



# Nevada Medicaid Preferred Drug List

All changes are effective 09/29/09.

## 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: 5-HT3s

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

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 Vaseretic®)  
LISINAPRIL (generic Prinivil®, Zestril®)  
LISINAPRIL HCTZ (generic Prinzide®, Zestoretic®)



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## 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 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®  
TRILIPIX® (*new*)

## 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®)

## 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®  
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  
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

TEKTURNA®  
TEKTURNA HCT®

## ELECTROLYTE DEPLETERS

CALCIUM ACETATE (*new*)  
RENAGEL®  
REVELA® (*new*)

## 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)



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## GASTROINTESTINAL AGENTS: PPIs

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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

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ENBREL®  
HUMIRA®

## IMMUNOMODULATORS: Topical

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ELIDEL®  
PROTOPIC®

## IMPETIGO AGENTS: Topical

ALTABAX®  
MUPIROCIN OINT

## INTRANASAL RHINITIS AGENTS

ASTELIN®  
ASTEPRO® (new)  
ATROVENT®  
FLUTICASONE (generic Flonase®)  
NASONEX®  
VERAMYST® (new)

## 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

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

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 DISKUS® (new)  
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)

## SKELTAL MUSCLE RELAXANTS

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®