Division of Health Care Financing and Policy

Nevada Medicaid Preferred Drug List

Effective January 14, 2013

CONTENTS

PREFERRED AGENTS	NON-PREFERRED AGENTS

ACNE AGENTS: TOPICAL, RETINOID AGENTS AND COMBINATIONS

PREFERRED AGENTS	NON-PREFERRED AGENTS	
ADAPALENE GEL AND CREAM	ATRALIN®	TRETINOIN
EPIDUO®	AVITA®	TRETIN-X®
RETIN-A MICRO®	DIFFERIN®	VELTIN®
	TAZORAC®	ZIANA®

ACNE AGENTS: TOPICAL, BENZOYL PEROXIDE, ANTIBIOTICS AND COMBINATION PRODUCTS

PREFERRED AGENTS	NON-PREFERRED AGENTS
AZELEX® 20% cream (NEW)	ACANYA
BENZACLIN®	DUAC CS®
BENZOYL PEROXIDE (2.5, 5 and 10% only) (NEW)	ERYTHROMYCIN
CLINDAMYCIN (NEW)	CLINDAMYCIN/BENZOYL PEROXIDE GEL
ERYTHROMYCIN/BENZOYL PEROXIDE (NEW)	SODIUM SULFACETAMIDE/SULFUR
SODIUM SULFACETAMIDE(NEW)	

ALZHEIMER'S AGENTS

PREFERRED AGENTS		NON-PREFERRED AGENTS	
DONEPEZIL	EXELON® SOLN	ARICEPT® 23mg	GALANTAMINE ER
DONEPEZIL ODT	NAMENDA® TABS	ARICEPT®	RAZADYNE®
EXELON® PATCH	RIVASTIGMINE CAPS	COGNEX®	RAZADYNE® ER
		GALANTAMINE	

ANALGESICS: LONG ACTING NARCOTICS

PREFERRED AGENTS	NON-PREFERRED AGENTS	
DURAGESIC® PATCHES (PA required)	AVINZA®	METHADOSE®
KADIAN®	BUTRANS®	MS CONTIN®
MORPHINE SULFATE SA TABS (generic MS Contin®)	DOLOPHINE®	OPANA ER®
	EMBEDA®	ORAMORPH SR®
	EXALGO®	OXYCODONE SR
	FENTANYL PATCH	OXYCONTIN®
	METHADONE	OXYMORPHONE SR

ANALGESICS/ANESTHETICS: TOPICAL

PREFERRED AGENTS		NON-PREFERRED AGENTS	
LIDOCAINE(NEW)	LIDOCAINE VISCOUS (NEW)	EMLA®	LIDAMANTLE®
LIDOCAINE HC(NEW)	VOLTAREN® GEL	FLECTOR®	PENNSAID®
		LIDODERM®	

PREFERRED AGENTS		NON-PREFERRED AGENTS	
ANALGESICS: TRAMADOL AND RELATED DRUGS			
TRAMADOL		CONZIPR®	TRAMADOL ER
TRAMADOL/APAP		NUCYNTA®	ULTRACET®
		NUCYNTA® ER	ULTRAM®
		RYZOLT®	ULTRAM® ER
		RYBIX® ODT	
ANAPHYLAXIS: SELF-INJECTABLE EPINEPHRINE			
EPIPEN®	TWINJECT®	ADRENACLICK® QL	
EPIPEN JR.®	TWINJECT JR.®	EPINEPHRINE	
ANDROGENIC AGENTS: TOPICAL			
ANDROGEL®		AXIRON®	TESTIM®
ANDRODERM®		FORTESTA®	
ANTIBIOTICS: CEPHALOSPORINS 2ND GENERATION			
CEFACLOR CAPS and SUSP	CEFUROXIME TABS and SUSP	CEFTIN®	CECLOR CD®
CEFACLOR ER	CEFPROZIL SUSP	CECLOR®	CEFZIL
ANTIBIOTICS: CEPHALOSPORINS 3RD GENERATION			
CEFDINIR CAPS and SUSP	SUPRAX®(NEW)	CEDAX® CAPS and SUSP	SPECTRACEF®
CEFPODOXIME TABS and SUSP		CEFDITOREN	VANTIN®
		OMNICEF®	
ANTIBIOTICS: MACROLIDES			
AZITHROMYCIN TABS/SUSP	ERYTHROMYCIN STEARATE	BIAXIN®	
CLARITHROMYCIN TABS/SUSP		DIFICID®	
ERYTHROMYCIN BASE		ZITHROMAX®	
ERYTHROMYCIN ESTOLATE		ZMAX®	
ERYTHROMYCIN ETHYLSUCCINATE			
ANTIBIOTICS: QUINOLONES 2ND GENERATION			
CIPROFLOXACIN TABS		FLOXIN®	
CIPRO® SUSP		OFLOXACIN	

