241.020(3)(3)(II).

### **3. Administrative**

- a. **For Possible Action:** Review and Approve Updated Meeting Minutes from September 18, 2025.
- b. Status Update by Nevada Medicaid.

### **4. Established Drug Classes with Proposed Changes (Please note: Drug Classes are in bold below)**

- a. **For Possible Action:** Discussion and possible adoption of **Androgens**
  - i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.
  - iv. Presentation of recommendations for PDL inclusion by Prime.
  - v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.
- b. **For Possible Action:** Discussion and possible adoption of **Miscellaneous Heart Failure Agents**
  - i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.

- iv. Presentation of recommendations for PDL inclusion by Prime.
  - v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.
- c. **For Possible Action:** Discussion and possible adoption of **Anticoagulants: Oral**
- i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.
  - iv. Presentation of recommendations for PDL inclusion by Prime.
  - v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.
- d. **For Possible Action:** Discussion and possible adoption of **Pregnancy-Induced Nausea and Vomiting Treatment**
- i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.
  - iv. Presentation of recommendations for PDL inclusion by Prime.
  - v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.
- e. **For Possible Action:** Discussion and possible adoption of **Serotonin-receptor Antagonist/Combo**
- i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.
  - iv. Presentation of recommendations for PDL inclusion by Prime.
  - v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.
- f. **For Possible Action:** Discussion and possible adoption of **Anticholinergics and Combination Products**
- i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.
  - iv. Presentation of recommendations for PDL inclusion by Prime.
  - v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.
- g. **For Possible Action:** Discussion and possible adoption of **Anti-Hypoglycemic Agents**
- i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.
  - iv. Presentation of recommendations for PDL inclusion by Prime.
  - v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.
- h. **For Possible Action:** Discussion and possible adoption of **ADHD Agents**
- i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.
  - iv. Presentation of recommendations for PDL inclusion by Prime.
  - v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.

## 5. Established Drug Classes Being Reviewed Due to the Release of New Drugs

- a. **For Possible Action:** Discussion and possible adoption of **Antidepressants, Other**
  - i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.
  - iv. Presentation of recommendations for PDL inclusion by Prime.
  - v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.
- b. **For Possible Action:** Discussion and possible adoption of **Dipeptidyl Peptidase-4 Inhibitors and Combinations with Metformin**
  - i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.
  - iv. Presentation of recommendations for PDL inclusion by Prime.
  - v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.
- c. **For Possible Action:** Discussion and possible adoption of **Opiate Antagonists**
  - i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.
  - iv. Presentation of recommendations for PDL inclusion by Prime.
  - v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.
- d. **For Possible Action:** Discussion and possible adoption of **Multiple Sclerosis Agents: Injectables**
  - i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.
  - iv. Presentation of recommendations for PDL inclusion by Prime.
  - v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.

## 6. New Drug Classes Being Reviewed for Proposed Addition (Please note: Drug Classes are in bold below)

- a. **For Possible Action:** Discussion and possible adoption of **Neurokinin-1 (NK1) Receptor Antagonists**
  - i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.
  - iv. Presentation of recommendations for PDL inclusion by Prime.
  - v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.
- b. **For Possible Action:** Discussion and possible adoption of **Hereditary Angioedema (HAE) Agents**
  - i. Public comment.
  - ii. Drug class review presentation by Prime.
  - iii. Discussion by Board and action by Board to approve clinical/therapeutic equivalency of agents in class.

- iv. Presentation of recommendations for PDL inclusion by Prime.
- v. Discussion by Board and action by Board for approval of drugs for inclusion on the PDL.

