

December 29, 2016

Pharmacy Announcement

Preferred Drug List (PDL) Changes Effective January 1, 2017

On September 22, 2016, the Pharmacy and Therapeutics (P&T) committee of the Nevada Department of Health and Human Services' Division of Health Care Financing and Policy met to review new and existing therapeutic drug classes on the Nevada Medicaid Preferred Drug List (PDL).

The actions taken by the committee are indicated below. All changes are effective January 1, 2017. The complete PDL is posted on the "[Preferred Drug List](#)" webpage.

Drug Class	Drugs Added as Preferred	Drugs Added as Non-Preferred
Analgesics: Opiate Agonists	Butrans®	
Analgesics: Opiate Agonists – Abuse Deterrent	Hysingla® ER	Xtampza® ER
Anti-infective Agents: Antivirals: Anti-hepatitis Agents – Polymerase Inhibitors/Combination Products	Epclusa® Zepatier®	Daklinza® Olysio® Technivie® Viekira® Pak
Biologic Response Modifiers: Multiple Sclerosis Agents – Injectable		Zinbryta®
Biologic Response Modifiers: Multiple Sclerosis Agents – Oral	Gilenya®	
Cardiovascular Agents: Antilipemics: Fibrin Acid Derivatives		Lipofen®
Dermatological Agents: Topical Anti-infectives: Topical Scabicides		Natroba®
Electrolytic and Renal Agents: Phosphate Binding Agents		Fosrenol®
Gastrointestinal Agents: Antiemetics – Miscellaneous	OTC Doxylamine 25mg/Pyridoxine 10mg	
Genitourinary Agents: Benign Prostatic Hyperplasia (BPH) Agents: 5-Alpha Reductase Inhibitors		Dutasteride/Tamsulosin
Hematological Agents: Anticoagulants – Oral	Savaysa®	

Drug Class	Drugs Added as Preferred	Drugs Added as Non-Preferred
Hormones and Hormone Modifiers: Antidiabetic Agents: Dipeptidyl Peptidase-4 Inhibitors		Alogliptin Alogliptin-Metformin Alogliptin-Pioglitazone
Hormones and Hormone Modifiers: Antidiabetic Agents: Incretin Mimetics	Tanzeum® Trulicity®	
Hormones and Hormone Modifiers: Antidiabetic Agents: Insulins (Vials, Pens and Inhaled)	Tresiba® Flex Inj	
Hormones and Hormone Modifiers: Antidiabetic Agents: Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	Jardiance®	Invokamet® Xigduo XR®
Neurological Agents: Anticonvulsants		Briviact® Spritam®
Ophthalmic Agents: Antiglaucoma Agents: Ophthalmic Prostaglandins	Lumigan®	Travoprost Zioptan®
Ophthalmic Agents: Ophthalmic Anti-infectives: Ophthalmic Quinolones	Levofloxacin	Ofloxacin®
Psychotropic Agents: ADHD Agents	Adzenys® Dyanavel® Quillichew®	Aptensio XR® Evekeo® Zenedi®
Psychotropic Agents: Antipsychotics: Atypical Antipsychotics – Oral	Aripiprazole Rexulti® Nuplazid®* Preferred for ICD-10 code G31.83	Abilify® Vraylar®
Respiratory Agents: Respiratory Anti-inflammatory Agents: Respiratory Corticosteroids	Arnuity Ellipta® Pulmicort Respules®*	Aerospan HFA® Budesonide Nebs*
Respiratory Agents: Respiratory Antimuscarinics		Seebri Neohaler®
Respiratory Agents: Respiratory Beta-Agonists: Long-Acting Respiratory Beta-Agonist	Striverdi Respimat®	Arcapta Neohaler®
Respiratory Agents: Respiratory Beta-Agonists: Short-Acting Respiratory Beta-Agonist	Levalbuterol Nebs	Proair® HFA Xopenex® Solution* QL
Respiratory Agents: Respiratory Long-Acting Antimuscarinic/ Long-Acting Beta-Agonist Combinations		Utibron Neohaler®