

Nevada Medicaid Preferred Drug List

Effective September 24, 2012

PREFERRED AGENTS		NON-PREFERRED AGENTS	
ACNE AGENTS: Topical, Retinoid Agents and Combinations			
ADAPALENE GEL AND CREAM		AVITA®	DIFFERIN®
RETIN-A MICRO®		TAZORAC®	TRETIN-X®
EPIDUO®		TRETINOIN	VELTIN®
		ATRALIN®	ZIANA®
ACNE AGENTS: Topical, Benzoyl Peroxide, Antibiotics and Combination Products			
BENZACLIN®		AZELEX® 20% cream	DUAC CS®
		BENZOYL PEROXIDE	ACANYA
		CLINDAMYCIN	
		ERYTHROMYCIN	
		ERYTHROMYCIN/BENZOYL PEROXIDE SODIUM	
		SULFACETAMIDE	
		SODIUM SULFACETAMIDE/SULFUR	
		CLINDAMYCIN/BENZOYL PEROXIDE GEL	
ALZHEIMER'S AGENTS			
DONEPEZIL	EXELON® PATCH	GALANTAMINE	RAZADYNE®
DONEPEZIL ODT	EXELON® SOLN	GALANTAMINE ER	RAZADYNE® ER
RIVASTIGMINE CAPS	NAMENDA® TABS	ARICEPT® 23mg	COGNEX®
		ARICEPT®	
ANALGESICS: Long Acting Narcotics			
DURAGESIC® PATCHES (PA required)		OPANA ER®	FENTANYL PATCH
KADIAN®		OXYMORPHONE SR	METHADONE
MORPHINE SULFATE SA TABS (generic MS Contin®)		AVINZA®	METHADOSE®
		BUTRANS®	MS CONTIN®
		DOLOPHINE®	ORAMORPH SR®
		EMBEDA®	OXYCODONE SR
		EXALGO®	OXYCONTIN®
ANALGESICS/ANESTHETICS: Topical			
VOLTAREN® GEL		LIDOCAINE	LIDAMANTLE®
		EMLA®	FLECTOR®
		LIDODERM®	PENNSAID®
ANALGESICS: Tramadol and Related Drugs			
TRAMADOL	NUCYNTA®	CONZIPR®	ULTRACET®
TRAMADOL/APAP	NUCYNTA® ER	RYZOLT®	ULTRAM®
		RYBIX® ODT	ULTRAM® ER

Not all non-preferred products may be listed.

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ANAPHYLAXIS: Self-Injectable Epinephrine			
EPIPEN® EPIPEN JR.®	TWINJECT® TWINJECT JR.®	ADRENALICK® QL EPINEPHRINE	
ANDROGENIC AGENTS: Topical			
ANDROGEL® ANDRODERM®		FORTESTA® AXIRON®	TESTIM®
ANTIBIOTICS: Cephalosporins 2nd Generation			
CEFACTOR CAPS and SUSP CEFACTOR ER	CEFUROXIME TABS and SUSP CEFPROZIL SUSP	CEFTIN® CECLOR®	CECLOR CD® CEFZIL
ANTIBIOTICS: Cephalosporins 3rd Generation			
CEDAX® CAPS and SUSP CEFDINIR CAPS and SUSP CEFPODOXIME TABS and SUSP		SUPRAX® CEFDITOREN SPECTRACEF®	OMNICEF® VANTIN®
ANTIBIOTICS: Macrolides			
AZITHROMYCIN TABS/SUSP CLARITHROMYCIN TABS/SUSP ERYTHROMYCIN ESTOLATE ERYTHROMYCIN ETHYLSUCCINATE ERYTHROMYCIN BASE	ERYTHROMYCIN STEARATE	BIAXIN® DIFICID® ZMAX® ZITHROMAX®	
ANTIBIOTICS: Quinolones 2nd Generation			
CIPROFLOXACIN TABS CIPRO® SUSP		FLOXIN® OFLOXACIN	
ANTIBIOTICS: Quinolones 3rd Generation			
AVELOX® AVELOX ABC PACK®	LEVOFLOXACIN	LEVAQUIN®	
ANTICOAGULANTS: Injectable			
ARIXTRA® FRAGMIN®	LOVENOX®	ENOXAPARIN FONDAPARINUX	INNOHEP®
ANTICOAGULANTS: Oral			
WARFARIN XARELTO®	COUMADIN® JANTOVEN®	PRADAXA®	

