



# Nevada Medicaid Preferred Drug List

All changes are effective November 2, 2011.

**ACNE AGENTS: Topical, Retinoid Agents and Combinations**

ADAPALENE GEL AND CREAM  
(generic Differin®)  
RETIN-A MICRO®  
EPIDUO™

**ACNE AGENTS: Topical, Benzoyl Peroxide and Clindamycin Combinations**

BENZACLIN®

**ALZHEIMER'S AGENTS**

DONEPEZIL (generic ARICEPT®)  
EXELON® PATCH AND SOLN  
NAMENDA® TABS  
RIVASTIGMINE CAPS  
(generic Exelon®)

**ANALGESICS: Long Acting Narcotics**

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

**ANALGESICS/ANESTHETICS: Topical**

VOLTAREN® GEL

**ANALGESICS: Tramadol and Related Drugs**

TRAMADOL (GENERIC ULTRAM®)  
TRAMADOL/APAP  
(generic Ultracet®)  
NUCYNTA™

**ANAPHYLAXIS: Self-Injectable Epinephrine**

EPIPEN®  
EPIPEN JR.®  
TWINJECT®  
TWINJECT JR.®

**ANDROGENIC AGENTS: Topical**

ANDROGEL®  
ANDRODERM®

**ANTIBIOTICS: Cephalosporins 2nd Generation**

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

**ANTIBIOTICS: Cephalosporins 3rd Generation**

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

**ANTIBIOTICS: Macrolides**

AZITHROMYCIN TABS and SUSP  
(generic for Zithromax)  
CLARITHROMYCIN TABS and 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®  
LEVOFLOXACIN  
(generic Levaquin®) *(NEW)*

**ANTICOAGULANTS: Injectable**

ARIXTRA®  
FRAGMIN®  
LOVENOX®

**ANTIDEPRESSANTS: Other**

BUPROPION (generic Wellbutrin®)  
BUPROPION SR  
(generic Wellbutrin SR®)  
BUPROPION XL  
(generic Wellbutrin XL)  
CYMBALTA® (PA not required for ICD-9 code 729.1 or 250.6)  
MIRTAZAPINE (generic Remeron®)  
MIRTAZAPINE RAPID TABS  
(generic Remeron Soltabs®)  
TRAZODONE (generic Desyrel®)

**ANTIDEPRESSANTS: SSRIs**

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

**ANTIEMETICS: Oral, 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®)  
CICLOPIROX 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®)  
LORATADINE OTC TABS, SYRUP, and RAPID DISINTEGRATING TABS  
(generic Claritin®)  
LORATADINE D OTC  
(generic Claritin D®)

**ANTIHYPURICEMICS: Xanthine Oxidase Inhibitors for Gout**

ALLOPURINOL

**ANTI-MIGRAINE AGENTS: Triptans**

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

**ANTIPARKINSON'S AGENTS: Non-ergot Dopamine Agonists**

PRAMIPEXOLE  
(generic Mirapex®)  
REQUIP XL®  
ROPINIROLE  
(generic Requip®)



# Nevada Medicaid Preferred Drug List

All changes are effective November 2, 2011.

**ANTIPSYCHOTICS:  
Oral, Atypical**

ABILIFY® (*NEW*)  
(for age 6-17 yrs for irritability associated with autistic disorder)  
RISPERIDONE (generic Risperdal®)  
CLOZAPINE (generic Clozaril®)  
FANAPT®  
GEODON®  
SEROQUEL®  
SEROQUEL XR®

**ANTIVIRAL AGENTS:  
Influenza**

AMANTADINE  
(generic Symmetrel®)  
TAMIFLU®  
RIMANTADINE  
(generic Flumadine®)  
RELENZA®

**BENIGN PROSTATIC  
HYPERPLASIA (BPH) AGENTS:  
Alpha-blockers**

DOXAZOSIN (generic Cardura®)  
TAMSULOSIN (generic Flomax)  
TERAZOSIN (generic Hytrin®)

