



# Nevada Medicaid Preferred Drug List

All changes are effective April 30, 2012.

**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®)

**ANTICOAGULANTS: Injectable**

ARIXTRA®  
FRAGMIN®  
LOVENOX®

**ANTICOAGULANTS: Oral**

WARFARIN (Generic Coumadin® and Jantoven®) (NEW)  
XARELTO (NEW)

**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®)

**ANTIHYPERURICEMICS: 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®)



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**ANTIPSYCHOTICS:****Oral, Atypical****ABILIFY®**

(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**

TEKAMLO® (NEW)

TEKTURNA®

TEKTURNA HCT®

VALTURNA®



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**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®  
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 Dalmene®)  
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®  
KOMBIGLYZE XR® (NEW)  
PRANDIMET®  
PRANDIN®  
PRECOSE® and generic ACARBOSE  
STARLIX® and generic  
NATEGLINIDE  
SYMLIN® (PA required)  
TRADJENTA® (NEW)  
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®



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**ELECTROLYTE DEPLETERS**

CALCIUM  
ACETATE  
RENAGEL®  
RENVELA®

**ERYTHROPOIESIS STIMULATING PROTEINS**

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

ARANESP®  
PROCRT®

**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®  
PANCRELIPASE  
(generic ZenPep®5)

**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®)  
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**

INCIVEK® (NEW)  
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®  
BEPREVE® (NEW)  
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®)  
MOXEZA® (NEW)  
OFLOXACIN® (NEW)  
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®



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## RESPIRATORY: ORAL COPD AGENTS

DALIRESP® (NEW)

## 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®)

FLUTICASONONE (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®

XOPENEX® (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®