



# Nevada Medicaid Preferred Drug List

Updated 08/20/08

## ANALGESICS: Long Acting Narcotics

DURAGESIC® PATCHES (PA required)  
KADIAN®  
MORPHINE SULFATE SA TABS  
(generic MS Contin®)  
ORAMORPH SR®

## ANTIBIOTICS:

### Cephalosporins 2<sup>nd</sup> Generation

CEFACLOR CAPS & SUSP  
(generic Ceclor®) Class changes are effective 09/25/08.  
CEFACLOR ER  
(generic Ceclor CD®)  
CEFUROXIME SUSP (generic Cefitin®) (*new*)  
CEFUROXIME TABS (generic Cefitin®)  
CEFPROZIL SUSP (generic Cefzil®)

## ANTIBIOTICS:

### Cephalosporins 3<sup>rd</sup> Generation

CEDAX® CAPS & SUSP  
CEFDINIR CAPS & SUSP  
(generic Omnicef®)  
CEFPODOXIME TABS  
(generic Vantin®)

## ANTIBIOTICS: Macrolides

AZITHROMYCIN TABS & SUSP  
(generic for Zithromax)  
CLARITHROMYCIN TABS & SUSP  
(generic Biaxin®)  
ERYTHROMYCIN BASE  
(generic E-Mycin®, Ery-Tab®, PCE®)  
ERYTHROMYCIN ESTOLATE  
ERYTHROMYCIN ETHYLSUCCINATE  
(generic EES®)  
ERYTHROMYCIN STEARATE

## ANTIBIOTICS:

### Quinolones 2<sup>nd</sup> Generation

CIPROFLOXACIN TABS  
(generic Cipro®)  
CIPRO® SUSP

## ANTIBIOTICS:

### Quinolones 3<sup>rd</sup> Generation

AVELOX®  
AVELOX ABC PACK®

## ANTICOAGULANTS: Injectable

ARIXTRA®  
FRAGMIN®  
LOVENOX®

## ANTIDEPRESSANTS: Other

BUPROPION (generic Wellbutrin®)  
BUPROPION SR  
(generic Wellbutrin SR®)  
CYMBALTA® (PA not required for  
ICD-9-CM code 356.9)

MIRTAZAPINE (generic Remeron®)  
MIRTAZAPINE RAPID TABS  
(generic Remeron Soltabs®)  
TRAZODONE (generic Desyrel®)  
WELLBUTRIN XL 150MG®  
WELLBUTRIN XL 300MG®

## ANTIDEPRESSANTS: SSRIs

CITALOPRAM (generic Celexa®)  
FLUOXETINE (generic Prozac®)  
PAROXETINE (generic Paxil®)  
PEXEVA®  
SERTRALINE (generic Zoloft®)

## ANTIEMETICS: Oral, 5-T3s

GRANISETRON (generic Kytril®) (*new*)  
ONDANSETRON Class changes are effective 09/25/08.  
(generic Zofran®)

## ANTIFUNGALS:

### Onychomycosis Agents

*Prior authorization is required for all  
drugs in this Class.*

TERBINAFINE TABS Class changes are effective 09/25/08.  
(generic Lamisil®)  
CIDOPIROX SOLN Class changes are effective 09/25/08.  
(generic Penlac®) (*new*)

## ANTIHISTAMINES: 2nd Generation

*A two week trial of one of these drugs is  
required before a non-preferred drug will  
be authorized.*

CETIRIZINE D OTC  
(generic Zyrtec D®) (*new*)  
CETIRIZINE OTC TABS, CHEW TABS  
AND SYRUP (generic Zyrtec®) (*new*)  
CLARINEX® SYRUP  
(PA not required for < 2 years)  
LORATADINE OTC TABS, SYRUP, &  
RAPID DISINTEGRATING TABS  
(generic Claritin®) Class changes are effective 09/25/08.  
LORATADINE D OTC  
(generic Claritin D®) Class changes are effective 09/25/08.

