

**Preferred Drug List (PDL) Changes Effective June 3, 2008**

The following actions were taken by the Pharmacy and Therapeutics (P&T) Committee of the Nevada Department of Health and Human Services' Division of Health Care Financing and Policy during its review of the Preferred Drug List (PDL) on March 27, 2008. The complete PDL is posted at <https://medicaid.nv.gov> on the "[Preferred Drug List](#)" webpage.

**All changes are effective June 3, 2008:**

	<b>Drugs Added</b>	<b>Drugs Removed</b>
Growth Hormone Agents*	Genotropin® Norditropin® Nutropin® Nutropin AQ® Saizen®	None (New Class)
Erythropoiesis Stimulating Proteins*	Aranesp® Procrit®	None (New Class)
Cardiovascular: Beta Blockers**	Bystolic® (Restricted to the following range of ICD-9 Codes: 490-496)	Coreg CR®
Antidepressants: Other	Wellbutrin XL 150mg® Wellbutrin XL 300mg®	None

\* Prior authorization (PA) is required for all drugs in this class.

\*\* The ICD-9 and step-therapy requirements have been removed from carvedilol. It is now available with no PDL restrictions.