

Pharmacy Announcement

Preferred Drug List (PDL) Changes Effective March 16, 2010

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 Dec. 17, 2009. The actions taken by the committee regarding the Nevada Medicaid Preferred Drug List (PDL) are indicated below.

All changes are effective March 16, 2010.

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

Drug Class	Drugs Added	Drugs Removed	Drugs Reviewed But Not Added
Anaphylaxis: Self-Injectable Epinephrine (<i>New PDL Class</i>)	Epipen® Epipen Jr.® Twinject® Twinject Jr.®	None	None
Antihistamines: 2nd Generation	None	Clarinet® Syrup	None
Benign Prostatic Hyperplasia (BPH) Agents: Alpha-blockers (<i>New PDL Class</i>)	Doxazosin (generic Cardura®) Flomax® Terazosin (generic Hytrin®)	None	Cardura® Cardura XL® Hytrin® Rapaflo® Uroxatral®
Benign Prostatic Hyperplasia (BPH) Agents: 5-alpha-reductase Inhibitors (<i>New PDL Class</i>)	Avodart® Finasteride (generic Proscar®)	None	Proscar®
Gastrointestinal Agents: Ulcerative Colitis (<i>New PDL Class</i>)	Asacol® Canasa® Supp Mesalamine Enema Susp (generic Rowasa®) Pentasa® Sulfasalazine IR (generic Azulfidine®) Sulfasalazine DR (generic Azulfidine EN®)	None	Apriso® Asacol® HD Azulfidine® Azulfidine EN® Balsalazide, Colazal® Dipentum® Lialda® Rowasa® sfRowasa®
Herpetic Antiviral Agents: Topical (<i>New PDL Class</i>)	Abreva® Denavir® Zovirax®, Ointment	None	Zovirax® Cream
Progestins For Cachexia (<i>New PDL Class</i>)	Megestrol Acetate, Susp (generic Megace®)	None	Megace® ES Megace® Susp
Respiratory: Short Acting Beta Adrenergics-Inhalers/Nebs	None	Maxair® Ventolin® HFA Xopenex® HFA Xopenex® NEBS	Accuneb® ProAir® HFA