



Nevada Medicaid Preferred Drug List

All changes are effective July 27, 2012.

ACNE AGENTS: Topical, Retinoid Agents and Combinations

ADAPALENE GEL AND CREAM
(generic Differin®)
RETIN-A MICRO®
EPIDUO™

ACNE AGENTS: Topical, Benzoyl Peroxide and Clindamycin Combinations

BENZACLIN®

ALZHEIMER'S AGENTS

DONEPEZIL (generic ARICEPT®)
EXELON® PATCH AND SOLN
NAMENDA® TABS
RIVASTIGMINE CAPS
(generic Exelon®)

ANALGESICS: Long Acting Narcotics

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

ANALGESICS/ANESTHETICS: Topical

VOLTAREN® GEL

ANALGESICS: Tramadol and Related Drugs

TRAMADOL (GENERIC ULTRAM®)
TRAMADOL/APAP
(generic Ultracet®)
NUCYNTA™

ANAPHYLAXIS: Self-Injectable Epinephrine

EPIPEN®
EPIPEN JR.®
TWINJECT®
TWINJECT JR.®

ANDROGENIC AGENTS: Topical

ANDROGEL®
ANDRODERM®

ANTIBIOTICS: Cephalosporins 2nd Generation

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

ANTIBIOTICS: Cephalosporins 3rd Generation

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

ANTIBIOTICS: Macrolides

AZITHROMYCIN TABS and SUSP
(generic for Zithromax)
CLARITHROMYCIN TABS and 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®
LEVOFLOXACIN
(generic Levaquin®)

ANTICOAGULANTS: Injectable

ARIXTRA®
FRAGMIN®
LOVENOX®

ANTICOAGULANTS: Oral

WARFARIN (Generic Coumadin® and Jantoven®) (NEW)
XARELTO (NEW)

ANTIDEPRESSANTS: Other

BUPROPION (generic Wellbutrin®)
BUPROPION SR
(generic Wellbutrin SR®)
BUPROPION XL
(generic Wellbutrin XL)
CYMBALTA® (PA not required for ICD-9 code 729.1 or 250.6)
MIRTAZAPINE (generic Remeron®)
MIRTAZAPINE RAPID TABS
(generic Remeron Soltabs®)
TRAZODONE (generic Desyrel®)

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®)

ANTIHISTAMINES: 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, and RAPID DISINTEGRATING TABS
(generic Claritin®)
LORATADINE D OTC
(generic Claritin D®)

ANTIHYPERTENSIVES: Xanthine Oxidase Inhibitors for Gout

ALLOPURINOL

ANTI-MIGRAINE AGENTS: Triptans

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

ANTIPARKINSON'S AGENTS: Non-ergot Dopamine Agonists

PRAMIPEXOLE
(generic Mirapex®)
REQUIP XL®
ROPINIROLE
(generic Requip®)



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ANTIPSYCHOTICS:**Oral, Atypical****ABILIFY®**

(for age 6-17 yrs for irritability associated with autistic disorder)

RISPERIDONE (generic Risperdal®)

CLOZAPINE (generic Clozaril®)

FANAPT®

GEODON®

SEROQUEL®

SEROQUEL XR®

ANTIVIRAL AGENTS:**Influenza**

AMANTADINE

(generic Symmetrel®)

TAMIFLU®

RIMANTADINE

(generic Flumadine®)

RELENZA®

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

DOXAZOSIN (generic Cardura®)

TAMSULOSIN (generic Flomax)

TERAZOSIN (generic Hytrin®)

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

AVODART®

FINASTERIDE (generic Proscar®)

**BONE OSSIFICATIONS AGENTS:
Bisphosphonates**

ALENDRONATE

(generic Fosamax®)

FOSAMAX PLUS D®

**CARDIOVASCULAR: ACE
Inhibitors and Diuretic
Combinations**

BENAZEPRIL (generic Lotensin®)

BENAZEPRIL HCTZ

(generic Lotensin HCT®)

CAPTOPRIL (generic Capoten®)

