



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List
 Effective August 5, 2013

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Prior Authorization is required for non-preferred agents.

Not all non-preferred products may be listed. New products within established class will default to non-preferred.

<http://medicaid.nv.gov/providers/rx/PDL.aspx>



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PREFERRED AGENTS

NON-PREFERRED AGENTS

ACNE AGENTS: TOPICAL, RETINOID AGENTS AND COMBINATIONS

RETIN-A MICRO®
 TAZORAC®
 ZIANA®

ADAPALENE GEL AND CREAM	EPIDUO®
ATRALIN®	TRETINOIN
AVITA®	TRETIN-X®
DIFFERIN®	VELTIN®

ACNE AGENTS: TOPICAL, BENZOYL PEROXIDE, ANTIBIOTICS AND COMBINATION PRODUCTS

AZELEX® 20% cream
 BENZACLIN®
 BENZOYL PEROXIDE (2.5, 5 and 10% only)
 CLINDAMYCIN
 ERYTHROMYCIN/BENZOYL PEROXIDE SODIUM
 SULFACETAMIDE

ACANYA
 DUAC CS®
 ERYTHROMYCIN
 CLINDAMYCIN/BENZOYL PEROXIDE GEL
 SODIUM SULFACETAMIDE/SULFUR

ALZHEIMER'S AGENTS

DONEPEZIL	EXELON® SOLN
DONEPEZIL ODT	NAMENDA® TABS
EXELON® PATCH	RIVASTIGMINE CAPS

ARICEPT® 23mg	GALANTAMINE ER
ARICEPT®	RAZADYNE®
COGNEX®	RAZADYNE® ER
GALANTAMINE	

ANALGESICS: LONG ACTING NARCOTICS

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

AVINZA®	METHADOSE®
BUTRANS®	MS CONTIN®
DOLOPHINE®	OPANA ER®
EMBEDA®	ORAMORPH SR®
EXALGO®	OXYCODONE SR
FENTANYL PATCH	OXYCONTIN®
METHADONE	OXYMORPHONE SR

ANALGESICS/ANESTHETICS: TOPICAL

LIDOCAINE	LIDOCAINE VISCOUS
LIDOCAINE HC	VOLTAREN® GEL

EMLA®	LIDAMANTLE®
FLECTOR®	PENNSAID®
LIDODERM®	



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PREFERRED AGENTS

NON-PREFERRED AGENTS

ANALGESICS: TRAMADOL AND RELATED DRUGS

TRAMADOL
 TRAMADOL/APAP

CONZIPR®
 NUCYNTA®
 NUCYNTA® ER
 RYZOLT®
 RYBIX® ODT

TRAMADOL ER
 ULTRACET®
 ULTRAM®
 ULTRAM® ER

ANAPHYLAXIS: SELF-INJECTABLE EPINEPHRINE

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

ADRENACLICK® QL
 EPINEPHRINE

ANDROGENIC AGENTS: TOPICAL

ANDROGEL®
 ANDRODERM®

AXIRON® TESTIM®
 FORTESTA®

ANTIBIOTICS: CEPHALOSPORINS 2ND GENERATION

CEFACLOR CAPS and SUSP CEFUROXIME TABS and SUSP
 CEFACLOR ER CEFPROZIL SUSP

CEFTIN® CECLOR CD®
 CECLOR® CEFZIL

ANTIBIOTICS: CEPHALOSPORINS 3RD GENERATION

CEFDINIR CAPS and SUSP
 CEFPODOXIME TABS and SUSP
 SUPRAX®

CEDAX® CAPS and SUSP SPECTRACEF®
 CEFDITOREN VANTIN®
 OMNICEF®

ANTIBIOTICS: MACROLIDES

AZITHROMYCIN TABS/SUSP ERYTHROMYCIN STEARATE
 CLARITHROMYCIN TABS/SUSP
 ERYTHROMYCIN BASE
 ERYTHROMYCIN ESTOLATE
 ERYTHROMYCIN ETHYLSUCCINATE

