



Division of Health Care Financing and Policy
Nevada Medicaid Preferred Drug List

Effective January 1, 2014

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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.

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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	NAMENDA® TABS
DONEPEZIL ODT	NAMENDA® XR TABS (NEW)
EXELON® PATCH	RIVASTIGMINE CAPS
EXELON® SOLN	

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

ANALGESICS: LONG ACTING NARCOTICS

DURAGESIC® PATCHES (PA required)
 FENTANYL PATCH (PA required) (NEW)
 MORPHINE SULFATE SA TABS (generic MS Contin®)

AVINZA®	MS CONTIN®
BUTRANS®	NUCYNTA® ER
DOLOPHINE®	OPANA ER®
EMBEDA®	ORAMORPH SR®
EXALGO®	OXYCODONE SR
KADIAN® (NEW)	OXYCONTIN®
METHADONE	OXYMORPHONE SR
METHADOSE®	

ANALGESICS/ANESTHETICS: TOPICAL

LIDOCAINE	LIDOCAINE VISCOUS
LIDOCAINE HC	VOLTAREN® GEL

EMLA®	LIDAMANTLE®
FLECTOR®	PENNSAID®
LIDODERM®	



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ANALGESICS: TRAMADOL AND RELATED DRUGS

TRAMADOL
 TRAMADOL/APAP

CONZIPR®	TRAMADOL ER
NUCYNTA®	ULTRACET®
RYZOLT®	ULTRAM®
RYBIX® ODT	ULTRAM® ER

ANAPHYLAXIS: SELF-INJECTABLE EPINEPHRINE

AUVI-Q™ (NEW) EPIPEN JR.®
 EPIPEN®

ADRENACLICK® QL
 EPINEPHRINE

ANDROGENIC AGENTS: TOPICAL

ANDROGEL®
 ANDRODERM®

AXIRON®	TESTIM®
FORTESTA®	

ANTIBIOTICS: CEPHALOSPORINS 2ND GENERATION

CEFACTOR CAPS and SUSP	CEFUROXIME TABS and SUSP
CEFACTOR 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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ANTIBIOTICS: QUINOLONES 3RD GENERATION

AVELOX® LEVOFLOXACIN
 AVELOX ABC PACK®

LEVAQUIN®

ANTICOAGULANTS: INJECTABLE

ARIXTRA® LOVENOX®
 FRAGMIN®

ENOXAPARIN INNOHEP®
 FONDAPARINUX

ANTICOAGULANTS: ORAL

COUMADIN® PRADAXA®
 ELIQUIS® WARFARIN
 JANTOVEN® XARELTO®

ANTIDEPRESSANTS: OTHER

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

SAVELLA®
 PRISTIQ®

ANTIDEPRESSANTS: SSRIS

CITALOPRAM PEVEVA®
 FLUOXETINE SERTRALINE
 PAROXETINE

CELEXA® PAXIL®
 ESCITALOPRAM PROZAC®
 FLUVOXAMINE QL SARAFEM®
 LEXAPRO® VIIBRYD®
 LUVOX® ZOLOFT®

ANTIEMETICS: ORAL, 5-HT3s

GRANISETRON
 ONDANSETRON

ANZEMET® ZOFRAN®
 KYTRIL® ZUPLENZ®
 SANCUSO®

ANTIFUNGALS: ONYCHOMYCOSIS AGENTS

CICLOPIROX SOLN TERBINAFINA TABS

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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

RELPAK®
 SUMATRIPTAN NASAL SPRAY
 SUMATRIPTAN INJECTION
 SUMATRIPTAN TABLET
 ZOMIG® ZMT (NEW)

AMERGE®
 AXERT®
 FROVA®
 IMITREX®
 MAXALT® TABS (NEW)
 MAXALT® MLT
 NARATRIPTAN
 SUMAVEL®
 TREXIMET®
 ZOMIG®

ANTIPARKINSON'S AGENTS: NON-ERGOT DOPAMINE AGONISTS

PRAMIPEXOLE
 ROPINIROLE

ROPINIROLE ER

MIRAPEX®
 MIRAPEX® ER
 NEUPRO® (NEW)