**7. Annual Review: Established Drug Classes without Proposed Changes (Please note: Drug Classes are in bold below)**

- a. Public comment
- b. **For Possible Action:** Discussion and possible adoption of established drug classes within the Preferred Drug List (PDL)\* as presented by Prime and Nevada Health Authority (NVHA) without changes.
  - i. **Analgesics:** Miscellaneous Analgesics, Neuropathic Pain/Fibromyalgia Agents, Mixed Acting Opioid Analgesics; Opiate Agonists; Opiate Agonists – Abuse Deterrents; Non-Opioid Analgesics; Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Oral
  - ii. **Antihistamines:** H1 Blockers – Non-Sedating
  - iii. **Anti-Infective Agents:** Aminoglycosides, Inhaled Aminoglycosides; Antivirals, Alpha Interferons, Anti-hepatitis Agents – Polymerase Inhibitors/Combination Products, Anti-hepatitis Agents – Ribavirin, Anti-herpetic Agents, COVID-19, Influenza Agents; Cephalosporins, Second-Generation Cephalosporins, Third-Generation Cephalosporins; Macrolides; Quinolones, Quinolones – 2<sup>nd</sup> generation, Quinolones – 3<sup>rd</sup> Generation; Topical Anti-Infectives, Vaginal
  - iv. **Autonomic Agents:** Sympathomimetics, Self-Administered Epinephrine
  - v. **Biologic Response Modifiers:** Immunomodulators, Immunomodulators: Atopic Dermatitis, Targeted Immunomodulator, Colony Stimulating Factors, Immune Globulins; Multiple Sclerosis Agents, Oral, Specific Symptomatic Treatment
  - vi. **Cardiovascular Agents:** Antihypertensive Agents, Angiotensin II Receptor Antagonists, Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors), Beta-Blockers, Calcium-Channel Blockers, Vasodilators – Inhaled, Vasodilators - Oral; Antilipemics, Bile Acid Sequestrants, Cholesterol Absorption Inhibitors, Fibrin Acid Derivatives, HMG-CoA Reductase Inhibitors (Statins), Niacin Agents, Omega-3 Fatty Acids, PCSK9 Inhibitors
  - vii. **Dermatological Agents:** Antipsoriatic Agents; Topical Analgesics; Topical Anti-infectives, Acne Agents: Topical, Benzoyl Peroxide, Antibiotics, and Combination Products, Impetigo Agents: Topical, Topical Antivirals, Topical Scabicides; Topical Antineoplastics, Topical Retinoids; Topical Steroids, Steroids Topical Low, Steroids Topical Medium, Steroids Topical High, Steroids Topical Very High
  - viii. **Electrolytes and Renal Agents:** Phosphate Binding Agents; Potassium-Removing Agents
  - ix. **Gastrointestinal Agents:** Antiulcer Agents, H2 Blockers, Proton Pump Inhibitors (PPIs); Functional Gastrointestinal Disorder Drugs: Constipation-Related; Functional Gastrointestinal Disorder Drugs: Diarrhea-Predominant; Gastrointestinal Anti-inflammatory Agents; Gastrointestinal Enzymes
  - x. **Genitourinary Agents:** Benign Prostatic Hyperplasia (BPH) Agents, 5-Alpha Reductase Inhibitors, Alpha-Blockers; Bladder Antispasmodics
  - xi. **Hematological Agents:** Anticoagulants, Injectable; Erythropoiesis-Stimulating Agents, Platelet Inhibitors
  - xii. **Hormones and Hormone Modifiers:** Antidiabetic Agents, Alpha-Glucosidase Inhibitors/Amylin Analogs/Miscellaneous, Biguanides, Incretin Mimetics and Combinations, Meglitinides, Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combinations, Sulfonylureas, Thiazolidinediones and Combinations; Insulins, Rapid Acting Insulins, Short-Intermediate Acting Insulins, Long-Acting Insulins, Pre-Mixed Insulin Combinations; Pituitary Hormones, Growth Hormone Modifiers; Progestins for Cachexia; Uterine Disorder Treatment
  - xiii. **Monoclonal Antibodies for the Treatment of Respiratory Conditions**
  - xiv. **Musculoskeletal Agents:** Anticancer Agents; Bone Resorption Inhibitors, Bisphosphonates,