BIAXIN®
 DIFICID®
 ZITHROMAX®
 ZMAX®

ANTIBIOTICS: QUINOLONES 2ND GENERATION

CIPROFLOXACIN TABS
 CIPRO® SUSP

FLOXIN®
 OFLOXACIN



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PREFERRED AGENTS	NON-PREFERRED AGENTS
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ANTIBIOTICS: QUINOLONES 3RD GENERATION

AVELOX® AVELOX ABC PACK®	LEVOFLOXACIN LEVAQUIN®
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ANTICOAGULANTS: INJECTABLE

ARIXTRA® FRAGMIN®	LOVENOX® ENOXAPARIN FONDPARINUX INNOHEP®
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ANTICOAGULANTS: ORAL

COUMADIN® ELIQUIS® JANTOVEN®	PRADAXA® WARFARIN XARELTO®
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ANTIDEPRESSANTS: OTHER

BUPROPION BUPROPION SR BUPROPION XL CYMBALTA® (PA not required for ICD-9 code 729.1 or 250.6)	MIRTAZAPINE MIRTAZAPINE RAPID TABS TRAZODONE SAVELLA® PRISTIQ®
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ANTIDEPRESSANTS: SSRIS

CITALOPRAM FLUOXETINE PAROXETINE	PEXEVA® SERTRALINE CELEXA® ESCITALOPRAM FLUVOXAMINE QL LEXAPRO® LUVOX®	PAXIL® PROZAC® SARAFEM® VIIBRYD® ZOLOFT®
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ANTIEMETICS: ORAL, 5-HT3s

GRANISETRON ONDANSETRON	ANZEMET® KYTRIL® SANCUSO® ZOFRAN® ZUPLENZ®
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ANTIFUNGALS: ONYCHOMYCOSIS AGENTS

CICLOPIROX SOLN	TERBINAFFINE TABS
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Prior authorization is required for all drugs in this class.



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PREFERRED AGENTS

NON-PREFERRED AGENTS

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
 CETIRIZINE OTC

LORATADINE D OTC
 LORATADINE OTC

ALLEGRA®
 CLARITIN®
 CLARINEX®
 DESLORATADINE

FEXOFENADINE
 SEMPREX®
 XYZAL®

ANTHYPERURICEMICS: XANTHINE OXIDASE INHIBITORS FOR GOUT

ALLOPURINOL

ANTI-MIGRAINE AGENTS: TRIPTANS

MAXALT® TABS
 MAXALT® MLT

RELPAK®
 SUMATRIPTAN

AMERGE®
 AXERT®
 FROVA®
 IMITREX®

NARATRIPTAN
 SUMAVEL®
 TREXIMET®
 ZOMIG®

ANTIPARKINSON'S AGENTS: NON-ERGOT DOPAMINE AGONISTS

PRAMIPEXOLE
 ROPINIROLE

ROPINIROLE ER
 NEUPRO®

MIRAPEX®
 MIRAPEX® ER

REQUIP®
 REQUIP XL®

ANTIPSYCHOTICS: ORAL, ATYPICAL

ABILIFY®
 CLOZAPINE
 FANAPT®
 LATUDA®
 OLANZAPINE

QUETIAPINE
 RISPERIDONE
 SAPHRIS®
 SEROQUEL XR®
 ZIPRASIDONE

CLOZARIL®
 FAZACLO®
 GEODON®
 INVEGA®

RISPERDAL®
 SEROQUEL®
 ZYPREXA®

ANTIVIRAL AGENTS: INFLUENZA

AMANTADINE
 TAMIFLU®

RIMANTADINE
 RELENZA®

BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: ALPHA-BLOCKERS

DOXAZOSIN
 TAMSULOSIN
 TERAZOSIN

ALFUZOSIN
 CARDURA®
 FLOMAX®
 MINIPRESS®

PAZOSIN
 RAPAFLO®
 UROXATRAL®



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PREFERRED AGENTS

NON-PREFERRED AGENTS

BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: 5-ALPHA-REDUCTASE INHIBITORS