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®



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BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: ALPHA-BLOCKERS

DOXAZOSIN
 TAMSULOSIN
 TERAZOSIN

ALFUZOSIN
 CARDURA®
 FLOMAX®
 MINIPRESS®
 PRAZOSIN
 RAPAFLO®
 UROXATRAL®

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®



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CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, NIACIN AGENTS

NIASPAN®
 NIACIN ER

NIACOR®

CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, STATINS AND STATIN COMBINATIONS

ATORVASTATIN LOVASTATIN
 CRESTOR® PRAVASTATIN
 FLUVASTATIN SIMVASTATIN

ADVICOR® LIPTRUZET® (NEW)
 ALTOPREV® LIVALO®
 AMLODIPINE/ATORVASTATIN MEVACOR®
 CADUET® PRAVACHOL®
 LESCOL® SIMCOR®
 LESCOL XL® VYTORIN®
 LIPITOR® ZOCOR®

CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, TRIGLYCERIDE LOWERING AGENTS

GEMFIBROZIL TRILIPIX®
 TRICOR®

CARDIOVASCULAR: BETA BLOCKERS

ACEBUTOLOL LABETALOL
 ATENOLOL METOPROLOL
 ATENOLOL/CHLORTH NADOLOL
 BETAXOLOL PINDOLOL
 BISOPROLOL PROPRANOLOL
 BISOPROLOL/HCTZ PROPRANOLOL/HCTZ
 BYSTOLIC®* SOTALOL
 CARVEDILOL 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®	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	DEXEDRINE®	PROCENTRA®
FOCALIN XR®	RITALIN LA®	FOCALIN®	RITALIN®
INTUNIV®	STRATTERA®	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®	

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CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS, BENZODIAZEPINES

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

CENTRAL NERVOUS SYSTEM: ORAL ANTICONVULSANTS, HYDANTOINS

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

CENTRAL NERVOUS SYSTEM: ORAL ANTICONVULSANTS, MISC.

BANZEL®	LAMICTAL®	OXTELLAR XR® POTIGA®
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	



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CENTRAL NERVOUS SYSTEM: SEDATIVE HYPNOTICS

ESTAZOLAM
 FLURAZEPAM
 ROZEREM® *

TEMAZEPAM
 TRIAZOLAM
 ZOLPIDEM

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

AMBIEN®
 AMBIEN CR®
 DORAL®
 EDLUAR®
 INTERMEZZO®
 LUNESTA®

SILENOR®
 SOMNOTE®
 SONATA®
 ZALEPLON
 ZOLPIDEM CR
 ZOLPIMIST®

DIABETIC AGENTS: BIGUANIDES

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

GLUMETZA®
 METFORMIN (Glucophage®)
 RIOMET®

DIABETIC AGENTS: INSULIN PRODUCTS

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

APIDRA®
 HUMALOG®
 HUMULIN®
 LANTUS®

LEVEMIR®
 NOVOLIN®
 NOVOLOG®

DIABETIC AGENTS: DPP-4 INHIBITORS AND COMBINATIONS

JANUMET®
 JANUMET XR®
 JANUVIA®

JUVISYNC®
 KOMBIGLYZE XR®
 ONGLYZA®

JENTADUETO® (NEW)
 KAZANO® (NEW)
 NESINA® (NEW)

OSENI® (NEW)
 TRAJENTA® (NEW)

DIABETIC AGENTS: INCRETIN MIMETICS

BYETTA®
 VICTOZA®

BYDUREON®

DIABETIC AGENTS: MEGLITINIDES AND COMBINATIONS

NATEGLINIDE (Starlix®)
 PRANDIMET®

PRANDIN®
 STARLIX®



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DIABETIC AGENTS: OTHER AGENTS

ACARBOSE (Precose®)	PRECOSE®
GLYSET®	SYMLIN® (PA required)
INVOKANA® (NEW)	

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®)	

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®	



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PREFERRED AGENTS	NON-PREFERRED AGENTS
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GASTROINTESTINAL AGENTS: H2RAs

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

GASTROINTESTINAL AGENTS: PANCREATIC ENZYMES

CREON®	ZENPEP®	PANCREAZE®	ULTRESA®
		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.