PREFERRED AGENTS		NON-PREFERRED AGENTS	
ANTIBIOTICS: QUINOLONES 3RD GENERATION			
AVELOX®	LEVOFLOXACIN	LEVAQUIN®	
AVELOX ABC PACK®			
ANTICOAGULANTS: INJECTABLE			
ARIXTRA®	LOVENOX®	ENOXAPARIN	INNOHEP®
FRAGMIN®		FONDAPARINUX	
ANTICOAGULANTS: ORAL			
COUMADIN®	XARELTO ®		
JANTOVEN®	WARFARIN		
PRADAXA® (NEW)			
ANTIDEPRESSANTS: OTHER			
BUPROPION	MIRTAZAPINE	SAVELLA®	
BUPROPION SR	MIRTAZAPINE RAPID TABS	PRISTIQ®	
BUPROPION XL	TRAZODONE		
CYMBALTA®(PA not required for ICD-9 code 729.1 or 250.6)			
ANTIDEPRESSANTS: SSRIS			
CITALOPRAM	PEXEVA®	CELEXA®	PAXIL®
FLUOXETINE	SERTRALINE	ESCITALOPRAM	PROZAC®
PAROXETINE		FLUVOXAMINE QL	SARAFEM®
		LEXAPRO®	VIIBRYD®
		LUVOX®	ZOLOFT®
ANTIEMETICS: ORAL, 5-HT3S			
GRANISETRON		ANZEMET®	ZOFRAN®
ONDANSETRON		KYTRIL®	ZUPLENZ®
		SANCUSO®	
ANTIFUNGALS: ONYCHOMYCOSIS AGENTS			
Prior authorization is required for all drugs in this class.			
CICLOPIROX SOLN	TERBINAFINE TABS		

PREFERRED AGENTS		NON-PREFERRED AGENTS	
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	LORATADINE D OTC	ALLEGRA®	FEXOFENADINE
CETIRIZINE OTC	LORATADINE OTC	CLARITIN®	SEMPREX®
		CLARINEX®	XYZAL®
		DESLORATADINE	
ANTIHYPERURICEMICS: XANTHINE OXIDASE INHIBITORS FOR GOUT			
ALLOPURINOL			
ANTI-MIGRAINE AGENTS: TRIPTANS			
MAXALT® TABS	RELPAX®	AMERGE®	NARATRIPTAN
MAXALT® MLT	SUMATRIPTAN	AXERT®	SUMAVEL®
		FROVA®	TREXIMET®
		IMITREX®	ZOMIG®
ANTIPARKINSON'S AGENTS: NON-ERGOT DOPAMINE AGONISTS			
PRAMIPEXOLE	ROPINIROLE	MIRAPEX®	REQUIP®
REQUIP XL®		MIRAPEX® ER	ROPINIROLE ER
ANTIPSYCHOTICS: ORAL, ATYPICAL			
ABILIFY®	QUETIAPINE	CLOZARIL®	RISPERDAL®
CLOZAPINE	RISPERIDONE	FAZACLO®	SEROQUEL®
FANAPT®	SAPHRIS®(NEW)	GEODON®	ZYPREXA®
LATUDA® (NEW)	SEROQUEL XR®	INVEGA®	
OLANZAPINE (NEW)	ZIPRASIDONE		
ANTIVIRAL AGENTS: INFLUENZA			
AMANTADINE	RIMANTADINE		
TAMIFLU®	RELENZA®		
BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: ALPHA-BLOCKERS			
DOXAZOSIN		ALFUZOSIN	PRAZOSIN
TAMSULOSIN		CARDURA®	RAPAFLO®
TERAZOSIN		FLOMAX®	UROXATRAL®
		MINIPRESS®	