AVODART®
 FINASTERIDE

PROSCAR®

BONE OSSIFICATION AGENTS: BISPHOSPHONATES

ALENDRONATE
 FOSAMAX PLUS D®

ACTONEL®
 ATELVIA®
 BONIVA®
 DIDRONEL®

ETIDRONATE
 IBANDRONATE
 SKELID®

CARDIOVASCULAR: ACE INHIBITORS AND DIURETIC COMBINATIONS

BENAZEPRIL
 BENAZEPRIL HCTZ
 CAPTOPRIL
 CAPTOPRIL HCTZ
 ENALAPRIL
 ENALAPRIL HCTZ
 LISINOPRIL
 LISINOPRIL HCTZ
 RAMIPRIL

ACCURETIC®
 FOSINOPRIL
 MAVIK®
 MOEXIPRIL
 QUINAPRIL
 QUINARETIC®
 TRANDOLAPRIL
 UNIVASC®

CARDIOVASCULAR: ANGIOTENSIN II RECEPTOR BLOCKERS AND DIURETIC COMBINATIONS

DIOVAN®
 DIOVAN HCTZ®
 LOSARTAN
 LOSARTAN HCTZ

ATACAND®
 AVAPRO®
 BENICAR®
 EDARBI®
 EDARBYCLOR®
 EPROSARTAN
 IRBESARTAN
 MICARDIS®
 TELMISARTAN
 TEVETEN®

CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, BILE ACID SEQUESTRANTS

COLESTIPOL
 COLESTYRAMINE
 WELCHOL®

QUESTRAN®

CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, CHOLESTEROL ABSORPTION INHIBITORS

ZETIA®

CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, NIACIN AGENTS

NIASPAN®
 NIACIN ER

NIACOR®



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PREFERRED AGENTS

NON-PREFERRED AGENTS

CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, STATINS AND STATIN COMBINATIONS

ATORVASTATIN
 CRESTOR®
 FLUVASTATIN

LOVASTATIN
 PRAVASTATIN
 SIMVASTATIN

ADVICOR®
 ALTOPREV®
 AMLODIPINE/ATORVASTATIN
 CADUET®
 LESCOL®
 LESCOL XL®
 LIPITOR®

LIVALO®
 MEVACOR®
 PRAVACHOL®
 SIMCOR®
 VYTORIN®
 ZOCOR®

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

CARDIOVASCULAR: CALCIUM CHANNEL BLOCKERS AND COMBINATIONS

AFEDITAB CR®
 AMLODIPINE
 CARTIA XT®
 DILTIA XT®
 DILTIAZEM ER
 DILTIAZEM HCL
 DYNACIRC CR®
 EXFORGE®
 EXFORGE HCT®
 FELODIPINE ER

ISRADIPINE
 LOTREL®
 NICARDIPINE
 NIFEDIAC CC
 NIFEDICAL XL
 NIFEDIPINE ER
 NISOLDIPINE ER
 TAZTIA XT®
 VERAPAMIL
 VERAPAMIL ER



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PREFERRED AGENTS

NON-PREFERRED AGENTS

CARDIOVASCULAR: DIRECT RENIN INHIBITORS AND COMBINATIONS

TEKAMLO®	TEKTRUNA HCT®	AMTURNIDE®
TEKTRUNA®	VALTRUNA®	

CENTRAL NERVOUS SYSTEM: ADHD/STIMULANTS

ADDERALL XR®	METHYLIN®	ADDERALL®	METADATE CD®
AMPHETAMINE SALT COMBO	METHYLIN ER®	AMPHETAMINE SALT COMBO XR	MODAFINIL
DEXMETHYLPHENIDATE	METHYLPHENIDATE	CONCERTA®	NUVIGIL®
DEXTROAMPHETAMINE SA	METHYLPHENIDATE ER	DAYTRANA®	METADATE ER®
DEXTROAMPHETAMINE TAB	METHYLPHENIDATE SOL	DESOXYN®	PROVIGIL®*
DEXTROSTAT®	QUILLIVANT® XR SUSP (NEW)	DEXEDRINE®	PROCENTRA®
FOCALIN XR®	RITALIN LA®	FOCALIN®	RITALIN®
INTUNIV®	STRATTERA® (NEW)	KAPVAY®	
	VYVANSE®		