GASTROINTESTINAL AGENTS: ULCERATIVE COLITIS

ASACOL® SUPP	PENTASA®	APRISO®
CANASA®	SULFASALAZINE DR	ASACOL HD®
DELZICOL®	SULFASALAZINE IR	LIALDA®
MESALAMINE ENEMA SUSP		

GROWTH HORMONE AGENTS

Prior authorization is required for all drugs in this class.

GENOTROPIN®	NORDITROPIN®	HUMATROPE®	SEROSTIM®
		NUTROPIN AQ®	SOMAVERT®
		OMNITROPE®	TEV-TROPIN®
		NUTROPIN®	ZORBTIVE®
		SAIZEN®	



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PREFERRED AGENTS

NON-PREFERRED AGENTS

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® ZOVIRAX®, OINTMENT
 DENAVIR®

IMMUNOMODULATORS: INJECTABLE

Prior authorization is required for all drugs in this class.

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

IMMUNOMODULATORS: TOPICAL

Prior authorization is required for all drugs in this class.

ELIDEL® PROTOPIC®



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PREFERRED AGENTS | **NON-PREFERRED AGENTS**

IMPETIGO AGENTS: TOPICAL

MUPIROCIN OINT	ALTABAX® (NEW) CENTANY®	MUPIROCIN CREAM
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LEUKOTRIENE MODIFIERS

MONTELUKAST	ZAFIRLUKAST	ACCOLATE®	SINGULAIR®
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MULTIPLE SCLEROSIS AGENTS: DISEASE MODIFYING

Trial of only one agent is required before moving to a non-preferred agent

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

MULTIPLE SCLEROSIS AGENTS: SPECIFIC SYMPTOMATIC TREATMENT

AMPYRA® (PA required)	
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NASAL CALCITONINS

MIACALCIN®	
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NEUROPATHIC PAIN AGENTS

CYMBALTA®	LYRICA®	GRALISE®	HORIZANT®
GABAPENTIN		LIDODERM®	

OPHTHALMIC ANTIBIOTICS: MACROLIDES

ERYTHROMYCIN OINTMENT	
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OPHTHALMIC ANTIHISTAMINES

ALAWAY®	BEPREVE® (NEW)	OPTIVAR®
PATADAY®	ELESTAT®	PATANOL® (NEW)
	EMADINE® (NEW)	ZADITOR OTC® (NEW)
	LASTACRAFT®	



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OPHTHALMIC GLAUCOMA AGENTS

ALPHAGAN P®	COMBIGAN®
AZOPT®	DORZOLAM
BETAXOLOL	DORZOLAM / TIMOLOL
BETOPTIC S®	LEVOBUNOLOL
BRIMONIDINE	METIPRANOLOL
CARTEOLOL	TIMOLOL DROPS/ GEL SOLN