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ANTIDEPRESSANTS: Other			
BUPROPION	MIRTAZAPINE	SAVELLA®	
BUPROPION SR	MIRTAZAPINE RAPID TABS	PRISTIQ®	
BUPROPION XL	TRAZODONE		
CYMBALTA® (PA not required for ICD-9 code 729.1 or 250.6)			
ANTIDEPRESSANTS: SSRIs			
CITALOPRAM	PEXEVA®	FLUVOXAMINE QL	PAXIL®
FLUOXETINE	SERTRALINE	CELEXA®	PROZAC®
PAROXETINE		ESCITALOPRAM	SARAFEM®
		LEXAPRO®	VIIBRYD®
		LUVOX®	ZOLOFT®
ANTIEMETICS: Oral, 5-HT3s			
GRANISETRON		ANZEMET®	ZOFRAN®
ONDANSETRON		KYTRIL®	ZUPLENZ®
		SANCUSO®	
ANTIFUNGALS: Onychomycosis Agents			
<i>Prior authorization is required for all drugs in this class.</i>			
TERBINAFINE TABS			
CICLOPIROX SOLN			
ANTIHISTAMINES: 2nd Generation			
<i>A two week trial of one of these drugs is required before a non- preferred drug will be authorized.</i>			
CETIRIZINE D OTC	LORATADINE D OTC	ALLEGRA®	XYZAL®
CETIRIZINE OTC	LORATADINE OTC	CLARITIN®	DESLORATADINE
		CLARINEX®	FEXOFENADINE
		SEMPREX®	
ANTIHYPERURICEMICS: Xanthine Oxidase Inhibitors for Gout			
ALLOPURINOL			
ANTI-MIGRAINE AGENTS: Triptans			
MAXALT® TABS	RELPAX®	IMITREX®	NARATRIPTAN
MAXALT® MLT	SUMATRIPTAN	AMERGE®	SUMAVEL®
		AXERT®	TREXIMET®
		FROVA®	ZOMIG®
ANTIPARKINSON'S AGENTS: Non-ergot Dopamine Agonists			
PRAMIPEXOLE	ROPINIROLE	MIRAPEX®	REQUIP®
REQUIP XL®		MIRAPEX® ER	ROPINIROLE ER

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ANTIPSYCHOTICS: Oral, Atypical			
CLOZAPINE	SEROQUEL®	FAZACLO®	LATUDA®
QUETIAPINE	SEROQUEL XR®	SAPHRIS®	OLANZAPINE
RISPERIDONE	FANAPT®	CLOZARIL®	RISPERDAL®
ZIPRASIDONE	GEODON®	INVEGA®	ZYPREXA®
ABILIFY®*			
*(for age 6-17 yrs for irritability associated with autistic disorder)			
ANTIVIRAL AGENTS: Influenza			
AMANTADINE	RIMANTADINE		
TAMIFLU®	RELENZA®		
BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: Alpha-blockers			
DOXAZOSIN		UROXATRAL®	MINIPRESS®
TAMSULOSIN		PRAZOSIN	RAPAFLO®
TERAZOSIN		CARDURA®	ALFUZOSIN
		FLOMAX®	
BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: 5-alpha-reductase Inhibitors			
AVODART®		PROSCAR®	
FINASTERIDE			
BONE OSSIFICATIONS AGENTS: Bisphosphonates			
ALENDRONATE		ACTONEL®	ETIDRONATE
FOSAMAX PLUS D®		ATELVIA®	IBANDRONATE
		BONIVA®	SKELID®
		DIDRONEL®	
CARDIOVASCULAR: ACE Inhibitors and Diuretic Combinations			
BENAZEPRIL	ENALAPRIL HCTZ	FOSINOPRIL	MOEXIPRIL
BENAZEPRIL HCTZ	LISINOPRIL	QUINAPRIL	UNIVASC®
CAPTOPRIL	LISINOPRIL HCTZ	ACCURETIC®	TRANDOLAPRIL
CAPTOPRIL HCTZ	RAMIPRIL	QUINARETIC®	MAVIK®
ENALAPRIL			
CARDIOVASCULAR: Angiotensin II Receptor Blockers and Diuretic Combinations			
LOSARTAN	DIOVAN HCTZ®	EDARBI®	AVAPRO®
DIOVAN®	LOSARTAN HCTZ	EDARBYCLOR®	IRBESARTAN
		ATACAND®	BENICAR®
		TEVETEN®	MICARDIS®
		EPROSARTAN	TELMISARTAN