CAPTOPRIL HCTZ (generic

Capozide®)

ENALAPRIL (generic Vasotec®)

ENALAPRIL HCTZ

(generic Vaseretic®)

LISINOPRIL

(generic Prinivil®, Zestril®)

LISINOPRIL HCTZ

(generic Prinzide®, Zestoretic®)

RAMIPRIL

(generic Altace®) (PA is required)

**CARDIOVASCULAR: Angiotensin
II Receptor Blockers and Diuretic
Combinations**

LOSARTAN (generic Cozaar®)

DIOVAN®

DIOVAN HCTZ®

LOSARTAN HCTZ

(generic Hyzaar®)

**CARDIOVASCULAR:
Antihyperlipidemics, Bile Acid
Sequestrants**

COLESTIPOL (generic

Colestid®)

CHOLESTYRAMINE

(generic and Prevalite®)

WELCHOL®

**CARDIOVASCULAR:
Antihyperlipidemics, Cholesterol
Absorption Inhibitors**

ZETIA®

**CARDIOVASCULAR:
Antihyperlipidemics, Niacin
Agents**

NIASPAN®

NIACIN ER

**CARDIOVASCULAR:
Antihyperlipidemics, Statins and
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 and
Combinations**

AFEDITAB CR® (generic Adalat CC®)

AMLODIPINE (generic Norvasc®)

CARTIA XT®

DILTIA XT®

DILTIAZEM HCL (generic

Cardizem®)

DILTIAZEM EXTENDED RELEASE

DYNACIRC CR®

EXFORGE®

EXFORGE HCT®

FELODIPINE ER (generic Plendil®)

ISRADIPINE (generic Dynacirc®)

LOTREL® (5/40mg and 10/40mg,

other strengths generic)

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

**CARDIOVASCULAR: Direct
Renin Inhibitors and
Combinations**

TEKAMLO® (NEW)

TEKTURNA®

TEKTURNA HCT®

VALTURNA®



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**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®
INTUNIV®
METADATE ER®
METHYLIN®
METHYLIN ER®
METHYLPHENIDATE (generic
Ritalin®)
METHYLPHENIDATE ER
(generic Ritalin SR®)
METHYLPHENIDATE SOL
(generic Methylin Sol®)
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:
Anticonvulsants, Barbiturates**

LUMINAL® and generic
PHENOBARBITAL
MEBARAL® and generic
MEPHOBARBITAL
MYSOLINE® and generic
PRIMIDONE
SOLFOTON® and generic
PHENOBARBITAL

**CENTRAL NERVOUS SYSTEM:
Anticonvulsants, Benzodiazepines**

KLONOPIN® and generic
CLONAZEPAM
DIASTAT® and generic
DIAZEPAM rectal soln
TRANXENE T-TAB® and generic
CLORAZEPATE
VALIUM® and generic DIAZEPAM

**CENTRAL NERVOUS SYSTEM:
Anticonvulsants, Hydantoins**

*All oral forms of the listed drugs
are preferred.*

CEREBYX® and generic
FOSPHENYTOIN
DILANTIN® and all generic
PHENYTOIN PRODUCTS
PEGANONE® and generic
ETHOTOIN
PHENYTEK® and all generic
PHENYTOIN PRODUCTS

**CENTRAL NERVOUS SYSTEM:
Anticonvulsants, Misc.**

*All oral forms of the listed drugs
are preferred.*

BANZEL®
CARBATROL ER®
CELONTIN®

DEPAKENE® and generic
VALPROATE ACID
DEPAKOTE® and generic
DIVALPROEX SODIUM
DEPAKOTE ER® and generic
DIVALPROEX SODIUM ER
EPITOL® and generic
CARBAMAZEPINE
FELBATOL®
GABITRIL®

KEPPRA® and generic
LEVETIRACETAM
KEPPRA XR®
LAMACTAL ODT®
LAMACTAL XR®
LAMICTAL® and generic
LAMOTRIGINE
LYRICA®
NEURONTIN® and generic
GABAPENTIN
SABRIL®