PREFERRED AGENTS	NON-PREFERRED AGENTS
BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: 5-ALPHA-REDUCTASE INHIBITORS	
AVODART® FINASTERIDE	PROSCAR®
BONE OSSIFICATIONS AGENTS: BISPHOSPHONATES	
ALENDRONATE FOSAMAX PLUS D®	ACTONEL® ATELVIA® BONIVA® DIDRONEL® ETIDRONATE IBANDRONATE SKELID®
CARDIOVASCULAR: ACE INHIBITORS AND DIURETIC COMBINATIONS	
BENAZEPRIL BENAZEPRIL HCTZ CAPTOPRIL CAPTOPRIL HCTZ ENALAPRIL ENALAPRIL HCTZ LISINOPRIL LISINOPRIL HCTZ RAMIPRIL	ACCURETIC® FOSINOPRIL MAVIK® MOEXIPRIL QUINAPRIL QUINARETIC® TRANDOLAPRIL UNIVASC®
CARDIOVASCULAR: ANGIOTENSIN II RECEPTOR BLOCKERS AND DIURETIC COMBINATIONS	
DIOVAN® DIOVAN HCTZ® LOSARTAN LOSARTAN HCTZ	ATACAND® AVAPRO® BENICAR® EDARBI® EDARBYCLOR® EPROSARTAN IRBESARTAN MICARDIS® TELMISARTAN TEVETEN®
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, BILE ACID SEQUESTRANTS	
COLESTIPOL CHOLESTYRAMINE WELCHOL®	QUESTRAN®
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, CHOLESTEROL ABSORPTION INHIBITORS	
ZETIA®	
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, NIACIN AGENTS	
NIASPAN® NIACIN ER	NIACOR®

PREFERRED AGENTS		NON-PREFERRED AGENTS	
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, STATINS AND STATIN COMBINATIONS			
ATORVASTATIN (NEW)	LOVASTATIN	ADVICOR®	LIVALO®
CRESTOR®	PRAVASTATIN	ALTOPREV®	MEVACOR®
FLUVASTATIN (NEW)	SIMVASTATIN	AMLODIPINE/ATORVASTATIN	PRAVACHOL®
		CADUET®	SIMCOR®
		LESCOL®	VYTORIN®
		LESCOL XL®	ZOCOR®
		LIPITOR®	
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, TRIGLYCERIDE LOWERING AGENTS			
GEMFIBROZIL	TRILIPIX®		
TRICOR®			
CARDIOVASCULAR: BETA BLOCKERS			
ACEBUTOLOL	LABETALOL		
ATENOLOL	METOPROLOL		
ATENOLOL/CHLORTH	NADOLOL		
BETAXOLOL	PINDOLOL		
BISOPROLOL	PROPRANOLOL		
BISOPROLOL/HCTZ	PROPRANOLOL/HCTZ		
BYSTOLIC®*	SOTALOL		
CARVEDILOL	TIMOLOL		
*Restricted to ICD-9 codes 490-496			
CARDIOVASCULAR: CALCIUM CHANNEL BLOCKERS AND COMBINATIONS			
AFEDITAB CR®	ISRADIPINE		
AMLODIPINE	LOTREL®		
CARTIA XT®	NICARDIPINE		
DILTIA XT®	NIFEDIAC CC		
DILTIAZEM ER	NIFEDICAL XL		
DILTIAZEM HCL	NIFEDIPINE ER		
DYNACIRC CR®	NISOLDIPINE ER		
EXFORGE®	TAZTIA XT®		
EXFORGE HCT®	VERAPAMIL		
FELODIPINE ER	VERAPAMIL ER		