* (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

CLONAZEPAM	DIAZEPAM rectal soln	ONFI®
CLORAZEPATE	KLONOPIN®	
DIASAT®	TRANXENE T-TAB®	
DIAZEPAM	VALIUM®	

CENTRAL NERVOUS SYSTEM: ORAL ANTICONVULSANTS, HYDANTOINS

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



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NON-PREFERRED AGENTS

CENTRAL NERVOUS SYSTEM: ORAL ANTICONVULSANTS, MISC.

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

OXTELLAR XR® (NEW)
 POTIGA®

CENTRAL NERVOUS SYSTEM: SEDATIVE HYPNOTICS

ESTAZOLAM	TEMAZEPAM
FLURAZEPAM	TRIAZOLAM
ROZEREM® *	ZOLPIDEM

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

AMBIEN®	SILENOR®
AMBIEN CR®	SOMNOTE®
DORAL®	SONATA®
EDLUAR®	ZALEPLON
INTERMEZZO®	ZOLPIDEM CR
LUNESTA®	ZOLPIMIST®

DIABETIC AGENTS: BIGUANIDES

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



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PREFERRED AGENTS

NON-PREFERRED AGENTS

DIABETIC AGENTS: INSULIN PRODUCTS

All types, mixes and pens containing these insulins are preferred.

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

DIABETIC AGENTS: DPP-4 INHIBITORS AND COMBINATIONS

JANUMET®	JUVISYNC®
JANUMET XR®	KOMBIGLYZE XR®
JANUVIA®	ONGLYZA®
JENTADUETO®	TRADJENTA®

DIABETIC AGENTS: INCRETIN MIMETICS

BYETTA®	VICTOZA®	BYDUREON®
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DIABETIC AGENTS: MEGLITINIDES AND COMBINATIONS

PRANDIMET®	PRANDIN®
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DIABETIC AGENTS: OTHER AGENTS

ACARBOSE (Precose®)	PRECOSE®
GLYSET®	STARLIX®
NATEGLINIDE (Starlix®)	SYMLIN® (PA required)

DIABETIC AGENTS: SULFONYLUREAS

AMARYL®	
CHLORPROPAMIDE	GLUCOTROL XL®
DIABETA®	GLYBURIDE (Diabeta®)
GLIMEPIRIDE (Amaryl®)	GLYNASE®
GLIPIZIDE (Glucotrol®)	METAGLIP®
GLUCOTROL®	TOLAZAMIDE
GLUCOVANCE®	TOLBUTAMIDE
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	RENAGEL®		
ELIPHOS®	REVELA®		

ERYTHROPOIESIS STIMULATING PROTEINS

Prior authorization is required for all drugs in this class.

ARANESP®	PROCRIT®	EPOGEN®	OMONTYS®
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FIBROMYALGIA AGENTS

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

CYMBALTA®	SAVELLA®		
LYRICA®			

GASTROINTESTINAL AGENTS: H2RAS

FAMOTIDINE	RANITIDINE SYRUP (PA not required for < 12 years)		
RANITIDINE			

GASTROINTESTINAL AGENTS: PANCREATIC ENZYMES

CREON®	PANCREAZE®	ULTRESA®
ZENPEP®	PANCRELIPASE	VIOKACE®
	PERTZYE®	

GASTROINTESTINAL AGENTS: PPIs

Prior authorization is required for all drugs in this class.

NEXIUM® CAPSULES	PANTOPRAZOLE	ACIPHEX®	PREVACID®
NEXIUM® POWDER FOR SUSP*		DEXILANT®	PRILOSEC®
		LANSOPRAZOLE	PRILOSEC® OTC TABS
		OMEPRAZOLE OTC TABS	PROTONIX®

*for children ≤ 12 yrs.