**BENIGN PROSTATIC  
HYPERPLASIA (BPH) AGENTS:  
5-alpha-reductase Inhibitors**

AVODART®  
FINASTERIDE (generic Proscar®)

**BONE OSSIFICATIONS AGENTS:  
Bisphosphonates**

ALENDRONATE  
(generic Fosamax®)  
FOSAMAX PLUS D®

**CARDIOVASCULAR: ACE  
Inhibitors and Diuretic  
Combinations**

BENAZEPRIL (generic Lotensin®)  
BENAZEPRIL 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®)  
RAMIPRIL  
(generic Altace®) (PA is required)

**CARDIOVASCULAR: Angiotensin  
II Receptor Blockers and Diuretic  
Combinations**

LOSARTAN (generic Cozaar®)  
DIOVAN®  
DIOVAN HCTZ®  
LOSARTAN HCTZ  
(generic Hyzaar®)

**CARDIOVASCULAR:  
Antihyperlipidemics, Bile Acid  
Sequestrants**

COLESTIPOL (generic Colestid®)  
CHOLESTYRAMINE  
(generic and Prevalite®)  
WELCHOL®

**CARDIOVASCULAR:  
Antihyperlipidemics, Cholesterol  
Absorption Inhibitors**

ZETIA®

**CARDIOVASCULAR:  
Antihyperlipidemics, Niacin  
Agents**

NIASPAN®  
NIACIN ER

**CARDIOVASCULAR:  
Antihyperlipidemics, Statins and  
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®

**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 and  
Combinations**

AFEDITAB CR® (generic Adalat CC®)  
AMLODIPINE (generic Norvasc®)  
CARTIA XT®  
DILTIA XT®  
DILTIAZEM HCL (generic  
Cardizem®)  
DILTIAZEM EXTENDED RELEASE  
DYNACIRC CR®  
EXFORGE®  
EXFORGE HCT®  
FELODIPINE ER (generic Plendil®)  
ISRADIPINE (generic Dynacirc®)  
LOTREL® (5/40mg and 10/40mg,  
other strengths generic)  
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

**CARDIOVASCULAR: Direct  
Renin Inhibitors and  
Combinations**

TEKTURN®  
TEKTURN HCT®  
VALTURN®



# Nevada Medicaid Preferred Drug List

All changes are effective November 2, 2011.

**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®  
INTUNIV® (NEW)  
METADATE ER®  
METHYLIN®  
METHYLIN ER®  
METHYLPHENIDATE (generic  
Ritalin®)  
METHYLPHENIDATE ER  
(generic Ritalin SR®)  
METHYLPHENIDATE SOL  
(generic Methylin Sol®)  
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:  
Anticonvulsants, Barbiturates**

LUMINAL® and generic  
PHENOBARBITAL  
MEBARAL® and generic  
MEPHOBARBITAL  
MYSOLINE® and generic  
PRIMIDONE  
SOLFOTON® and generic  
PHENOBARBITAL

**CENTRAL NERVOUS SYSTEM:  
Anticonvulsants, Benzodiazepines**

KLONOPIN® and generic  
CLONAZEPAM  
DIASTAT® and generic  
DIAZEPAM rectal soln  
TRANXENE T-TAB® and generic  
CLORAZEPATE  
VALIUM® and generic DIAZEPAM

**CENTRAL NERVOUS SYSTEM:  
Anticonvulsants, Hydantoins**

*All oral forms of the listed drugs  
are preferred.*

CEREBYX® and generic  
FOSPHENYTOIN  
DILANTIN® and all generic  
PHENYTOIN PRODUCTS  
PEGANONE® and generic  
ETHOTOIN  
PHENYTEK® and all generic  
PHENYTOIN PRODUCTS

**CENTRAL NERVOUS SYSTEM:  
Anticonvulsants, Misc.**

*All oral forms of the listed drugs  
are preferred.*

BANZEL®  
CARBATROL ER®  
CELONTIN®

DEPAKENE® and generic  
VALPROATE ACID  
DEPAKOTE® and generic  
DIVALPROEX SODIUM  
DEPAKOTE ER® and generic  
DIVALPROEX SODIUM ER  
EPITOL® and generic  
CARBAMAZEPINE  
FELBATOL®  
GABITRIL®