PREFERRED AGENTS		NON-PREFERRED AGENTS	
CARDIOVASCULAR: DIRECT RENIN INHIBITORS AND COMBINATIONS			
TEKAMLO®	TEKTURNA HCT®	AMTURNIDE®	
TEKTURNA®	VALTURNA®		
CENTRAL NERVOUS SYSTEM: ADHD/STIMULANTS			
ADDERALL XR®	METHYLIN®	ADDERALL®	METADATE CD®
AMPHETAMINE SALT COMBO	METHYLIN ER®	AMPHETAMINE SALT COMBO XR	MODAFINIL
DEXMETHYLPHENIDATE	METHYLPHENIDATE	CONCERTA®	NUVIGIL®
DEXTROAMPHETAMINE SA	METHYLPHENIDATE ER	DAYTRANA®	METADATE ER®
DEXTROAMPHETAMINE TAB	METHYLPHENIDATE SOL	DESOXYN®	PROVIGIL®*
DEXTROSTAT®	RITALIN LA®	DEXEDRINE®	PROCENTRA®
FOCALIN XR®	STRATTERA® **	FOCALIN®	RITALIN®
INTUNIV®	VYVANSE®	KAPVAY®	STRATTERA® (Under 18)
**Preferred for Adults age 18 and over only		* (No PA required for ICD-9 codes 347.00, 347.01, 347.10, 347.11, 780.53 and 780.57)	
CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS, BARBITURATES			
LUMINAL®	PHENOBARBITAL		
MEBARAL®	MYSOLINE®		
MEPHOBARBITAL	PRIMIDONE		
SOLFOTON®			
CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS,BENZODIAZEPINES			
CLONAZEPAM	DIAZEPAM rectal soln	ONFI®	
CLORAZEPATE	KLONOPIN®		
DIASTAT®	TRANXENE T-TAB®		
DIAZEPAM	VALIUM®		
CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS, HYDANTOINS			
All oral forms of the listed drugs are preferred.			
CEREBYX®	PEGANONE®		
DILANTIN®	PHENYTEK®		
ETHOTOIN	PHENYTOIN PRODUCTS		
FOSPHENYTOIN			

PREFERRED AGENTS	NON-PREFERRED AGENTS

CENTRAL NERVOUS SYSTEM: ANTICONVULSANTS, MISC.

All oral forms of the listed drugs are preferred.

BANZEL®	LAMICTAL®	POTIGA®
CARBAMAZEPINE	LAMOTRIGINE	
CARBAMAZEPINE XR	LEVETIRACETAM	
CARBATROL ER®	LYRICA®	
CELONTIN®	NEURONTIN®	
DEPAKENE®	OXCARBAZEPINE	
DEPAKOTE ER®	SABRIL®	
DEPAKOTE®	STAVZOR® DR	
DIVALPROEX SODIUM	TEGRETOL®	
DIVALPROEX SODIUM ER	TEGRETOL XR®	
EPITOL®	TOPAMAX®	
ETHOSUXIMIDE	TOPIRAGEN®	
FELBATOL®	TOPIRAMATE	
GABAPENTIN	TRILEPTAL®	
GABITRIL®	VALPROATE ACID	
KEPPRA®	VIMPAT®	
KEPPRA XR®	ZARONTIN®	
LAMACTAL ODT®	ZONEGRAN®	
LAMACTAL XR®	ZONISAMIDE	

CENTRAL NERVOUS SYSTEM: SEDATIVE HYPNOTICS

ESTAZOLAM	TEMAZEPAM	AMBIEN®	SILENOR®
FLURAZEPAM	TRIAZOLAM	AMBIEN CR®	SOMNOTE®
ROZEREM® *	ZOLPIDEM	DORAL®	SONATA®
		EDLUAR®	ZALEPLON
*(PA not required for ICD-9 code 307.42)		INTERMEZZO®	ZOLPIDEM CR
		LUNESTA®	ZOLPIMIST®

DIABETIC AGENTS: BIGUANIDES

FORTAMET®	GLUMETZA®
GLUCOPHAGE®	METFORMIN (Glucophage®)
GLUCOPHAGE XR®	RIOMET®
METFORMIN EXT-REL (Glucophage XR®)	