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CARDIOVASCULAR: Antihyperlipidemics, Bile Acid Sequestrants		
COLESTIPOL CHOLESTYRAMINE	WELCHOL®	QUESTRAN®
CARDIOVASCULAR: Antihyperlipidemics, Cholesterol Absorption Inhibitors		
ZETIA®		
CARDIOVASCULAR: Antihyperlipidemics, Niacin Agents		
NIASPAN® NIACIN ER		NIACOR®
CARDIOVASCULAR: Antihyperlipidemics, Statins and Statin Combinations		
ADVICOR® CRESTOR® LESCOL® LESCOL XL® LIPITOR®	LOVASTATIN PRAVASTATIN SIMVASTATIN VYTORIN® SIMCOR®	FLUVASTATIN ALTOPREV®
CARDIOVASCULAR: Antihyperlipidemics, Triglyceride Lowering Agents		
GEMFIBROZIL TRICOR®	TRILIPIX®	
CARDIOVASCULAR: Beta blockers		
ACEBUTOLOL ATENOLOL ATENOLOL/CHLORTH BETAXOLOL BISOPROLOL BISOPROLOL/HCTZ BYSTOLIC®* CARVEDILOL	LABETALOL METOPROLOL NADOLOL PINDOLOL PROPRANOLOL PROPRANOLOL/HCTZ SOTALOL TIMOLOL	

*Restricted to ICD-9 codes 490-496

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CARDIOVASCULAR: Calcium Channel Blockers and Combinations		
AFEDITAB CR®	ISRADIPINE	
AMLODIPINE	LOTREL®	
CARTIA XT®	NICARDIPINE	
DILTIA XT®	NIFEDIAC CC	
DILTIAZEM ER	NIFEDICAL XL	
DILTIAZEM HCL	NIFEDIPINE ER	
DYNACIRC CR®	NISOLDIPINE ER	
EXFORGE®	TAZTIA XT®	
EXFORGE HCT®	VERAPAMIL	
FELODIPINE ER	VERAPAMIL ER	
CARDIOVASCULAR: Direct Renin Inhibitors and Combinations		
TEKAMLO®	TEKURNA HCT®	AMTURNIDE®
TEKURNA®	VALTURNA®	
CENTRAL NERVOUS SYSTEM: ADHD/Stimulants		
ADDERALL XR®	METHYLIN®	
AMPHETAMINE SALT COMBO	METHYLIN ER®	
CONCERTA®	METHYLPHENIDATE	
DEXMETHYLPHENIDATE	METHYLPHENIDATE ER	
DEXTROAMPHETAMINE SA	METHYLPHENIDATE SOL	
DEXTROAMPHETAMINE TAB	PROVIGIL®*	
DEXTROSTAT®	RITALIN LA®	
FOCALIN XR®	STRATTERA®	
INTUNIV®	VYVANSE®	
METADATE ER®		
* (No PA required for ICD-9 codes 347.00, 347.01, 347.10, 347.11, 780.53 and 780.57)		
CENTRAL NERVOUS SYSTEM: Anticonvulsants, Barbiturates		
LUMINAL®	PHENOBARBITAL	
MEBARAL®	MYSOLINE®	
MEPHOBARBITAL	PRIMIDONE	
SOLFOTON®		
CENTRAL NERVOUS SYSTEM: Anticonvulsants, Benzodiazepines		
KLONOPIN®	CLONAZEPAM	ONFI®
DIASTAT®	DIAZEPAM rectal soln	
TRANXENE T-TAB®	CLORAZEPATE	
VALIUM®	DIAZEPAM	

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NON-PREFERRED AGENTS

CENTRAL NERVOUS SYSTEM: Anticonvulsants, Hydantoins

All oral forms of the listed drugs are preferred.