KEPPRA® and generic  
LEVETIRACETAM  
KEPPRA XR®  
LAMACTAL ODT®  
LAMACTAL XR®  
LAMICTAL® and generic  
LAMOTRIGINE  
LYRICA®  
NEURONTIN® and generic  
GABAPENTIN  
SABRIL®  
STAVZOR® DR  
TEGRETOL® and generic  
CARBAMAZEPINE  
TEGRETOL XR® and generic  
CARBAMAZEPINE XR  
TOPAMAX® and generic  
TOPIRAMATE  
TOPIRAGEN® and generic  
TOPIRAMATE  
TRILEPTAL® and generic  
OXCARBAZEPINE  
VIMPAT®  
ZARONTIN® and generic  
ETHOSUXIMIDE  
ZONEGRAN® and generic  
ZONISAMIDE

**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®)

**DIABETIC AGENTS:  
Biguanides**

FORTAMET®  
GLUCOPHAGE® and generic  
METFORMIN  
GLUCOPHAGE XR® and generic  
METFORMIN EXT-REL  
GLUMETZA®  
RIOMET®

**DIABETIC AGENTS:  
Insulin Products**

*All types, mixes and pens contain-  
ing these insulins are preferred.*

APIDRA  
HUMALOG®  
HUMULIN®  
LANTUS®  
LEVEMIR®  
NOVOLIN®  
NOVOLOG®

**DIABETIC AGENTS:  
Other Agents**

BYETTA® (PA required)  
GLYSET®  
JANUMET®  
JANUVIA®  
ONGLYZA®

PRANDIMET®  
PRANDIN®  
PRECOSE® and generic ACARBOSE  
STARLIX® and generic  
NATEGLINIDE  
SYMLIN® (PA required)  
VICTOZA® (PA required)

**DIABETIC AGENTS:  
Sulfonylureas**

AMARYL® and generic GLIMEPIRIDE  
CHLORPROPAMIDE  
GLUCOTROL XL® and generic  
GLIPIZIDE EXT-REL  
METAGLIP® and generic  
GLIPIZIDE/METFORMIN  
GLUCOTROL® and generic GLIPIZIDE  
DIABETA® and generic  
GLYBURIDE  
GLYNASE® and generic  
GLYBURIDE MICRONIZED  
GLUCOVANCE® and generic  
GLYBURIDE/METFORMIN  
TOLAZAMIDE  
TOLBUTAMIDE

**DIABETIC AGENTS:  
Thiazolidinediones**

ACTOPLUS MET XR®  
ACTOS®  
ACTOPLUS MET®  
AVANDAMET®  
AVANDARYL®  
AVANDIA®  
DUETACT®

**ELECTROLYTE DEPLETERS**

CALCIUM ACETATE  
RENAGEL®  
RENVELA®



# Nevada Medicaid Preferred Drug List

All changes are effective November 2, 2011.

## ERYTHROPOIESIS STIMULATING PROTEINS

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

ARANESP®  
PROCRIPT®

## FIBROMYALGIA AGENTS

*No PA required for drugs in this class if ICD-9 code=729.1.*

LYRICA  
CYMBALTA  
SAVELLA

## GASTROINTESTINAL AGENTS: H2RAs

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

## GASTROINTESTINAL AGENTS: Pancreatic Enzymes

CREON® (NEW)  
PANCRELIPASE  
(generic ZenPep®5) (NEW)

## GASTROINTESTINAL AGENTS: PPIs

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

NEXIUM® CAPSULES  
NEXIUM® POWDER FOR SUSP  
(for children ≤ 12 yrs.)  
OMEPRAZOLE OTC TABS  
PANTOPRAZOLE  
(generic Protonix®) (NEW)  
PRILOSEC® OTC TABS

