



Nevada Medicaid Preferred Drug List

Updated 01/08/09

ALZHEIMER'S AGENTS

Class changes are effective 03/12/09.

ARICEPT® TABS
EXELON® CAPS, PATCH AND SOLN
NAMENDA® TABS

ANALGESICS: Long Acting Narcotics

Class changes are effective 03/12/09.

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

ANTIBIOTICS: Cephalosporins 2nd Generation

CEFACLOR CAPS & SUSP
(generic Ceclor®)
CEFACLOR ER
(generic Ceclor CD®)
CEFUROXIME TABS & SUSP (generic
Ceftin®)
CEFPROZIL SUSP (generic Cefzil®)

ANTIBIOTICS: Cephalosporins 3rd Generation

CEDAX® CAPS & SUSP
CEF DINIR CAPS & SUSP
(generic Omnicef®)
CEFPODOXIME TABS & SUSP
(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 2nd Generation

CIPROFLOXACIN TABS
(generic Cipro®)
CIPRO® SUSP

ANTIBIOTICS: Quinolones 3rd Generation

AVELOX®
AVELOX ABC PACK®
LEVAQUIN®

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®)
ONDANSETRON
(generic Zofran®)

ANTIFUNGALS: Onychomycosis Agents – Prior authorization is required for all drugs in this Class.

TERBINAFINE TABS
(generic Lamisil®)
CIDOPIROX SOLN
(generic Penlac®)

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®)
CETIRIZINE OTC TABS, CHEW TABS
AND SYRUP (generic Zyrtec®)
CLARINEX® SYRUP
(PA not required for < 2 years)
LORATADINE OTC TABS, SYRUP, &
RAPID DISINTEGRATING TABS
(generic Claritin®)
LORATADINE D OTC
(generic Claritin D®)

ANTI-MIGRAINE AGENTS: Triptans

Class changes are effective 03/12/09.

IMITREX® NASAL SPRAY
MAXALT® TABS
MAXALT® MLT
RELPAK®
SUMATRIPTAN TABS AND INJ
(generic Imitrex®) (new)

ANTIPARKINSON'S AGENTS: Non- ergot Dopamine Agonists

Class changes are effective 03/12/09.

MIRAPEX®
REQUIP XL®
ROPINIROLE (generic Requip®)

BONE OSSIFICATIONS AGENTS: Bisphosphonates

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ALENDRONATE
(generic Fosamax®) (new)
ALENDRONATE PLUS D
(generic Fosamax® Plus D) (new)

CARDIOVASCULAR: ACE Inhibitors & Diuretic Combinations

ALTACE® (PA is required)
BENAZEPRIL (generic Lotensin®)
BENAZEPRIL HCTZ
(generic Lotensin HCT®)
CAPTOPRIL (generic Capoten®)
CAPTOPRIL HCTZ (generic Capozide®)
ENALAPRIL (generic Vasotec®)
ENALAPRIL HCTZ
(generic Vaseretic®)
LISINAPRIL
(generic Prinivil®, Zestril®)
LISINAPRIL 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®
CRESTOR®
LESCOL®
LESCOL XL®
LIPITOR®
LOVASTATIN (generic Mevacor®)
PRAVASTATIN (generic Pravachol®)
SIMCOR®
SIMVASTATIN (generic Zocor®)
VYTORIN®

CARDIOVASCULAR:

Antihyperlipidemics:
Triglyceride Lowering Agents
GEMFIBROZIL (generic Lipid®)
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.*

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ADDERALL XR[®]
AMPHETAMINE SALT COMBINATION
(generic Adderall[®])
CONCERTA[®]
DEXMETHYLPHENIDATE
(generic Focalin[®]) (*new*)
DEXTROAMPHETAMINE SA
(generic Dexedrine SA[®])
DEXTROAMPHETAMINE TAB
(generic Dexedrine[®])
DEXTRORSTAT[®]
FOCALIN XR[®]
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[®]
PROCRIT[®]

GASTROINTESTINAL AGENTS: H2RAs

FAMOTIDINE (generic Pepcid[®])
RANITIDINE (generic Zantac[®])
RANITIDINE 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
PREVACID[®] CAPSULES
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

HERPETIC 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[®]
PROTOPIC[®]

INTRANASAL RHINITIS AGENTS

ASTELIN[®]
ATROVENT[®]
FLUTICASONE (generic Flonase[®])
NASONEX[®]

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

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ALPHAGAN P[®]
AZOPT[®]
BETAXOLOL (generic Betoptic[®])
BETOPTIC S[®]
BRIMONIDINE (generic Alphagan[®])
CARTEOLOL (generic Ocupress[®])
COMBIGAN[®]
DORZOLAM (generic Cosopt[®]) (*new*)
DORZOLAM / TIMOLOL
(generic Trusopt[®]) (*new*)
LEVOBUNOLOL
(generic Betagan[®])
METIPRANOLOL
(generic Optipranolol[®])
TIMOLOL DROPS & GEL SOLUTION
(generic Timoptic[®] & Timoptic XE[®])
TRAVATAN[®]
TRAVATAN Z[®]
XALATAN[®]

OPHTHALMIC QUINOLONES

CIPROFLOXACIN (generic Ciloxan[®])
VIGAMOX[®]

OTIC FLUOROQUINOLONES

CIPRODEX[®]
OFLOXIN
(generic Floxin[®])

PLATELET AGGREGATION INHIBITORS

Class changes are effective 03/12/09.

AGGRENOX[®]
ASPIRIN
DIPYRIDAMOLE
PLAVIX[®]

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: 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[®])
SANCTURA XR[®]
VESICARE[®]