CEREBYX®	FOSPHENYTOIN
DILANTIN®	PHENYTOIN PRODUCTS
PEGANONE®	ETHOTOIN
PHENYTEK®	

CENTRAL NERVOUS SYSTEM: Anticonvulsants, Misc.

All oral forms of the listed drugs are preferred.

BANZEL®	VALPROATE ACID	POTIGA®
CARBATROL ER®	DIVALPROEX SODIUM	
CELONTIN®	DIVALPROEX SODIUM ER	
DEPAKENE®	CARBAMAZEPINE	
DEPAKOTE®	LEVETIRACETAM	
DEPAKOTE ER®	LAMOTRIGINE	
EPITOL®	GABAPENTIN	
FELBATOL®	CARBAMAZEPINE XR	
GABITRIL®	TOPIRAMATE	
KEPPRA®	OXCARBAZEPINE	
KEPPRA XR®	ETHOSUXIMIDE	
LAMACTAL ODT®	ZONISAMIDE	
LAMACTAL XR®	TEGRETOL XR®	
LAMICTAL®	TOPAMAX®	
LYRICA®	TOPIRAGEN®	
NEURONTIN®	TRILEPTAL®	
SABRIL®	VIMPAT®	
STAVZOR® DR	ZARONTIN®	
TEGRETOL®	ZONEGRAN®	

CENTRAL NERVOUS SYSTEM: Sedative Hypnotics

ESTAZOLAM	TEMAZEPAM
FLURAZEPAM	TRIAZOLAM
ROZEREM® *	ZOLPIDEM

*(PA not required for ICD-9 code 307.42)

DIABETIC AGENTS: Biguanides

FORTAMET®	RIOMET®
GLUCOPHAGE®	METFORMIN (Glucophage®)
GLUCOPHAGE XR®	GLUMETZA®
METFORMIN EXT-REL (Glucophage XR®)	

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PREFERRED AGENTS		NON-PREFERRED AGENTS	
DIABETIC AGENTS: Insulin Products			
<i>All types, mixes and pens containing these insulins are preferred.</i>			
APIDRA®	HUMALOG®		
HUMULIN®	NOVOLIN®		
LANTUS®	NOVOLOG®		
LEVEMIR®			
DIABETIC AGENTS: DPP-4 Inhibitors and Combinations			
JANUMET®	JUVISYNC® (NEW)		
JANUMET XR® (NEW)	KOMBIGLYZE XR®		
JANUVIA®	ONGLYZA®		
JENTADUETO® (NEW)	TRADJENTA®		
DIABETIC AGENTS: Incretin Mimetics			
VICTOZA®		BYDUREON®	
BYETTA®			
DIABETIC AGENTS: Meglitinides and Combinations			
PRANDIMET®			
PRANDIN®			
DIABETIC AGENTS: Other Agents			
GLYSET®	ACARBOSE (Precose®)		
PRECOSE®	NATEGLINIDE (Starlix®)		
STARLIX®	SYMLIN® (PA required)		
DIABETIC AGENTS: Sulfonylureas			
GLIMEPIRIDE (Amaryl®)	AMARYL®		
GLIPIZIDE (Glucotrol®)	GLUCOTROL XL®		
GLYBURIDE (Diabeta®)	METAGLIP®		
CHLORPROPAMIDE	GLUCOTROL®		
TOLAZAMIDE	DIABETA®		
TOLBUTAMIDE	GLYNASE®		
GLUCOVANCE®			
GLIPIZIDE EXT-REL (Glucotrol XL®)			
GLIPIZIDE/METFORMIN (Metaglip®)			
GLYBURIDE MICRONIZED (Glynase®)			
GLYBURIDE/METFORMIN (Glucovance®)			