STAVZOR® DR
TEGRETOL® and generic
CARBAMAZEPINE
TEGRETOL XR® and generic
CARBAMAZEPINE XR
TOPAMAX® and generic
TOPIRAMATE
TOPIRAGEN® and generic
TOPIRAMATE
TRILEPTAL® and generic
OXCARBAZEPINE
VIMPAT®
ZARONTIN® and generic
ETHOSUXIMIDE
ZONEGRAN® and generic
ZONISAMIDE

**CENTRAL NERVOUS SYSTEM:
Sedative Hypnotics**

ESTAZOLAM (generic ProSom®)
FLURAZEPAM (generic Dalmene®)
ROZEREM® (PA not required for
ICD-9 code 307.42)
TEMAZEPAM (generic Restoril®)
TRIAZOLAM (generic Halcion®)
ZOLPIDEM (generic Ambien®)

**DIABETIC AGENTS:
Biguanides**

FORTAMET®
GLUCOPHAGE® and generic
METFORMIN
GLUCOPHAGE XR® and generic
METFORMIN EXT-REL
GLUMETZA®
RIOMET®

**DIABETIC AGENTS:
Insulin Products**

*All types, mixes and pens contain-
ing these insulins are preferred.*

APIDRA
HUMALOG®
HUMULIN®
LANTUS®
LEVEMIR®
NOVOLIN®
NOVOLOG®

**DIABETIC AGENTS:
Other Agents**

BYETTA® (PA required)
GLYSET®
JANUMET®
JANUVIA®

ONGLYZA®
KOMBIGLYZE XR® (NEW)
PRANDIMET®
PRANDIN®
PRECOSE® and generic ACARBOSE
STARLIX® and generic
NATEGLINIDE
SYMLIN® (PA required)
TRADJENTA® (NEW)
VICTOZA®

**DIABETIC AGENTS:
Sulfonylureas**

AMARYL® and generic GLIMEPIRIDE
CHLORPROPAMIDE
GLUCOTROL XL® and generic
GLIPIZIDE EXT-REL
METAGLIP® and generic
GLIPIZIDE/METFORMIN
GLUCOTROL® and generic GLIPIZIDE
DIABETA® and generic
GLYBURIDE
GLYNASE® and generic
GLYBURIDE MICRONIZED
GLUCOVANCE® and generic
GLYBURIDE/METFORMIN
TOLAZAMIDE
TOLBUTAMIDE

**DIABETIC AGENTS:
Thiazolidinediones**

ACTOPLUS MET XR®
ACTOS®
ACTOPLUS MET®
AVANDAMET®
AVANDARYL®
AVANDIA®
DUETACT®



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ELECTROLYTE DEPLETERS

CALCIUM
ACETATE
RENAGEL®
REVELA®

ERYTHROPOIESIS STIMULATING PROTEINS

Prior authorization is required for all drugs in this class.

ARANESP®
PROCRT®

FIBROMYALGIA AGENTS

No PA required for drugs in this class if ICD-9 code=729.1.

LYRICA
CYMBALTA
SAVELLA

GASTROINTESTINAL AGENTS: H2RAs

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

GASTROINTESTINAL AGENTS: Pancreatic Enzymes

CREON®
PANCRELIPASE
(generic ZenPep®5)

GASTROINTESTINAL AGENTS: PPIs

Prior authorization is required for all drugs in this class.

NEXIUM® CAPSULES
NEXIUM® POWDER FOR SUSP
(for children ≤ 12 yrs.)
OMEPRAZOLE OTC TABS

PANTOPRAZOLE
(generic Protonix®)
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®)

GROWTH HORMONE AGENTS

Prior authorization is required for all drugs in this class.

