

January 14, 2013

Pharmacy Announcement

## Preferred Drug List (PDL) Changes Effective January 14, 2013

On November 8, 2012, the Pharmacy and Therapeutics (P&T) Committee of the Nevada Department of Health and Human Services' Division of Health Care Financing and Policy met to review new and existing therapeutic drug classes on the Nevada Medicaid Preferred Drug List (PDL).

The actions taken by the committee are indicated below. All changes are effective January 14, 2013. The complete PDL is posted on the ["Preferred Drug List"](#) webpage.

Drug Class	Drugs Added	Drugs Removed
ACNE AGENTS: Topical, Benzoyl Peroxide , Antibiotics and Combination Products	Azelex® 20% cream Benzoyl peroxide (2.5%, 5% and 10% only) Clindamycin Erythromycin erythromycin/benzoyl peroxide Sodium sulfacetamide	None
ANALGESICS/ANESTHETICS: Topical	Lidocaine Lidocaine HC Lidocaine viscous	None
ANALGESICS: Tramadol and Related Drugs	None	Nucynta®
ANTIBIOTICS: Cephalosporins 3rd Generation	Suprax®	Cedax® Caps and Susp
ANTICOAGULANTS: Oral	Pradaxa®	None
ANTIPSYCHOTICS: Oral, Atypical	Olanzapine Abilify® (age restriction & ICD-9 requirement removed) Saphris® Latuda®	Geodon®
CARDIOVASCULAR: Antihyperlipidemics, Statins and Statin Combinations	Atorvastatin (High Potency) Fluvastatin (Standard Potency)	Advicor® (Lovastatin and Niacin) Lescol® (Standard Potency) Lescol XL® (Standard Potency) Lipitor® (High Potency) Vytorin® (Simvastatin and Zetia) Simcor® (Simvastatin and Niacin)

Drug Class	Drugs Added	Drugs Removed
CENTRAL NERVOUS SYSTEM: ADHD/Stimulants	None	Strattera® under 18 only Concerta® Metadate ER® Provigil® (No PA required for ICD-9 codes 347.00, 347.01, 347.10, 347.11, 780.53 and 780.57) - bypass PDL criteria for above ICD-9's
ELECTROLYTE DEPLETERS	Eliphos®	None
GASTROINTESTINAL AGENTS: PPIs	None	Omeprazole Prilosec OTC®
GROWTH HORMONE AGENTS	Norditropin®	Nutropin® Nutropin AQ®
HEPATITIS C AGENTS: Antivirals: Hepatitis C Protease Inhibitors	Victrelis®	None
IMMUNOMODULATORS: Injectable	Cimzia®	None
OPHTHALMIC QUINOLONES	Besivance®	None
RESPIRATORY: Short Acting Beta Adrenergics-Inhalers/Nebs	ProAir®	Ventolin HFA®
URINARY TRACT ANTISPASMODICS	Toviaz®	Enablex®