

The single Preferred Drug List (PDL) will be implemented in the state of Nevada effective 1/1/2026 and will affect all SilverSummit Healthplan members.

❖ What is changing?

- Nevada Medicaid (now known as Nevada Health Authority) will follow a single PDL for all programs, including provider administered drugs and retail pharmacy drugs.
  - This includes the adoption of the State's full clinical policy process ([MSM 1200](#)) including prior authorization, step edits and utilization edit criteria for all drug classes managed by the State's single PDL.
  - SSHP is allowed to continue managing any drug class that is not in the State's single PDL and allowed to continue using Centene Pharmacy Services drug policies after they are approved by the State.

❖ Why did the state of Nevada move to a single PDL?

- Moving to a single PDL will reduce the administrative burden for providers, simplify the prior authorization process, enhance continuity of care, and support improved health outcomes for all Nevada Medicaid members.

❖ Will members' pharmacy benefits change due to the move to a single PDL?

- Members may need to work with their provider and pharmacy to find an alternative medication or request prior authorization if the medication they are using is no longer covered (drug is not on the single PDL).

❖ What is the pharmacy billing information?

- SilverSummit Healthplan Pharmacy billing information below should only be used to bill drug claims and can be found in the [NV KX Document](#).

SilverSummit Healthplan		Express Scripts
BIN		003858
PCN		MA
Group ID		2EXA
Pharmacy Help Desk		833.750.4490

❖ Should SilverSummit Healthplan providers expect changes?

- Members who have been established on a medication that is no longer covered on the new single PDL will be grandfathered for 180 days. Prior to 7/1/26 providers will need to prescribe a preferred product or request prior authorization to ensure minimal interruption to member medication.

❖ If the member obtained a prior authorization from SilverSummit Healthplan **prior to** the implementation of a single PDL, does the provider/member need to request a new prior authorization?

- Yes. All prior authorizations that were approved prior to the implementation of a single PDL will be valid through the expiration date on the authorization or 6/30/26, whichever comes first.

❖ Will there be significant changes to the preferred drug list?

- Yes. Nevada Health Authority and SilverSummit Healthplan are aligned with using a single PDL for medications. We also follow the same PA criteria requirements and edits (QL, age limits, step therapy requirements) for all drugs on the single PDL. If members/providers have questions regarding medication coverage, please direct them to the single PDL

<https://www.silversummithealthplan.com/providers/pharmacy.html>

❖ How will health plan member/provider and pharmacy calls be handled?

- Calls will continue to be managed by Centene Pharmacy Services 1-855-565-9520.
- ❖ A member has received the negative PDL change notification letter and has questions about how it affects their current prescriptions; who/how will they be able to contact at their health plan?
  - For any questions regarding pharmacy benefits, members can call the toll-free Member Services number found on the back of their ID card and speak to Health Plan representatives or business operations member services teams. For SilverSummit Healthplan member services phone number is 1-844-366-2880 (TTY: 1-844-804-6086, Relay 711)
- ❖ A member shows up at the pharmacy and their claim is rejected/not covered. What happens next?
  - If a member's claim is rejected because the medication is no longer covered, it means the provider needs to request prior authorization. Pharmacies are strongly encouraged to notify the provider to initiate prior authorization.