

Preferred Drug List (PDL) Changes Effective Sept. 29, 2009

The Pharmacy and Therapeutics (P&T) Committee of the Nevada Department of Health and Human Services' Division of Health Care Financing and Policy met on June 25, 2009. The actions taken by the committee regarding the Nevada Medicaid Preferred Drug List (PDL) are indicated below.

All changes are effective Sept. 29, 2009.

The complete PDL is posted on the ["Preferred Drug List"](#) webpage.

Drug Class	Drugs Added	Drugs Removed	Drugs Reviewed But Not Added
Antidepressants: Other	None	None	Aplenzin® Venlafaxine ER®
Antiemetics: 5-HT3s	None	None	Sancuso®
Cardiovascular: Antihyperlipidemics: Triglyceride Lowering Agents	Trilipix®	None	None
Electrolyte Depleters	Calcium Acetate Renvela®	PhosLo®	
Gastrointestinal Agents: PPIs	None	None	Kapidex® Prilosec® Packets
Intranasal Rhinitis Agents	Astepro® Veramyst®	None	None
Respiratory: Inhaled Corticosteroids/Nebs	Flovent Diskus®	None	Alvesco®
Urinary Tract Antispasmodics	None	None	Toviaz®

