



# Nevada Medicaid Preferred Drug List

All changes are effective 06/23/09.

## ALZHEIMER'S AGENTS

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

## ANALGESICS: Long Acting Narcotics

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

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

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

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

CEDAX® CAPS & SUSP  
CEFDINIR 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 2<sup>nd</sup> Generation

CIPROFLOXACIN TABS (generic Cipro®)  
CIPRO® SUSP

## ANTIBIOTICS:

### Quinolones 3<sup>rd</sup> 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 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-HT<sub>3</sub>s

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®)

## ANTI-HISTAMINES: 2<sup>nd</sup> 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

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

## ANTIPARKINSON'S AGENTS:

### Non-ergot Dopamine Agonists

MIRAPEX®  
REQUIP XL®  
ROPINIROLE (generic Requip®)

## BENZOYL PEROXIDE AND CLINDAMYCIN COMBINATIONS:

### TOPICAL AGENTS

*(NEW PDL CLASS)*

DUAC®  
DUAC CS®

## BONE OSSIFICATION AGENTS:

### Bisphosphonates

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

## 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 Vasoretic®)  
LISINAPRIL (generic Prinivil®, Zestril®)  
LISINAPRIL HCTZ (generic Prinzide®, Zestoretic®)

## CARDIOVASCULAR: Angiotensin II Receptor Blockers & Diuretic

### Combination

COZAAR®  
DIOVAN®  
DIOVAN HCTZ®  
HYZAAR®



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## CARDIOVASCULAR: Antihyperlipidemics: Cholesterol Absorption Inhibitors

ZETIA®

## CARDIOVASCULAR: Antihyperlipidemics : Niacin Agents

NIASPAN®

NIACIN ER

## CARDIOVASCULAR: Antihyperlipidemics: Statins & Statin Combinations

ADVICOR®

CRESTOR®

LESCOL®

LESCOL XL®

LIPITOR®

LOVASTATIN (generic Mevacor®)

PRAVASTATIN (generic  
Pravachol®)

SIMCOR®

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®)

LABELALOL  
(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®)

## 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®

EXFORGE® (*new*)

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®)

NISOLDIPINE ER (*new*)

TAZTIA XT®

VERAPAMIL (generic Calan®,  
Isoptin®)

VERAPAMIL ER

## CENTRAL NERVOUS SYSTEM: ADHD/Stimulants

ADDERALL XR®

AMPHETAMINE SALT  
COMBINATION  
(generic Adderall®)

CONCERTA®

DEXMETHYLPHENIDATE  
(generic Focalin®)

DEXTROAMPHETAMINE SA  
(generic Dexedrine SA®)

DEXTROAMPHETAMINE TAB  
(generic Dexedrine®)

DEXTROSTAT®

FOCALIN XR®

METADATE ER®

METHYLIN®

METHYLIN ER®

METHYLPHENIDATE (generic  
Ritalin®)

METHYLPHENIDATE ER  
(generic Ritalin SR®)

PROVIGIL® (No PA required for  
ICD-9 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 code 307.42)

TEMAZEPAM (generic Restoril®)

TRIAZOLAM (generic Halcion®)

ZOLPIDEM (generic Ambien®)

## DIRECT RENIN INHIBITORS (NEW PDL CLASS)

TEKTURNA®

TEKTURNA HCT®

## 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

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all drugs in this Class.*

NEXIUM® CAPSULES

OMEPRAZOLE OTC TABS

PREVACID® CAPSULES

PRILOSEC® OTC TABS



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## GROWTH HORMONE AGENTS

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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®

## IMPETIGO AGENTS: Topical (NEW PDL CLASS)

ALTABAX®  
MUPIROCI OINT

## 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

ALPHAGAN P®  
AZOPT®  
BETAXOLOL (generic Betoptic®)  
BETOPTIC S®  
BRIMONIDINE (generic Alphagan®)  
CARTEOLOL (generic Ocupress®)  
COMBIGAN®  
DORZOLAM (generic Cosopt®)  
DORZOLAM / TIMOLOL  
(generic Trusopt®)

## LEVOBUNOLOL

(generic Betagan®)

## METIPRANOLOL

(generic Optipranolol®)

## TIMOLOL DROPS & GEL SOLUTION

(generic Timoptic® & Timoptic  
XE®)

## TRAVATAN®

TRAVATAN Z®

XALATAN®

## OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS (NEW PDL CLASS)

### ACULAR®

ACULAR LS®

ACULAR PF®

DICLOFENAC

FLURBIPROFEN

NEVANAC®

## OPHTHALMIC QUINOLONES

CIPROFLOXACIN (generic  
Ciloxan®)

VIGAMOX®

## OTIC FLUOROQUINOLONES

CIPRODEX®

OFLOXIN

(generic Floxin®)

## PLATELET AGGREGATION INHIBITORS

AGGRENOX®

ASPIRIN

DIPYRIDAMOLE

PLAVIX®

## PULMONARY ARTERIAL HYPERTENSION AGENTS – Endothelin Receptor Antagonists (NEW PDL CLASS)

LETAIRIS®

TRACLEER®

## 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)

## SKELETAL MUSCLE RELAXANTS (NEW PDL CLASS)

BACLOFEN

CARISOPRODOL

CARISOPRODOL COMPOUND

CHLORZOXAZONE

CYCLOBENZAPRINE

DANTROLENE

METHOCARBAMOL

METHOCARBAMOL/ASPIRIN

ORPHENADRINE CITRATE

ORPHENADRINE COMPOUND

TIZANIDINE

## URINARY TRACT ANTISPASMODICS

DETROL LA®

ENABLEX®

OXYBUTYNIN TABS & SYRUP

(generic Ditropan®)

SANCTURA XR®

VESICARE®