

June 5, 2014

Pharmacy Announcement

Preferred Drug List (PDL) Changes Effective June 1, 2014

On March 27, 2014, 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 June 1, 2014. The complete PDL is posted on the ["Preferred Drug List"](#) webpage.

Drug Class	Drugs Added as Preferred	Drugs Added as Non-Preferred
ANALGESICS: Long Acting Narcotics	None	Duragesic® Patches
ANAPHYLAXIS: Self-Injectable Epinephrine	Epinephrine® (Generic)	None
ANTIDEPRESSANTS: Other	Pristiq®, Savella®*	Brintellix®, Duloxetine, Fetzima®
CENTRAL NERVOUS SYSTEM: Oral Anticonvulsants, Misc.	None	Fycompa®
DIABETIC AGENTS: Incretin Mimetics	Bydureon®	None
HEPATITIS C AGENTS: Antivirals: Hepatitis C Polymerase Inhibitors (New Class)	Sovaldi®	None
HEPATITIS C AGENTS: Antivirals: Hepatitis C Protease Inhibitors	Olysio®	None
MULTIPLE SCLEROSIS AGENTS: Oral Disease Modifying (New Class separating oral agents from injectable agents)	Aubagio®, Gilenya®, Tecfidera®	None
OPHTHALMIC GLAUCOMA AGENTS	Simbrinza®	None
PULMONARY ARTERIAL HYPERTENSION AGENTS: Inhaled Agents	Tyvaso®	None
PULMONARY ARTERIAL HYPERTENSION: Oral Agents	None	Adempas®, Opsumit®, Revatio®
RESPIRATORY: Inhaled Anticholinergic Agents	None	Combivent® MDI Inhaler – no longer available, removed from PDL
RESPIRATORY: Inhaled Corticosteroid/Beta-Adrenergic Combinations	None	Breo Ellipta®
RESPIRATORY: Long Acting Beta Adrenergics	Arcapta Neohaler®	Brovana®

*Indicated only for Fibromyalgia