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PREFERRED AGENTS

NON-PREFERRED AGENTS

GASTROINTESTINAL AGENTS: ULCERATIVE COLITIS

ASACOL®SUPP
 CANASA®
 DELZICOL® (NEW)
 MESALAMINE ENEMA SUSP

PENTASA®
 SULFASALAZINE DR
 SULFASALAZINE IR

APRISO®
 ASACOL HD® (NEW)
 LIALDA® (NEW)

GROWTH HORMONE AGENTS

Prior authorization is required for all drugs in this class.

GENOTROPIN®

NORDITROPIN®

HUMATROPE®
 NUTROPIN AQ®
 OMNITROPE®
 NUTROPIN®
 SAIZEN®

SEROSTIM®
 SOMAVERT®
 TEV-TROPIN®
 ZORBTIVE®

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
 FAMVIR®

VALCYCLOVIR



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PREFERRED AGENTS	NON-PREFERRED AGENTS
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HERPETIC ANTIVIRAL AGENTS: TOPICAL	
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ABREVA®	ZOVIRAX®, OINTMENT
DENAVIR®	

IMMUNOMODULATORS: INJECTABLE	
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Prior authorization is required for all drugs in this class.

CIMZIA®	HUMIRA®	KINERET®	ORENCIA®
ENBREL®		SIMPONI®	STELARA®

IMMUNOMODULATORS: TOPICAL	
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Prior authorization is required for all drugs in this class.

ELIDEL®	PROTOPIC®
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IMPETIGO AGENTS: TOPICAL	
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ALTABAX®	MUPIROCIN OINT
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LEUKOTRIENE MODIFIERS	
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MONTELUKAST	ZAFIRLUKAST	ACCOLATE®	SINGULAIR®
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MULTIPLE SCLEROSIS AGENTS: DISEASE MODIFYING	
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Trial of only one agent is required before moving to a non-preferred agent

AVONEX®	EXTAVIA® (NEW)	AUBAGIO® (NEW)	
AVONEX® ADMIN PACK	REBIF®	GILENYA® (NEW)	
BETASERON®	TECFIDERA® (NEW)		
COPAXONE®	TYSABRI® (NEW)		

MULTIPLE SCLEROSIS AGENTS: SPECIFIC SYMPTOMATIC TREATMENT	
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AMPYRA® (PA required)	
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NASAL CALCITONINS	
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MIACALCIN®	
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PREFERRED AGENTS		NON-PREFERRED AGENTS	
NEUROPATHIC PAIN AGENTS			
CYMBALTA® GABAPENTIN	LYRICA®	GRALISE® LIDODERM®	HORIZANT®
OPHTHALMIC ANTIBIOTICS: MACROLIDES			
ERYTHROMYCIN OINTMENT			
OPHTHALMIC ANTIHISTAMINES			
ALAWAY® BEPREVE® PATADAY®	PATANOL® ZADITOR OTC®	ELESTAT® LASTACRAFT® OPTIVAR®	
OPHTHALMIC GLAUCOMA AGENTS			
ALPHAGAN P® AZOPT® BETAXOLOL BETOPTIC S® BRIMONIDINE CARTEOLOL	COMBIGAN® DORZOLAM DORZOLAM / TIMOLOL LEVOBUNOLOL METIPRANOLOL TIMOLOL DROPS/ GEL SOLN	ALPHAGAN® BETAGAN® BETOPTIC® COSOPT® COSOPT PF®	OCUPRESS® OPTIPRANOLOL® TIMOPTIC® TIMOPTIC XE® TRUSOPT®
OPHTHALMIC GLAUCOMA AGENTS: PROSTAGLANDINS			
LATANOPROST TRAVATAN®	TRAVATAN Z® ZIOPTAN®	LUMIGAN® XALATAN®	
OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS			
ACULAR® ACULAR LS® ACULAR PF®	DICLOFENAC FLURBIPROFEN NEVANAC®	ACUVAIL® BROMDAY®	
OPHTHALMIC QUINOLONES			
BESIVANCE® CIPROFLOXACIN MOXEZA®	OFLOXACIN® VIGAMOX®	CILOXAN® ZYMAXID®	



