



Nevada Medicaid Preferred Drug List

All changes are effective 06/30/10.

**ACNE AGENTS: Topical:
Retinoid Agents and
Combinations**

RETIN-A MICRO® (*new*)
EPIDUO™ (*new*)
DIFFERIN® (*new*)

**ACNE AGENTS: Topical: Benzoyl
Peroxide and Clindamycin
Combinations**

BENZACLIN® (*new*)

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®
EPIPEN JR.®
TWINJECT®
TWINJECT JR.®

**ANDROGENIC AGENTS:
Topical**

ANDROGEL® (*new*)
ANDRODERM® (*new*)

**ANTIBIOTICS: Cephalosporins
2nd Generation**

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

**ANTIBIOTICS: Cephalosporins
3rd 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 2nd Generation**

CIPROFLOXACIN TABS
(generic Cipro®)
CIPRO® SUSP

**ANTIBIOTICS:
Quinolones 3rd Generation**

AVELOX®
AVELOX ABC PACK®
LEVAQUIN®

**ANTICOAGULANTS:
Injectable**

ARIXTRA®
FRAGMIN®
LOVENOX®

**ANTIDEPRESSANTS:
Other**

BUPROPION (generic Wellbutrin®)
BUPROPION SR
(generic Wellbutrin SR®)
BUPROPION XL
(generic Wellbutrin XL) (*new*)
CYMBALTA® (PA not
required for ICD-9 code 356.9)
MIRTAZAPINE (generic Remeron®)
MIRTAZAPINE RAPID TABS
(generic Remeron Soltabs®)
TRAZODONE (generic Desyre®)

**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.*
TERBINAFINE TABS (generic
Lamisil®)
CICLOPIROX SOLN (generic
Penlac®)

**ANTI-HISTAMINES: 2nd
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**

MAXALT® TABS
MAXALT® MLT
RELPAK®
SUMATRIPTAN TABS, NASAL
SPRAY AND INJ (generic
Imitrex®) (*NASAL SPRAY is new*)

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

MIRAPEX®
REQUIP XL®
ROPINIROLE (generic Requip®)

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

DOXAZOSIN (generic Cardura®)
TAMSULOSIN (generic Flomax) (*new*)
TERAZOSIN (generic Hytrin®)

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

AVODART®
FINASTERIDE (generic Proscar®)

**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®)



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CARDIOVASCULAR: Angiotensin II Receptor Blockers & Diuretic Combination

COZAAR®
DIOVAN®
DIOVAN HCTZ®
HYZAAR®

CARDIOVASCULAR: Antihyperlipidemics: Bile Acid Sequestrants

COLESTIPOL (generic Colestid®) *(new)*
CHOLESTYRAMINE (generic and Prevalite®) *(new)*
WELCHOL® *(new)*

CARDIOVASCULAR: Antihyperlipidemics: Cholesterol Absorption Inhibitors

ZETIA®

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®)
LABETALOL (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®)
ISRADIPIINE (generic Dynacirc®)
LOTREL® (5/40mg and 10/40mg, other strengths generic) *(STRENGTHS are new)*
NICARDIPINE (generic Cardene®)
NIFEDIAC CC (generic Adalat CC®)
NIFEDICAL XL (generic Procardia XL®)
NIFEDIPIINE ER (generic Procardia XL®)
NISOLDIPIINE 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
NEXIUM® POWDER FOR SUSP (for children ≤ 12 yrs.) *(new)*
OMEPRAZOLE OTC TABS
PRILOSEC® OTC TABS

GASTROINTESTINAL AGENTS: Ulcerative Colitis

ASACOL®
CANASA®, SUPP
MESALAMINE ENEMA SUSP (generic Rowasa®)
PENTASA®
SULFASALAZINE IR (generic Azulfidine®)
SULFASALAZINE DR (generic Azulfidine EN®)



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GROWTH HORMONE AGENTS

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GENOTROPIN®
NORDITROPIN®
NUTROPIN®
NUTROPIN AQ®
SAIZEN®

HEPATITIS C AGENTS

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

HERPETIC ANTIVIRAL AGENTS

ACYCLOVIR (generic Zovirax®)
FAMVIR®
VALCYCLOVIR (generic Valtrex®) *(new)*
VALTREX®

**HERPETIC ANTIVIRAL AGENTS:
Topical**

ABREVA®
DENA VIR®
ZOVIRAX®, OINTMENT

**IMMUNOMODULATORS:
Injectable**

Prior authorization is required for all drugs in this Class.

ENBREL®
HUMIRA®

**IMMUNOMODULATORS:
Topical**

Prior authorization is required for all drugs in this Class.

ELIDEL®
PROTOPIC®

IMPETIGO AGENTS:**Topical**

ALTABAX®
MUPIROCIN 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

MIACALCIN®

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 SOLN
(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®)

PSORIASIS AGENTS: Topical

DOVONEX® CREAM *(new)*
CALCIPOTRIENE SOLUTION
(generic Dovonex® Scalp Sol) *(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®)
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®