PREFERRED AGENTS		NON-PREFERRED AGENTS
DIABETIC AGENTS: INSULIN PRODUCTS		
All types, mixes and pens containing these insulins are preferred.		
APIDRA®	LEVEMIR ®	
HUMALOG®	NOVOLIN®	
HUMULIN®	NOVOLOG®	
LANTUS®		
DIABETIC AGENTS: DPP-4 INHIBITORS AND COMBINATIONS		
JANUMET®	JUVISYNC®	
JANUMET XR®	KOMBIGLYZE XR®	
JANUVIA®	ONGLYZA®	
JENTADUETO®	TRADJENTA®	
DIABETIC AGENTS: INCRETIN MIMETICS		
BYETTA®	VICTOZA®	BYDUREON®
DIABETIC AGENTS: MEGLITINIDES AND COMBINATIONS		
PRANDIMET®	PRANDIN®	
DIABETIC AGENTS: OTHER AGENTS		
ACARBOSE (Precose®)	PRECOSE®	
GLYSET®	STARLIX®	
NATEGLINIDE (Starlix®)	SYMLIN® (PA required)	
DIABETIC AGENTS: SULFONYLUREAS		
AMARYL®		
CHLORPROPAMIDE	GLUCOTROL XL®	
DIABETA®	GLYBURIDE (Diabeta®)	
GLIMEPIRIDE (Amaryl®)	GLYNASE®	
GLIPIZIDE (Glucotrol®)	METAGLIP®	
GLUCOTROL®	TOLAZAMIDE	
GLUCOVANCE®	TOLBUTAMIDE	
GLIPIZIDE EXT-REL (Glucotrol XL®)		
GLIPIZIDE/METFORMIN (Metaglip®)		
GLYBURIDE MICRONIZED (Glynase®)		
GLYBURIDE/METFORMIN (Glucovance®)		

PREFERRED AGENTS		NON-PREFERRED AGENTS	
DIABETIC AGENTS: THIAZOLIDINEDIONES			
ACTOPLUS MET XR®	AVANDARYL®		
ACTOS®	AVANDIA®		
ACTOPLUS MET®	DUETACT®		
AVANDAMET®			
ELECTROLYTE DEPLETERS			
CALCIUM ACETATE	RENAGEL®		
ELIPHOS® (NEW)	RENVELA®		
ERYTHROPOIESIS STIMULATING PROTEINS			
Prior authorization is required for all drugs in this class.			
ARANESP®	PROCRIT®	EPOGEN®	OMONTYS®
FIBROMYALGIA AGENTS			
No PA required for drugs in this class if ICD-9 code=729.1.			
CYMBALTA®	SAVELLA®		
LYRICA®			
GASTROINTESTINAL AGENTS: H2RAS			
FAMOTIDINE	RANITIDINE		
RANITIDINE SYRUP (PA not required for < 12 years)			
GASTROINTESTINAL AGENTS: PANCREATIC ENZYMES			
CREON®		PANCREAZE®	ZENPEP®
PANCRELIPASE (generic ZenPep ®5)		VIOKACE®	
GASTROINTESTINAL AGENTS: PPIS			
Prior authorization is required for all drugs in this class.			
NEXIUM® CAPSULES	PANTOPRAZOLE	ACIPHEX®	PREVACID®
NEXIUM® POWDER FOR SUSP*		DEXILANT®	PRILOSEC®
		LANSOPRAZOLE	PRILOSEC® OTC TABS
*for children ≤ 12 yrs.		OMEPRAZOLE OTC TABS	PROTONIX®