ALPHAGAN®	OCUPRESS®
BETAGAN®	OPTIPRANOLOL®
BETOPTIC®	TIMOPTIC®
COSOPT®	TIMOPTIC XE®
COSOPT PF®	TRUSOPT®

OPHTHALMIC GLAUCOMA AGENTS: PROSTAGLANDINS

LATANOPROST	TRAVATAN Z®
TRAVATAN®	ZIOPTAN®

LUMIGAN®
XALATAN®

OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACULAR®	DICLOFENAC
ACULAR LS®	FLURBIPROFEN
ACULAR PF®	NEVANAC®

ACUVAIL®	ILEVRO® (NEW)
BROMDAY®	PROLENSA®
BROMFENAC®	

OPHTHALMIC QUINOLONES

BESIVANCE®	OFLOXACIN®
CIPROFLOXACIN	VIGAMOX®
MOXEZA®	

CILOXAN®
ZYMAXID®

OPHTHALMIC STEROIDS

ALREX®	FLUOROMETHOLONE
DEXAMETHASONE	LOTEMAX®
DUREZOL®	PREDNISOLONE

FLAREX®	OMNIPRED®
FML®	PRED FORTE®
FML FORTE®	PRED MILD®
MAXIDEX®	VEXOL®

OTIC FLUOROQUINOLONES

CIPRODEX®	OFLOXIN
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PEDICULOCIDES / SCABICIDES

NATROBA®	PERMETHRIN
NIX®	RID®
	SKLICE® (NEW)

EURAX®	OVIDE®
LINDANE	ULESFIA®
MALATHION	



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PLATELET AGGREGATION INHIBITORS		
AGGRENOX®	CILOSTAZOL®	EFFIENT®
ANAGRELIDE	CLOPIDOGREL	PLAVIX®
ASPIRIN	DIPYRIDAMOLE	
BRILINTA®	TICLOPIDINE	
PROGESTINS FOR CACHEXIA		
MEGESTROL ACETATE, SUSP		MEGACE ES®
PSORIASIS AGENTS: TOPICAL		
CALCIPOTRIENE SOLUTION	DOVONEX® CREAM	
PULMONARY ARTERIAL HYPERTENSION AGENTS: INHALED AGENTS		
VENTAVIS®		
PULMONARY ARTERIAL HYPERTENSION: ORAL AGENTS		
ADCIRCA®	REVATIO®	
LETAIRIS®	TRACLEER®	
RESPIRATORY: ORAL COPD AGENTS		
DALIRESP®		
RESPIRATORY: INHALED ANTICHOLINERGIC AGENTS		
ATROVENT® HFA INHALER	IPRATROPIUM NEBS	COMBIVENT RESPIMAT®
COMBIVENT® INHALER	SPIRIVA®	TUDORZA®
IPRATROPIUM/ALBUTEROL NEBS		
RESPIRATORY: INHALED CORTICOSTEROID/BETA- ADRENERGIC COMBINATIONS		
ADVAIR DISKUS®	DULERA®	
ADVAIR HFA®	SYMBICORT®	



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PREFERRED AGENTS

NON-PREFERRED AGENTS

RESPIRATORY: INHALED CORTICOSTEROIDS/NEBS

ASMANEX®	PULMICORT FLEXHALER®
BUDESONIDE NEBS*	PULMICORT RESPULES®*
FLOVENT DISKUS®	QVAR®
FLOVENT HFA®	

*No PA required if < 4 years old

ALVESCO®

RESPIRATORY: INTRANASAL RHINITIS AGENTS

ASTEPRO®	PATANASE® (NEW)
DYMISTA® (NEW)	

AZELASTINE (NEW)

RESPIRATORY: INTRANASAL STEROID

FLUTICASONE	NASONEX®
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BECONASE AQ®	QNASL®
FLONASE®	RHINOCORT AQUA®
FLUNISOLIDE	TRIAMCINOLONE ACETONIDE
NASACORT AQ®	VERAMYST®
OMNARIS®	ZETONNA®

RESPIRATORY: LONG ACTING BETA ADRENERGICS

FORADIL®	SEREVENT DISKUS®
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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	



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PREFERRED AGENTS

NON-PREFERRED AGENTS

URINARY TRACT ANTISPASMODICS

OXYBUTYNIN TABS/SYRUP/ER (ER NEW)

SANCTURA XR®

TOVIAZ®

VESICARE®

DETROL®

DETROL LA® (NEW)

DITROPAN XL®

ENABLEX®

FLAVOXATE

GELNIQUE®

OXYTROL®

SANCTURA®

TOLTERODINE

TROSPIUM

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>