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OPHTHALMIC STEROIDS

ALREX®	FLUOROMETHOLONE	FLAREX®	OMNIPRED®
DEXAMETHASONE	LOTEMAX®	FML®	PRED FORTE®
DUREZOL®	PREDNISOLONE	FML FORTE®	PRED MILD®
		MAXIDEX®	VEXOL®

OTIC FLUOROQUINOLONES

CIPRODEX®	OFLOXIN		
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PEDICULOCIDES / SCABICIDES

NATROBA®	PERMETHRIN	EURAX®	OVIDE®
NIX®	RID®	LINDANE	ULESFIA®
		MALATHION	

PLATELET AGGREGATION INHIBITORS

AGGRENOX®	CILOSTAZOL®	EFFIENT®	
ANAGRELIDE	CLOPIDOGREL	PLAVIX®	
ASPIRIN	DIPYRIDAMOLE		
BRILINTA®	TICLOPIDINE		

PROGESTINS FOR CACHEXIA

MEGESTROL ACETATE, SUSP		MEGACE ES®	
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PSORIASIS AGENTS: TOPICAL

CALCIPOTRIENE SOLUTION	DOVONEX® CREAM		
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PULMONARY ARTERIAL HYPERTENSION AGENTS: INHALED AGENTS

VENTAVIS®			
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PULMONARY ARTERIAL HYPERTENSION: ORAL AGENTS

ADCIRCA®	REVATIO®		
LETAIRIS®	TRACLEER®		



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RESPIRATORY: ORAL COPD AGENTS	
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DALIRESP®	
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RESPIRATORY: INHALED ANTICHOLINERGIC AGENTS	
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ATROVENT® HFA INHALER IPRATROPIUM NEBS COMBIVENT® INHALER SPIRIVA® IPRATROPIUM/ALBUTEROL NEBS	COMBIVENT RESPIMAT® TUDORZA®
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RESPIRATORY: INHALED CORTICOSTEROID/BETA- ADRENERGIC COMBINATIONS	
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ADVAIR DISKUS® DULERA® ADVAIR HFA® SYMBICORT®	
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RESPIRATORY: INHALED CORTICOSTEROIDS/NEBS	
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ASMANEX® PULMICORT FLEXHALER® BUDESONIDE NEBS* PULMICORT RESPULES®* FLOVENT DISKUS® QVAR® FLOVENT HFA® *No PA required if < 4 years old	ALVESCO®
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RESPIRATORY: INTRANASAL RHINITIS AGENTS	
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ASTEPRO® AZELASTINE	
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RESPIRATORY: INTRANASAL STEROID	
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FLUTICASONE NASONEX®	BECONASE AQ® QNASL® FLONASE® RHINOCORT AQUA® FLUNISOLIDE TRIAMCINOLONE ACETONIDE NASACORT AQ® VERAMYST® OMNARIS® ZETONNA®
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RESPIRATORY: LONG ACTING BETA ADRENERGICS	
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FORADIL® SEREVENT DISKUS®	
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PREFERRED AGENTS

NON-PREFERRED AGENTS

RESPIRATORY: SHORT ACTING BETA ADRENERGICS-INHALERS/NEBS

ALBUTEROL NEB/SOLN XOPENEX® HFA (PA req)
 PROVENTIL® HFA XOPENEX® Solution(PA req)
 PROAIR® HFA

MAXAIR AUTOHALER®
 VENTOLIN HFA®
 LEVALBUTEROL

RESTLESS LEG SYNDROME AGENTS

PRAMIPEXOLE ROPINIROLE
 REQUIP XL

HORIZANT® MIRAPEX® ER
 MIRAPEX® REQUIP

SKELETAL MUSCLE RELAXANTS

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

URINARY TRACT ANTISPASMODICS

DETROL LA® TOVIAZ®
 OXYBUTYNIN TABS/SYRUP VESICARE®
 SANCTURA XR®

DETROL® OXYBUTYNIN ER
 DITROPAN XL® OXYTROL®
 ENABLEX® SANCTURA®
 FLAVOXATE TOLTERODINE
 GELNIQUE® TROSPIMUM