



# Nevada Medicaid Preferred Drug List

All changes are effective 03/16/10.

## ALZHEIMER'S AGENTS

ARICEPT® TABS  
EXELON® CAPS, PATCH AND SOLN  
NAMENDA® TABS

## ANALGESICS: Long Acting Narcotics

DURAGESIC® PATCHES (PA required)  
KADIAN®  
MORPHINE SULFATE SA TABS (generic MS Contin®)

## ANAPHYLAXIS: Self-Injectable Epinephrine

EPIPEN® (*new*)  
EPIPEN JR.® (*new*)  
TWINJECT® (*new*)  
TWINJECT JR.® (*new*)

## ANTIBIOTICS: Cephalosporins 2<sup>nd</sup> Generation

CEFACLOR CAPS & SUSP (generic Ceclor®)  
CEFACLOR ER (generic Ceclor CD®)  
CEFUROXIME TABS & SUSP (generic Ceftin®)  
CEFPROZIL SUSP (generic Cefzil®)

## ANTIBIOTICS: Cephalosporins 3<sup>rd</sup> Generation

CEDAX® CAPS & SUSP  
CEFDINIR CAPS & SUSP (generic Omnicef®)  
CEFPODOXIME TABS & SUSP (generic Vantin®)

## ANTIBIOTICS: Macrolides

AZITHROMYCIN TABS & SUSP (generic for Zithromax)  
CLARITHROMYCIN TABS & SUSP (generic Biaxin®)  
ERYTHROMYCIN BASE (generic E-Mycin®, Ery-Tab®, PCE®)  
ERYTHROMYCIN ESTOLATE  
ERYTHROMYCIN  
ETHYLSUCCINATE (generic EES®)  
ERYTHROMYCIN STEARATE

## ANTIBIOTICS: Quinolones 2<sup>nd</sup> Generation

CIPROFLOXACIN TABS (generic Cipro®)  
CIPRO® SUSP

## ANTIBIOTICS: Quinolones 3<sup>rd</sup> Generation

AVELOX®  
AVELOX ABC PACK®  
LEVAQUIN®

## ANTICOAGULANTS: Injectable

ARIXTRA®  
FRAGMIN®  
LOVENOX®

## ANTIDEPRESSANTS: Other

BUPROPION (generic Wellbutrin®)  
BUPROPION SR (generic Wellbutrin SR®)  
CYMBALTA® (PA not required for ICD-9 code 356.9)

MIRTAZAPINE (generic Remeron®)  
MIRTAZAPINE RAPID TABS (generic Remeron Soltabs®)  
TRAZODONE (generic Desyrel®)  
WELLBUTRIN XL 150MG®  
WELLBUTRIN XL 300MG®

## ANTIDEPRESSANTS: SSRIs

CITALOPRAM (generic Celexa®)  
FLUOXETINE (generic Prozac®)  
PAROXETINE (generic Paxil®)  
PEXEVA®  
SERTRALINE (generic Zoloft®)

## ANTIEMETICS: Oral, 5-HT3s

GRANISETRON (generic Kytril®)  
ONDANSETRON (generic Zofran®)

## ANTIFUNGALS: Onychomycosis Agents

*Prior authorization is required for all drugs in this Class.*

TERBINAFININE TABS (generic Lamisil®)  
CIDOPIROX SOLN (generic Penlac®)

## ANTIHISTAMINES: 2<sup>nd</sup> Generation

*A two week trial of one of these drugs is required before a non-preferred drug will be authorized.*

CETIRIZINE D OTC (generic Zyrtec D®)  
CETIRIZINE OTC TABS, CHEW TABS AND SYRUP (generic Zyrtec®)

LORATADINE OTC TABS, SYRUP, & RAPID DISINTEGRATING TABS (generic Claritin®)  
LORATADINE D OTC (generic Claritin D®)

## ANTI-MIGRAINE AGENTS: Triptans

IMITREX® NASAL SPRAY  
MAXALT® TABS  
MAXALT® MLT  
RELPAK®  
SUMATRIPTAN TABS AND INJ (generic Imitrex®)