## ANTI-MIGRAINE AGENTS: Triptans

IMITREX® INJECTION  
IMITREX® TABS & NASAL SPRAY  
MAXALT® TABS  
MAXALT® MLT  
RELPAK®

## BONE OSSIFICATIONS AGENTS:

**Bisphosphonates**  
FOSAMAX® TABS & SOLUTION  
FOSAMAX PLUS D®

## CARDIOVASCULAR: ACE Inhibitors & Diuretic Combinations

ALTACE® (PA is required)  
BENZAEPRIIL (generic Lotensin®)  
BENZAEPRIIL HCTZ  
(generic Lotensin HCT®)  
CAPTOPRIL (generic Capoten®)  
CAPTOPRIL HCTZ (generic Capozide®)  
ENALAPRIL (generic Vasotec®)  
ENALAPRIL HCTZ  
(generic Vaseretic®)  
LISINOPRIL  
(generic Prinivil®, Zestril®)  
LISINOPRIL HCTZ  
(generic Prinzide®, Zestoretic®)

## CARDIOVASCULAR:

### Angiotensin II Receptor Blockers & Diuretic Combination

COZAAR®  
DIOVAN®  
DIOVAN HCTZ®  
HYZAAR®

## CARDIOVASCULAR:

### Antihyperlipidemics: Cholesterol Absorption Inhibitors

ZETIA®

## CARDIOVASCULAR:

### Antihyperlipidemics: Niacin Agents

NIASPAN®  
NIACIN ER

## CARDIOVASCULAR:

### Antihyperlipidemics: Statins & Statin Combos

ADVICOR® Class changes are effective 09/25/08.  
CRESTOR®  
LESCOL®  
LESCOL XL®  
LIPITOR® (*new*)  
LOVASTATIN (generic Mevacor®)  
PRAVASTATIN (generic Pravachol®)  
SIMCOR® (*new*)  
SIMVASTATIN (generic Zocor®)  
VYTORIN®

## CARDIOVASCULAR:

### Antihyperlipidemics: Triglyceride Lowering Agents

GEMFIBROZIL (generic Lopid®)  
TRICOR®

## CARDIOVASCULAR: Beta Blockers

ACEBUTOLOL (generic Sectral®)  
ATENOLOL (generic Tenormin®)  
ATENOLOL/CHLORTHALIDONE  
(generic Tenoretic®)  
BETAXOLOL (generic Kerlone®)  
BISOPROLOL (generic Zebeta®)  
BISOPROLOL/HCTZ (generic Ziac®)  
BYSTOLIC®  
(Restricted to  
ICD-9 codes 490-496)  
CARVEDILOL  
(generic Coreg®)  
LABETALOL  
(generic Normodyne®, Trandate®)  
METOPROLOL (generic Lopressor®)  
NADOLOL (generic Corgard®)  
PINDOLOL (generic Visken®)  
PROPRANOLOL (generic Inderal®)  
PROPRANOLOL/HCTZ  
(generic Inderide®)  
SOTALOL  
(generic Betapace®, Sorine®)  
TIMOLOL (generic Blocadren®)



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## CARDIOVASCULAR: Calcium Channel Blockers & Combinations

AFEDITAB CR® (generic Adalat CC®)  
AMLODIPINE (generic Norvasc®)  
CARTIA XT®  
DILTIA XT®  
DILTIAZEM HCL (generic Cardizem®)  
DILTIAZEM EXTENDED RELEASE  
DYNACIRC CR®  
FELODIPINE ER (generic Plendil®)  
ISRADIPINE (generic for Dynacirc®)  
LOTREL®  
NICARDIPINE (generic Cardene®)  
NIFEDIAC CC (generic Adalat CC®)  
NIFEDICAL XL (generic Procardia XL®)  
NIFEDIPINE ER (generic Procardia XL®)  
SULAR®  
TAZTIA XT®  
VERAPAMIL (generic Calan®, Isoptin®)  
VERAPAMIL ER

## CENTRAL NERVOUS SYSTEM:

**ADHD/Stimulants -- Prior authorization is required for all drugs in this Class.**

ADDERALL XR®  
AMPHETAMINE SALT COMBINATION (generic Adderall®)  
CONCERTA®  
DEXTROAMPHETAMINE SA (generic Dexedrine SA®)  
DEXTROAMPHETAMINE TAB (generic Dexedrine®)  
DEXTROSTAT®  
FOCALIN®  
FOCALIN XR®  
METADATE CD®  
METADATE ER®  
METHYLIN®  
METHYLIN ER®  
METHYLPHENIDATE (generic Ritalin®)

METHYLPHENIDATE ER (generic Ritalin SR®)

PROVIGIL® (No PA required for ICD-9-CM codes 347.00, 347.01, 347.10, 347.11, 780.53 and 780.57)

RITALIN LA®  
STRATTERA®  
VYVANSE®

## CENTRAL NERVOUS SYSTEM: Sedative Hypnotics

ESTAZOLAM (generic ProSom®)  
FLURAZEPAM (generic Dalmane®)  
ROZEREM® (PA not required for ICD-9-CM code 307.42)  
TEMAZEPAM (generic Restoril®)  
TRIAZOLAM (generic Halcion®)  
ZOLPIDEM (generic Ambien®)