GENOTROPIN®
NUTROPIN®
NUTROPIN AQ®

HEPATITIS C AGENTS

INCIVEK® (NEW)
PEGASYS®
PEGASYS® CONVENIENT PACK
PEG-INTRON® and REDIPEN
RIBAVIRIN

HERPETIC ANTIVIRAL AGENTS

ACYCLOVIR (generic Zovirax®)
FAMVIR®
VALCYCLOVIR (generic 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

LEUKOTRIENE MODIFIERS

SINGULAIR®
ZAFIRLUKAST (generic Accolate®)

MULTIPLE SCLEROSIS AGENTS: Disease Modifying

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

MULTIPLE SCLEROSIS AGENTS: Specific Symptomatic Treatment

AMPYRA® (PA required)

NASAL CALCITONINS

MIACALCIN®

OPHTHALMIC ANTIBIOTICS: Macrolides

ERYTHROMYCIN OINTMENT

OPHTHALMIC ANTIHISTAMINES

ALAWAY®
BEPREVE® (NEW)
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 and GEL SOLN
(generic Timoptic® and Timoptic XE®)
TRAVATAN®
TRAVATAN Z®
LATANOPROST
(generic Xalatan®)

OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

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

OPHTHALMIC QUINOLONES

CIPROFLOXACIN (generic Ciloxan®)
MOXEZA® (NEW)
OFLOXACIN® (NEW)
VIGAMOX®

OTIC FLUOROQUINOLONES

CIPRODEX®
OFLOXIN (generic Floxin®)

PLATELET AGGREGATION INHIBITORS

AGGRENOX®
ASPIRIN
DIPYRIDAMOLE
EFFIENT™ PA not required
for ICD-9 code 410, 411 or 414)
PLAVIX®

PROGESTINS FOR CACHEXIA

MEGESTROL ACETATE, SUSP
(generic Megace®)

PSORIASIS AGENTS: Topical

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

PULMONARY ARTERIAL HYPERTENSION AGENTS: Inhaled Agents

VENTAVIS®

PULMONARY ARTERIAL HYPERTENSION: Oral Agents

REVATIO™
ADCIRCA™
LETAIRIS™
TRACLEER®



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**RESPIRATORY:
ORAL COPD AGENTS**

DALIRESP® (NEW)

**RESPIRATORY:
Inhaled Anticholinergic Agents**

ATROVENT® HFA INHALER

COMBIVENT® INHALER

IPRATROPIUM/ALBUTEROL NEBS
(generic DUONEB®)

IPRATROPIUM NEBS
(generic Atrovent® Nebs)

SPIRIVA®

**RESPIRATORY:
Inhaled Corticosteroid/Beta-
Adrenergic Combinations**

ADVAIR DISKUS®

ADVAIR HFA®

SYMBICORT®

**RESPIRATORY:
Inhaled Corticosteroids/Nebs**

ASMANEX®

AZMACORT®

BUDESONIDE NEBS
(generic PULMICORT) 0.25 and
0.5 mg (No PA required < 4 years)

FLOVENT DISKUS®

FLOVENT HFA®

PULMICORT RESPULES® 1mg
(No PA required < 4 years)

QVAR®

**RESPIRATORY: Intranasal
Rhinitis Agents**

ASTEPRO®

AZELASTINE (generic Astelin®)

FLUTICASONE (generic Flonase®)

NASONEX®

**RESPIRATORY:
Long Acting Beta Adrenergics**

FORADIL®

SEREVENT DISKUS®

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

ALBUTEROL NEB/SOLN

(generic Proventil®, Ventolin®)

PROVENTIL® HFA

VENTOLIN HFA®

XOPENEX® NEB (PA required)

XOPENEX® HFA

**SKELETAL MUSCLE
RELAXANTS**

BACLOFEN

CHLORZOXAZONE

CYCLOBENZAPRINE

DANTROLENE

METHOCARBAMOL

METHOCARBAMOL/ASPIRIN

ORPHENADRINE CITRATE

ORPHENADRINE COMPOUND

TIZANIDINE

**URINARY TRACT
ANTISPASMODICS**

DETROL LA®

ENABLEX®

OXYBUTYNIN TABS and SYRUP
(generic Ditropan®)

SANCTURA XR®

VESICARE®