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DIABETIC AGENTS: Thiazolidinediones		
ACTOPLUS MET XR®	AVANDARYL®	
ACTOS®	AVANDIA®	
ACTOPLUS MET®	DUETACT®	
AVANDAMET®		
ELECTROLYTE DEPLETERS		
CALCIUM ACETATE	RENVELA®	
RENAGEL®		
ERYTHROPOIESIS STIMULATING PROTEINS		
<i>Prior authorization is required for all drugs in this class.</i>		
ARANESP®	PROCRIT®	
FIBROMYALGIA AGENTS		
<i>No PA required for drugs in this class if ICD-9 code=729.1.</i>		
LYRICA®		
CYMBALTA®		
SAVELLA®		
GASTROINTESTINAL AGENTS: H2RAs		
FAMOTIDINE	RANITIDINE SYRUP(PA not required for < 12 years)	
RANITIDINE		
GASTROINTESTINAL AGENTS: Pancreatic Enzymes		
CREON®		ZENPEP®
PANCRELIPASE (generic ZenPep ®5)		PANCREAZE®
GASTROINTESTINAL AGENTS: PPIs		
<i>Prior authorization is required for all drugs in this class.</i>		
OMEPRAZOLE OTC TABS	NEXIUM® CAPSULES	
PANTOPRAZOLE	PRILOSEC® OTC TABS	
NEXIUM® POWDER FOR SUSP*		
*for children ≤ 12 yrs.		
GASTROINTESTINAL AGENTS: Ulcerative Colitis		
ASACOL®SUPP	SULFASALAZINE IR	APRISO®
MESALAMINE ENEMA SUSP	SULFASALAZINE DR	
PENTASA®	CANASA®	

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PREFERRED AGENTS		NON-PREFERRED AGENTS	
GROWTH HORMONE AGENTS			
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GENOTROPIN® NUTROPIN®	NUTROPIN AQ®	HUMATROPE® NORDITROPIN®	TEV-TROPIN®
HEPATITIS C AGENTS			
Antivirals: Hepatitis C Pegylated Interferons			
PEGASYS® PEGASYS® CONVENIENT PACK PEG-INTRON® and REDIPEN			
Antivirals: Hepatitis C Protease Inhibitors			
INCIVEK®		VICTRELIS	
Antivirals: Hepatitis C Ribavirins			
RIBAVIRIN		RIBASPHERE RIBAPAK	
HERPETIC ANTIVIRAL AGENTS			
ACYCLOVIR VALCYCLOVIR	FAMVIR®		
HERPETIC ANTIVIRAL AGENTS: Topical			
ABREVA® DENA VIR®	ZOVIRAX®, OINTMENT		
IMMUNOMODULATORS: Injectable			
<i>Prior authorization is required for all drugs in this class.</i>			
ENBREL®	HUMIRA®	CIMZIA®	
IMMUNOMODULATORS: Topical			
<i>Prior authorization is required for all drugs in this class.</i>			
ELIDEL®	PROTOPIC®		
IMPETIGO AGENTS: Topical			
ALTABAX®	MUPIROCIN OINT		
LEUKOTRIENE MODIFIERS			
MONTELUKAST	ZAFIRLUKAST	ACCOLATE®	SINGULAIR®

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MULTIPLE SCLEROSIS AGENTS: Disease Modifying			
AVONEX®	COPAXONE®		
AVONEX® ADMIN PACK	REBIF®		
BETASERON®			
MULTIPLE SCLEROSIS AGENTS: Specific Symptomatic Treatment			
AMPYRA® (PA required)			
NASAL CALCITONINS			
MIACALCIN®			
NEUROPATHIC PAIN AGENTS (NEW)			
CYMBALTA®	LYRICA®	GRALISE®	HORIZANT®
GABAPENTIN		LIDODERM®	
OPHTHALMIC ANTIBIOTICS: Macrolides			
ERYTHROMYCIN OINTMENT			
OPHTHALMIC ANTIHISTAMINES			
ALAWAY®	PATANOL®	LASTACRAFT®	
BEPREVE®	ZADITOR OTC®	ELESTAT®	
PATADAY®		OPTIVAR®	
OPHTHALMIC GLAUCOMA AGENTS			
ALPHAGAN P®	COMBIGAN®	COSOPT PF®	TRUSOPT®
AZOPT®	DORZOLAM	BETOPTIC®	BETAGAN®
BETAXOLOL	DORZOLAM / TIMOLOL	ALPHAGAN®	OPTIPRANOLOL®
BETOPTIC S®	LEVOBUNOLOL	OCUPRESS®	TIMOPTIC®
BRIMONIDINE	METIPRANOLOL	COSOPT®	TIMOPTIC XE®
CARTEOLOL	TIMOLOL DROPS/ GEL SOLN		
OPHTHALMIC GLAUCOMA AGENTS: PROSTAGLANDINS			
LATANOPROST	TRAVATAN®	LUMIGAN®	
ZIOPTAN® (NEW)	TRAVATAN Z®	XALATAN®	
OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS			
ACULAR®	DICLOFENAC	BROMDAY®	
ACULAR LS®	FLURBIPROFEN	ACUVAIL®	
ACULAR PF®	NEVANAC®		