- Nasal Calcitonins; Restless Leg Syndrome Agents; Skeletal Muscle Relaxants
- xv. **Neurological Agents:** Alzheimer's Agents, Cholinesterase Inhibitors, NMDA Receptor Antagonist; Anticonvulsants, Barbiturates; Anticonvulsants, Benzodiazepines, Hydantoins; Anti-Migraine Agents, Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists, Serotonin-Receptor Agonists (Tryptans); Antiparkinsonian Agents, Dopamine Precursors, Non-Ergot Dopamine Agonists; Movement Disorders
  - xvi. **Ophthalmic Agents:** Antiglaucoma Agents; Ophthalmic Antihistamines; Ophthalmic Anti-infectives, Ophthalmic Macrolides, Ophthalmic Quinolones; Ophthalmic Anti-infective/Anti-inflammatory Combinations; Ophthalmic Anti-inflammatory agents, Ophthalmic Corticosteroids, Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs); Ophthalmics for Dry Eye Disease
  - xvii. **Otic Agents:** Otic Anti-infectives, Otic Quinolones
  - xviii. **Psychotropic Agents:** Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs); Antipsychotics, Atypical Antipsychotics - Oral/Topical, Atypical Antipsychotics – Long Acting Injectable; Anxiolytics, Sedatives and Hypnotics; Psychostimulants, Narcolepsy Agents
  - xix. **Respiratory Agents:** Nasal Antihistamines; Respiratory Anti-Inflammatory Agents, Leukotriene Receptor Antagonists; Nasal Corticosteroids; Phosphodiesterase Type 4 Inhibitors or Combination; Long-Acting Maintenance Therapy, Inhaled Glucocorticoids, Glucocorticoids/Long-Acting Beta-2 Adrenergic (LABA) Combination Products, Long-Acting Beta Adrenergics (LABAs); Short-Acting Beta Adrenergics (SABAs), Ipratropium and Combinations
  - xx. **Toxicology Agents:** Antidotes, Opiate Antagonists; Substance Abuse Agents
  - xxi. **Appendix A:** Sickle Cell Disease; HIV Prevention

\*PDL Link: [Nevada Medicaid and Nevada Check Up Preferred Drug List \(PDL\)](#)

## 8. Prime Reports: New Drugs to Market and New Line Extensions

## 9. Closing Discussion

- a. **Public comments on any subject.** (No action may be taken upon a matter raised under the public comment period unless the matter itself has been specifically included on an agenda as an action item. Comments will be limited to three minutes per person. Persons making comments will be asked to begin by stating their name for the record and to spell their last name and provide the secretary with written comments.)
- b. **For Possible Action:** Date and location of the next meeting.
- c. **Adjournment.**

**PLEASE NOTE:** Items may be taken out of order at the discretion of the chairperson. Items may be combined for consideration by the public body. Items may be pulled or removed from the agenda at any time. If an action item is not completed within the time frame that has been allotted, that action item will be continued at a future time designated and announced at this meeting by the chairperson. All public comment will be limited to three minutes.

This notice and agenda have been posted online at <http://dhcfp.nv.gov> and <http://notice.nv.gov> as well as Carson City, Las Vegas, and Reno central offices for the Nevada Health Authority. Email notice has been made to such individuals as have requested notice of meetings (to request notifications please contact [rxinfo@nvha.nv.gov](mailto:rxinfo@nvha.nv.gov) or at 4070 Silver Sage Drive, Carson City, NV 89701).

If you require a physical copy of supporting material for the public meeting, please contact [rxinfo@nvha.nv.gov](mailto:rxinfo@nvha.nv.gov) or at 4070 Silver Sage Drive, Carson City, NV 89701. Limited copies of materials will also be available on site at the meeting's physical location. Supporting material will also be posted online at <http://dhcfp.nv.gov> and [NV Medicaid Providers | DUR & SSS Boards](#).

All persons that have requested in writing to receive the Public Hearings agenda have been duly notified by mail or e-mail.

Note: We are pleased to make reasonable accommodations for members of the public with a disability and wish to participate. If accommodated arrangements are necessary, notify the Nevada Health Authority as soon as possible and at least ten days in advance of the meeting, by e-mail at [rxinfo@nvha.nv.gov](mailto:rxinfo@nvha.nv.gov) in writing, at 4070 Silver Sage Drive, Carson City, NV 89701.

**Full Microsoft Teams Link:**

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_NTg1NGViZTYtMDg2Zi00ZDY2LWJiZjMtZDdiMWM3YzFmMjc0%40thread.v2/0?context=%7b%22Tid%22%3a%2234c95ba7-5ec6-4527-bc5e-b33b58104992%22%2c%22Oid%22%3a%22528be51e-ea95-4ef9-99aa-a83ca46aacd7%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_NTg1NGViZTYtMDg2Zi00ZDY2LWJiZjMtZDdiMWM3YzFmMjc0%40thread.v2/0?context=%7b%22Tid%22%3a%2234c95ba7-5ec6-4527-bc5e-b33b58104992%22%2c%22Oid%22%3a%22528be51e-ea95-4ef9-99aa-a83ca46aacd7%22%7d)