PREFERRED AGENTS		NON-PREFERRED AGENTS	
GASTROINTESTINAL AGENTS: ULCERATIVE COLITIS			
ASACOL® SUPP	PENTASA®	APRISO®	
CANASA®	SULFASALAZINE DR		
MESALAMINE ENEMA SUSP	SULFASALAZINE IR		
GROWTH HORMONE AGENTS			
Prior authorization is required for all drugs in this class.			
GENOTROPIN®	NORDITROPIN® (NEW)	HUMATROPE®	SEROSTIM®
		NUTROPIN AQ®	SOMAVERT®
		OMNITROPE®	TEV-TROPIN®
		NUTROPIN®	ZORBTIVE®
		SAIZEN®	
HEPATITIS C AGENTS			
ANTIVIRALS: HEPATITIS C PEGYLATED INTERFERONS			
PEGASYS®			
PEGASYS® CONVENIENT PACK			
PEG-INTRON® and REDIPEN			
ANTIVIRALS: HEPATITIS C PROTEASE INHIBITORS			
INCIVEK®			
VICTRELIS® (NEW)			
ANTIVIRALS: HEPATITIS C RIBAVIRINS			
RIBAVIRIN		RIBASPHERE RIBAPAK	
HERPETIC ANTIVIRAL AGENTS			
ACYCLOVIR	VALCYCLOVIR		
FAMVIR®			
HERPETIC ANTIVIRAL AGENTS: TOPICAL			
ABREVA®	ZOVIRAX®, OINTMENT		
DENAVIR®			

PREFERRED AGENTS		NON-PREFERRED AGENTS	
IMMUNOMODULATORS: INJECTABLE			
Prior authorization is required for all drugs in this class.			
CIMZIA® (NEW)	HUMIRA®	KINERET®	ORENCIA®
ENBREL®		SIMPONI®	STELARA®
IMMUNOMODULATORS: TOPICAL			
Prior authorization is required for all drugs in this class.			
ELIDEL®	PROTOPIC®		
IMPETIGO AGENTS: TOPICAL			
ALTABAX®	MUPIROCIN OINT		
LEUKOTRIENE MODIFIERS			
MONTELUKAST	ZAFIRLUKAST	ACCOLATE®	SINGULAIR®
MULTIPLE SCLEROSIS AGENTS: DISEASE MODIFYING			
AVONEX®	COPAXONE®		
AVONEX® ADMIN PACK	REBIF®		
BETASERON®			
MULTIPLE SCLEROSIS AGENTS: SPECIFIC SYMPTOMATIC TREATMENT			
AMPYRA® (PA required)			
NASAL CALCITONINS			
MIACALCIN®			
NEUROPATHIC PAIN AGENTS			
CYMBALTA®	LYRICA®	GRALISE®	HORIZANT®
GABAPENTIN		LIDODERM®	
OPHTHALMIC ANTIBIOTICS: MACROLIDES			
ERYTHROMYCIN OINTMENT			

PREFERRED AGENTS		NON-PREFERRED AGENTS	
OPHTHALMIC ANTIHISTAMINES			
ALAWAY®	PATANOL®	ELESTAT®	
BEPREVE®	ZADITOR OTC®	LASTACRAFT®	
PATADAY®		OPTIVAR®	
OPHTHALMIC GLAUCOMA AGENTS			
ALPHAGAN P®	COMBIGAN®	ALPHAGAN®	OCUPRESS®
AZOPT®	DORZOLAMIDE	BETAGAN®	OPTIPRANOLOL®
BETAXOLOL	DORZOLAMIDE/TIMOLOL	BETOPTIC ®	TIMOPTIC®
BETOPTIC S®	LEVOBUNOLOL	COSOPT®	TIMOPTIC XE®
BRIMONIDINE	METIPRANOLOL	COSOPT PF®	TRUSOPT®
CARTEOLOL	TIMOLOL DROPS/ GEL SOLN		
OPHTHALMIC GLAUCOMA AGENTS: PROSTAGLANDINS			
LATANOPROST	TRAVATAN Z®	LUMIGAN®	
TRAVATAN®	ZIOPTAN®	XALATAN®	
OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS			
ACULAR®	DICLOFENAC	ACUVAIL®	
ACULAR LS®	FLURBIPROFEN	BROMDAY®	
ACULAR PF®	NEVANAC®		
OPHTHALMIC QUINOLONES			
BESIVANCE® (NEW)	OFLOXACIN®	CILOXAN®	
CIPROFLOXACIN	VIGAMOX®	ZYMAXID®	
MOXEZA®			
OTIC FLUOROQUINOLONES			
CIPRODEX®	OFLOXIN		
PEDICULOCIDES / SCABICIDES			
NATROBA®	PERMETHRIN	EURAX®	OVIDE®
NIX®	RID®	LINDANE	ULESFIA®
		MALATHION	