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OPHTHALMIC QUINOLONES			
CIPROFLOXACIN MOXEZA®	OFLOXACIN® VIGAMOX®	ZYMAXID® BESIVANCE®	
OTIC FLUOROQUINOLONES			
OFLOXIN	CIPRODEX®		
PEDICULOCIDES / SCABICIDES (NEW)			
NIX® PERMETHRIN	NATROBA® RID®	EURAX® MALATHION OVIDE®	ULESFIA® LINDANE
PLATELET AGGREGATION INHIBITORS			
AGGRENOX® ANAGRELIDE (NEW) ASPIRIN BRILINTA® (NEW)	CILOSTAZOL® (NEW) CLOPIDOGREL (NEW) DIPYRIDAMOLE TICLOPIDINE (NEW)	PLAVIX® EFFIENT®	
PROGESTINS FOR CACHEXIA			
MEGESTROL ACETATE, SUSP		MEGACE ES®	
PSORIASIS AGENTS: Topical			
DOVONEX® CREAM	CALCIPOTRIENE SOLUTION		
PULMONARY ARTERIAL HYPERTENSION AGENTS: Inhaled Agents			
VENTAVIS®			
PULMONARY ARTERIAL HYPERTENSION: Oral Agents			
REVATIO® ADCIRCA®	LETAIRIS® TRACLEER®		
RESPIRATORY: ORAL COPD AGENTS			
DALIRESP®			
RESPIRATORY: Inhaled Anticholinergic Agents			
ATROVENT® HFA INHALER COMBIVENT® INHALER IPRATROPIUM/ALBUTEROL NEBS	IPRATROPIUM NEBS SPIRIVA®		

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RESPIRATORY: Inhaled Corticosteroid/Beta- Adrenergic Combinations			
ADVAIR DISKUS®	DULERA® (NEW)		
ADVAIR HFA®	SYMBICORT®		
RESPIRATORY: Inhaled Corticosteroids/Nebs			
ASMANEX®	FLOVENT HFA®		
AZMACORT®	PULMICORT RESPULES®*		
BUDESONIDE NEBS*	QVAR®		
FLOVENT DISKUS®			
*No PA required if < 4 years old			
RESPIRATORY: Intranasal Rhinitis Agents			
AZELASTINE	ASTEPRO®		
RESPIRATORY: Intranasal Steroid			
FLUTICASONE	NASONEX®	NASACORT AQ®	QNASL®
		OMNARIS®	RHINOCORT AQUA®
		BECONASE AQ®	TRIAMCINOLONE ACETONIDE
		FLUNISOLIDE	VERAMYST®
RESPIRATORY: Long Acting Beta Adrenergics			
FORADIL®	SEREVENT DISKUS®		
RESPIRATORY: Short Acting Beta Adrenergics-Inhalers/Nebs			
ALBUTEROL NEB/SOLN	XOPENEX® HFA		
PROVENTIL® HFA	XOPENEX® Solution(PA req)		
VENTOLIN HFA®			
RESTLESS LEG SYNDROME AGENTS (NEW)			
PRAMIPEXOLE	ROPINIROLE	HORIZANT®	MIRAPEX® ER
REQUIP XL		MIRAPEX®	REQUIP

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SKELETAL MUSCLE RELAXANTS		
BACLOFEN	METHOCARBAMOL/ASPIRIN	
CHLORZOXAZONE	ORPHENADRINE CITRATE	
CYCLOBENZAPRINE	ORPHENADRINE COMPOUND	
DANTROLENE	TIZANIDINE	
METHOCARBAMOL		
URINARY TRACT ANTISPASMODICS		
DETROL LA®	SANCTURA XR®	TOVIAZ®
ENABLEX®	VESICARE®	
OXYBUTYNIN TABS/SYRUP		

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