## ANTIPARKINSON'S AGENTS: Non-ergot Dopamine Agonists

MIRAPEX®  
REQUIP XL®  
ROPINIROLE (generic Requip®)

## BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: Alpha-blockers

DOXAZOSIN (generic Cardura®) (*new*)  
FLOMAX® (*new*)  
TERAZOSIN (generic Hytrin®) (*new*)

## BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: 5-alpha-reductase Inhibitors

AVODART® (*new*)  
FINASTERIDE (generic Proscar®) (*new*)

## BENZOYL PEROXIDE AND CLINDAMYCIN COMBINATIONS: TOPICAL AGENTS

DUAC®  
DUAC CS®

## BONE OSSIFICATIONS AGENTS: Bisphosphonates

ALENDRONATE (generic Fosamax®)  
ALENDRONATE PLUS D (generic Fosamax® Plus D)

## CARDIOVASCULAR: ACE Inhibitors & Diuretic Combinations

ALTACE® (PA is required)  
BENAZEPRIL (generic Lotensin®)  
BENAZEPRIL HCTZ (generic Lotensin HCT®)  
CAPTOPRIL (generic Capoten®)  
CAPTOPRIL HCTZ (generic Capozide®)  
ENALAPRIL (generic Vasotec®)  
ENALAPRIL HCTZ (generic Vaseretic®)  
LISINAPRIL (generic Prinivil®, Zestril®)  
LISINAPRIL HCTZ (generic Prinzide®, Zestoretic®)

## CARDIOVASCULAR: Angiotensin II Receptor Blockers & Diuretic Combination

COZAAR®  
DIOVAN®  
DIOVAN HCTZ®  
HYZAAR®

## CARDIOVASCULAR: Antihyperlipidemics: Cholesterol Absorption Inhibitors

ZETIA®



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## CARDIOVASCULAR: Antihyperlipidemics : Niacin Agents

NIASPAN®  
NIACIN ER

## CARDIOVASCULAR: Antihyperlipidemics: Statins & Statin Combinations

ADVICOR®  
CRESTOR®  
LESCOL®  
LESCOL XL®  
LIPITOR®  
LOVASTATIN (generic Mevacor®)  
PRAVASTATIN (generic Pravachol®)  
SIMCOR®  
SIMVASTATIN (generic Zocor®)  
VYTORIN®

## CARDIOVASCULAR: Antihyperlipidemics: Triglyceride Lowering Agents

GEMFIBROZIL (generic Lopid®)  
TRICOR®  
TRILIPIX®

## CARDIOVASCULAR: Beta Blockers

ACEBUTOLOL (generic Sectral®)  
ATENOLOL (generic Tenormin®)  
ATENOLOL/CHLORTHALIDONE  
(generic Tenoretic®)  
BETAXOLOL (generic Kerlone®)  
BISOPROLOL (generic Zebeta®)  
BISOPROLOL/HCTZ (generic Ziac®)

BYSTOLIC® (Restricted to ICD-9  
codes 490-496)

CARVEDILOL (generic Coreg®)

LABELALOL  
(generic Normodyne®,  
Trandate®)

METOPROLOL (generic  
Lopressor®)

NADOLOL (generic Corgard®)

PINDOLOL (generic Visken®)

PROPRANOLOL (generic Inderal®)

PROPRANOLOL/HCTZ  
(generic Inderide®)

SOTALOL  
(generic Betapace®, Sorine®)

TIMOLOL (generic Blocadren®)

## CARDIOVASCULAR: Calcium Channel Blockers & Combinations

AFEDITAB CR® (generic Adalat  
CC®)

AMLODIPINE (generic Norvasc®)

CARTIA XT®

DILTIA XT®

DILTIAZEM HCL (generic  
Cardizem®)

DILTIAZEM EXTENDED RELEASE

DYNACIRC CR®

EXFORGE®

FELODIPINE ER (generic Plendil®)