## GASTROINTESTINAL AGENTS: Ulcerative Colitis

ASACOL®  
CANASA®, SUPP  
MESALAMINE ENEMA SUSP  
(generic Rowasa®)  
PENTASA®  
SULFASALAZINE IR  
(generic Azulfidine®)  
SULFASALAZINE DR  
(generic Azulfidine EN®)

## GROWTH HORMONE AGENTS

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

GENOTROPIN®  
NUTROPIN®  
NUTROPIN AQ®

## HEPATITIS C AGENTS

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

## HERPETIC ANTIVIRAL AGENTS

ACYCLOVIR (generic Zovirax®)  
FAMVIR®  
VALCYCLOVIR (generic Valtrex®)

## HERPETIC ANTIVIRAL AGENTS: Topical

ABREVA®  
DENA VIR®  
ZOVIRAX®, OINTMENT

## 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

ALTABAX®  
MUPIROCIN OINT

## LEUKOTRIENE MODIFIERS

SINGULAIR®  
ZAFIRLUKAST (generic Accolate®)

## MULTIPLE SCLEROSIS AGENTS: Disease Modifying

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

## MULTIPLE SCLEROSIS AGENTS: Specific Symptomatic Treatment

AMPYRA® (PA required)

## NASAL CALCITONINS

MIACALCIN®

## OPHTHALMIC ANTIBIOTICS: Macrolides

ERYTHROMYCIN OINTMENT

## 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 and GEL SOLN  
(generic Timoptic® and Timoptic XE®)  
TRAVATAN®  
TRAVATAN Z®  
LATANOPROST  
(generic 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  
EFFIENT™ PA not required  
for ICD-9 code 410, 411 or 414  
PLAVIX®

## PROGESTINS FOR CACHEXIA

MEGESTROL ACETATE, SUSP  
(generic Megace®)

## PSORIASIS AGENTS: Topical

DOVONEX® CREAM  
CALCIPOTRIENE SOLUTION  
(generic Dovonex® Scalp Sol)

## PULMONARY ARTERIAL HYPERTENSION AGENTS: Inhaled Agents

VENTAVIS®

## PULMONARY ARTERIAL HYPERTENSION: Oral Agents

REVATIO™  
ADCIRCA™  
LETAIRIS™  
TRACLEER®



# Nevada Medicaid Preferred Drug List

All changes are effective November 2, 2011.

**RESPIRATORY:****Inhaled Anticholinergic Agents**

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

**RESPIRATORY:****Inhaled Corticosteroid/Beta-Adrenergic Combinations**

ADVAIR DISKUS®  
ADVAIR HFA®  
SYMBICORT®

**RESPIRATORY:****Inhaled Corticosteroids/Nebs**

ASMANEX®  
AZMACORT®  
BUDESONIDE NEBS  
(generic PULMICORT) 0.25 and  
0.5 mg (No PA required < 4 years)  
FLOVENT DISKUS®  
FLOVENT HFA®  
PULMICORT RESPULES® 1mg  
(No PA required < 4 years)  
QVAR®

**RESPIRATORY: Intranasal  
Rhinitis Agents**

ASTEPRO®  
AZELASTINE (generic Astelin®)  
FLUTICASONE (generic Flonase®)  
NASONEX®

**RESPIRATORY:****Long Acting Beta Adrenergics**

FORADIL®  
SEREVENT DISKUS®

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

ALBUTEROL NEB/SOLN  
(generic Proventil®, Ventolin®)  
PROVENTIL® HFA  
VENTOLIN HFA® (NEW)  
XOPENEX® (NEW) (PA required)

**SKELETAL MUSCLE  
RELAXANTS**

BACLOFEN  
CHLORZOXAZONE  
CYCLOBENZAPRINE  
DANTROLENE  
METHOCARBAMOL  
METHOCARBAMOL/ASPIRIN  
ORPHENADRINE CITRATE  
ORPHENADRINE COMPOUND  
TIZANIDINE

**URINARY TRACT  
ANTISPASMODICS**

DETROL LA®  
ENABLEX®  
OXYBUTYNIN TABS and SYRUP  
(generic Ditropan®)  
SANCTURA XR®  
VESICARE®