PREFERRED AGENTS		NON-PREFERRED AGENTS
PLATELET AGGREGATION INHIBITORS		
AGGRENOX®	CILOSTAZOL®	EFFIENT®
ANAGRELIDE	CLOPIDOGREL	PLAVIX®
ASPIRIN	DIPYRIDAMOLE	
BRILINTA®	TICLOPIDINE	
PROGESTINS FOR CACHEXIA		
MEGESTROL ACETATE, SUSP		MEGACE ES®
PSORIASIS AGENTS: TOPICAL		
CALCIPOTRIENE SOLUTION	DOVONEX® CREAM	
PULMONARY ARTERIAL HYPERTENSION AGENTS: INHALED AGENTS		
VENTAVIS®		
PULMONARY ARTERIAL HYPERTENSION: ORAL AGENTS		
ADCIRCA®	REVATIO®	
LETAIRIS®	TRACLEER®	
RESPIRATORY: ORAL COPD AGENTS		
DALIRESP®		
RESPIRATORY: INHALED ANTICHOLINERGIC AGENTS		
ATROVENT® HFA INHALER	IPRATROPIUM NEBS	
COMBIVENT® INHALER	SPIRIVA®	
IPRATROPIUM/ALBUTEROL NEBS		
RESPIRATORY: INHALED CORTICOSTEROID/BETA- ADRENERGIC COMBINATIONS		
ADVAIR DISKUS®	DULERA®	
ADVAIR HFA®	SYMBICORT®	

PREFERRED AGENTS		NON-PREFERRED AGENTS	
RESPIRATORY: INHALED CORTICOSTEROIDS/NEBS			
ASMANEX®	FLOVENT HFA®		
AZMACORT®	PULMICORT RESPULES®*		
BUDESONIDE NEBS*	QVAR®		
FLOVENT DISKUS®			
*No PA required if < 4 years old			
RESPIRATORY: INTRANASAL RHINITIS AGENTS			
ASTEPRO®	AZELASTINE		
RESPIRATORY: INTRANASAL STEROID			
FLUTICASONE	NASONEX®	BECONASE AQ®	QNASL®
		FLONASE®	RHINOCORT AQUA®
		FLUNISOLIDE	TRIAMCINOLONE ACETONIDE
		NASACORT AQ®	VERAMYST®
		OMNARIS®	ZETONNA®
RESPIRATORY: LONG ACTING BETA ADRENERGICS			
FORADIL®	SEREVENT DISKUS®		
RESPIRATORY: SHORT ACTING BETA ADRENERGICS-INHALERS/NEBS			
ALBUTEROL NEB/SOLN	XOPENEX® HFA (PA req)	MAXAIR AUTOHALER®	
PROVENTIL® HFA	XOPENEX® Solution(PA req)	VENTOLIN HFA®	
PROAIR® HFA		LEVALBUTEROL	
RESTLESS LEG SYNDROME AGENTS			
PRAMIPEXOLE	ROPINIROLE	HORIZANT®	MIRAPEX® ER
REQUIP XL		MIRAPEX®	REQUIP
SKELETAL MUSCLE RELAXANTS			
BACLOFEN	METHOCARBAMOL/ASPIRIN		
CHLORZOXAZONE	ORPHENADRINE CITRATE		
CYCLOBENZAPRINE	ORPHENADRINE COMPOUND		
DANTROLENE	TIZANIDINE		
METHOCARBAMOL			

URINARY TRACT ANTISPASMODICS

PREFERRED AGENTS		NON-PREFERRED AGENTS	
DETROL LA®	TOVIAZ® (NEW)	DETROL®	OXYBUTYNIN ER
OXYBUTYNIN TABS/SYRUP	VESICARE®	DITROPAN XL®	OXYTROL®
SANCTURA XR®		ENABLEX®	SANCTURA®
		FLAVOXATE	TOLTERODINE
		GELNIQUE®	TROSPIUM