## ELECTROLYTE DEPLETERS

PHOSLO®  
RENAGEL®

## ERYTHROPOIESIS STIMULATING PROTEINS -- Prior authorization is required for all drugs in this Class.

ARANESP®  
PROCRT®

## GASTROINTESTINAL AGENTS: H2RAs

FAMOTIDINE (generic Pepcid®)  
RANITIDINE (generic Zantac®)  
ZANTAC SYRUP (PA not required for < 12 years)

## GASTROINTESTINAL AGENTS: PPIs

*Prior authorization is required for all drugs in this Class.*

NEXIUM® CAPSULES  
OMEPRAZOLE OTC TABS (*new*)  
PREVACID® CAPSULES: *Class changes are effective 09/25/08.*  
PRILOSEC® OTC TABS

## GROWTH HORMONE AGENTS

*Prior authorization is required for all drugs in this Class.*

GENOTROPIN®  
NORDITROPIN®  
NUTROPIN®  
NUTROPIN AQ®  
SAIZEN®

## HEPATITIS C AGENTS

PEGASYS®  
PEGASYS® CONVENIENT PACK  
PEG-INTRON® & REDIPEN  
RIBAVIRIN

## HERPATIC ANTIVIRAL AGENTS

ACYCLOVIR (generic Zovirax®)  
FAMVIR®  
VALTREX®

## IMMUNOMODULATORS: Injectable

*Prior authorization is required for all drugs in this Class.*

ENBREL®  
HUMIRA®

## IMMUNOMODULATORS: Topical

*Prior authorization is required for all drugs in this Class.*

ELIDEL®  
PROTOPI®

## LEUKOTRIENE MODIFIERS

ACCOLATE®  
SINGULAIR®

## MULTIPLE SCLEROSIS AGENTS

AVONEX®  
AVONEX® ADMINISTRATION PACK  
BETASERON®  
COPAXONE®  
REBIF®

## NASAL CALCITONINS

MIACALCIN®

## OPHTHALMIC ANTIHISTAMINES

ALAWAY®  
PATADAY®  
PATANOL®  
ZADITOR OTC®

## OPHTHALMIC GLAUCOMA AGENTS

ALPHAGAN P®: *Class changes are effective 09/25/08.*  
AZOPT®  
BETAXOLOL (generic Betoptic®)  
BETOPTIC S®  
BRIMONIDINE (generic Alphagan®)  
CARTEOLOL (generic Ocupress®)  
COMBIGAN® (*new*)  
COSOPT®  
LEVOBUNOLOL (generic Betagan®)  
LUMIGAN®  
METIPRANOLOL (generic Optipranolol®)  
TIMOLOL DROPS & GEL SOLUTION (generic Timoptic® & Timoptic XE®)  
TRAVATAN®  
TRUSOPT®  
XALATAN® (*new*)

## OPHTHALMIC QUINOLONES

CIPROFLOXACIN (generic Ciloxan®)  
VIGAMOX®

## OTIC FLUOROQUINOLONES

CIPRODEX®: *Class changes are effective 09/25/08.*  
OFLOXIN (generic Floxin®)

## RESPIRATORY:

### Inhaled Anticholinergic Agents

ATROVENT® HFA INHALER  
COMBIVENT® INHALER  
DUONEB® SOLUTION  
IPRATROPIUM NEBS (generic Atrovent® Nebs)  
SPIRIVA®

## RESPIRATORY:

### Inhaled Corticosteroids/Nebs

ADVAIR DISKUS®  
ADVAIR HFA®  
ASMANEX®  
AZMACORT®  
FLOVENT HFA®  
PULMICORT RESPULES® (No PA required < 4 years)  
QVAR®

### RESPIRATORY: Long Acting Beta Adrenergics

FORADIL®  
SEREVENT DISKUS®

### RESPIRATORY: Nasal Corticosteroids

FLUTICASONE (generic Flonase®) (*new*)  
NASONEX®: *Class changes are effective 09/25/08.*

### RESPIRATORY: Short Acting Beta Adrenergics-Inhalers/Nebs

ALBUTEROL MDI/NEB/SOLN (generic Proventil®, Ventolin®)  
MAXAIR®  
METAPROTERENOL NEB (generic Alupent® Nebs)  
PROVENTIL® HFA  
VENTOLIN® HFA  
XOPENEX® HFA  
XOPENEX® NEBS (No PA required for < 12 years)

### URINARY TRACT ANTISPAMODICS

DETROL LA®  
ENABLEX®  
OXYBUTYNIN TABS & SYRUP (generic Ditropan®)  
VESICARE