ISRADIPINE (generic for  
Dynacirc®)

LOTREL®

NICARDIPINE (generic Cardene®)

NIFEDIAC CC (generic Adalat CC®)

NIFEDICAL XL (generic Procardia  
XL®)

NIFEDIPINE ER  
(generic Procardia XL®)

NISOLDIPINE ER

TAZTIA XT®

VERAPAMIL  
(generic Calan®, Isoptin®)

VERAPAMIL ER

## CENTRAL NERVOUS SYSTEM: ADHD/Stimulants

ADDERALL XR®  
AMPHETAMINE SALT  
COMBINATION  
(generic Adderall®)

CONCERTA®

DEXMETHYLPHENIDATE  
(generic Focalin®)

DEXTROAMPHETAMINE SA  
(generic Dexedrine SA®)

DEXTROAMPHETAMINE TAB  
(generic Dexedrine®)

DEXTROSTAT®

FOCALIN XR®

METADATE ER®

METHYLIN®

METHYLIN ER®

METHYLPHENIDATE (generic  
Ritalin®)

METHYLPHENIDATE ER  
(generic Ritalin SR®)

PROVIGIL® (No PA required for  
ICD-9 codes 347.00, 347.01,  
347.10, 347.11, 780.53 and  
780.57)

RITALIN LA®

STRATTERA®

VYVANSE®

## CENTRAL NERVOUS SYSTEM: Sedative Hypnotics

ESTAZOLAM (generic ProSom®)  
FLURAZEPAM (generic Dalmane®)

ROZEREM® (PA not required for  
ICD-9 code 307.42)

TEMAZEPAM (generic Restoril®)

TRIAZOLAM (generic Halcion®)

ZOLPIDEM (generic Ambien®)

## DIRECT RENIN INHIBITORS

TEKTURNA®  
TEKTURNA HCT®

## ELECTROLYTE DEPLETERS

CALCIUM ACETATE  
RENAGEL®  
REVELA®

## ERYTHROPOIESIS STIMULATING PROTEINS

*Prior authorization is required for  
all drugs in this Class.*

ARANESP®  
PROCRIT®

## GASTROINTESTINAL AGENTS: H2RAs

FAMOTIDINE (generic Pepcid®)  
RANITIDINE (generic Zantac®)  
RANITIDINE SYRUP  
(PA not required for < 12 years)

## GASTROINTESTINAL AGENTS: PPIs

*Prior authorization is required for  
all drugs in this Class.*

NEXIUM® CAPSULES  
OMEPRAZOLE OTC TABS  
PREVACID® CAPSULES  
PRILOSEC® OTC TABS

## GASTROINTESTINAL AGENTS: Ulcerative Colitis

ASACOL® (*new*)  
CANASA®, SUPP (*new*)  
MESALAMINE ENEMA SUSP  
(generic Rowasa®) (*new*)

PENTASA® (*new*)

SULFASALAZINE IR  
(generic Azulfidine®) (*new*)

SULFASALAZINE DR  
(generic Azulfidine EN®) (*new*)

## GROWTH HORMONE AGENTS

*Prior authorization is required for  
all drugs in this Class.*

GENOTROPIN®  
NORDITROPIN®  
NUTROPIN®  
NUTROPIN AQ®  
SAIZEN®

## HEPATITIS C AGENTS

PEGASYS®  
PEGASYS® CONVENIENT PACK  
PEG-INTRON® & REDIPEN  
RIBAVIRIN

## HERPETIC ANTIVIRAL AGENTS

ACYCLOVIR (generic Zovirax®)  
FAMVIR®  
VALTREX®

## HERPETIC ANTIVIRAL AGENTS: Topical

ABREVA® (*new*)  
DENA VIR® (*new*)  
ZOVIRAX®, OINTMENT (*new*)



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## IMMUNOMODULATORS:

### Injectable

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ENBREL®  
HUMIRA®

## IMMUNOMODULATORS:

### Topical

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ELIDEL®  
PROTOPIC®

## IMPETIGO AGENTS: Topical

ALTABAX®  
MUPIROCI OINT

## INTRANASAL RHINITIS AGENTS

ASTELIN®  
ASTEPRO®  
ATROVENT®  
FLUTICASONE (generic Flonase®)  
NASONEX®  
VERAMYST®

## LEUKOTRIENE MODIFIERS

ACCOLATE®  
SINGULAIR®

## MULTIPLE SCLEROSIS AGENTS

AVONEX®  
AVONEX® ADMINISTRATION PACK  
BETASERON®  
COPAXONE®  
REBIF®

## NASAL CALCITONINS

MICALCIN®

## OPHTHALMIC ANTIHISTAMINES

ALAWAY®  
PATADAY®  
PATANOL®  
ZADITOR OTC®

## OPHTHALMIC GLAUCOMA AGENTS

ALPHAGAN P®  
AZOPT®  
BETAXOLOL (generic Betoptic®)  
BETOPTIC S®  
BRIMONIDINE (generic Alphagan®)  
CARTEOLOL (generic Ocupress®)  
COMBIGAN®  
DORZOLAM (generic Cosopt®)  
DORZOLAM / TIMOLOL (generic Trusopt®)  
LEVOBUNOLOL (generic Betagan®)  
METIPRANOLOL (generic Optipranolol®)  
TIMOLOL DROPS & GEL SOLUTION (generic Timoptic® & Timoptic XE®)

TRAVATAN®  
TRAVATAN Z®  
XALATAN®

## OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACULAR®  
ACULAR LS®  
ACULAR PF®  
DICLOFENAC  
FLURBIPROFEN  
NEVANAC®

## OPHTHALMIC QUINOLONES

CIPROFLOXACIN (generic Ciloxan®)  
VIGAMOX®

## OTIC FLUOROQUINOLONES

CIPRODEX®  
OFLOXIN (generic Floxin®)

## PLATELET AGGREGATION INHIBITORS

AGGRENOX®  
ASPIRIN  
DIPYRIDAMOLE  
PLAVIX®

## PROGESTINS FOR CACHEXIA

MEGESTROL ACETATE, SUSP (generic Megace®) *(new)*

## PULMONARY ARTERIAL HYPERTENSION AGENTS – Endothelin Receptor Antagonists

LETAIRIS®  
TRACLEER®

## RESPIRATORY: Inhaled Anticholinergic Agents

ATROVENT® HFA INHALER  
COMBIVENT® INHALER  
DUONEB® SOLUTION  
IPRATROPIUM NEBS (generic Atrovent® Nebs)  
SPIRIVA®

## RESPIRATORY:

### Inhaled Corticosteroids/Nebs

ADVAIR DISKUS®  
ADVAIR HFA®  
ASMANEX®  
AZMACORT®  
FLOVENT DISKUS®  
FLOVENT HFA®  
PULMICORT RESPULES® (No PA required < 4 years)  
QVAR®

## RESPIRATORY:

### Long Acting Beta Adrenergics

FORADIL®  
SEREVENT DISKUS®

## RESPIRATORY: Short Acting Beta Adrenergics-Inhalers/Nebs

ALBUTEROL NEB/SOLN (generic Proventil®, Ventolin®)  
METAPROTERENOL NEB (generic Alupent® Nebs)  
PROVENTIL® HFA

## SKELETAL MUSCLE RELAXANTS

BACLOFEN  
CARISOPRODOL  
CARISOPRODOL COMPOUND  
CHLORZOXAZONE  
CYCLOBENZAPRINE  
DANTROLENE  
METHOCARBAMOL  
METHOCARBAMOL/ASPIRIN  
ORPHENADRINE CITRATE  
ORPHENADRINE COMPOUND  
TIZANIDINE

## URINARY TRACT ANTISPASMODICS

DETROL LA®  
ENABLEX®  
OXYBUTYNIN TABS & SYRUP (generic Ditropan®)  
SANCTURA XR®  
VESICARE®