



Division of Health Care Financing and Policy  
**Nevada Medicaid Preferred Drug List**

Effective March 25, 2013

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Prior Authorization is required for non-preferred agents.

Not all non-preferred products may be listed. New products within established class will default to non-preferred.

<http://medicaid.nv.gov/providers/rx/PDL.aspx>



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**PREFERRED AGENTS**

**NON-PREFERRED AGENTS**

**ACNE AGENTS: TOPICAL, RETINOID AGENTS AND COMBINATIONS**

RETIN-A MICRO®  
 TAZORAC® (NEW)  
 ZIANA® (NEW)

|                         |           |
|-------------------------|-----------|
| ADAPALENE GEL AND CREAM | EPIDUO®   |
| ATRALIN®                | TRETINOIN |
| AVITA®                  | TRETIN-X® |
| DIFFERIN®               | VELTIN®   |

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

AZELEX® 20% cream  
 BENZACLIN®  
 BENZOYL PEROXIDE (2.5, 5 and 10% only)  
 CLINDAMYCIN  
 ERYTHROMYCIN/BENZOYL PEROXIDE SODIUM  
 SULFACETAMIDE

ACANYA  
 DUAC CS®  
 ERYTHROMYCIN  
 CLINDAMYCIN/BENZOYL PEROXIDE GEL  
 SODIUM SULFACETAMIDE/SULFUR

**ALZHEIMER'S AGENTS**

|               |                   |
|---------------|-------------------|
| DONEPEZIL     | EXELON® SOLN      |
| DONEPEZIL ODT | NAMENDA® TABS     |
| EXELON® PATCH | RIVASTIGMINE CAPS |

|               |                |
|---------------|----------------|
| ARICEPT® 23mg | GALANTAMINE ER |
| ARICEPT®      | RAZADYNE®      |
| COGNEX®       | RAZADYNE® ER   |
| GALANTAMINE   |                |

**ANALGESICS: LONG ACTING NARCOTICS**

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

|                |                |
|----------------|----------------|
| AVINZA®        | METHADOSE®     |
| BUTRANS®       | MS CONTIN®     |
| DOLOPHINE®     | OPANA ER®      |
| EMBEDA®        | ORAMORPH SR®   |
| EXALGO®        | OXYCODONE SR   |
| FENTANYL PATCH | OXYCONTIN®     |
| METHADONE      | OXYMORPHONE SR |

**ANALGESICS/ANESTHETICS: TOPICAL**

|              |                   |
|--------------|-------------------|
| LIDOCAINE    | LIDOCAINE VISCOUS |
| LIDOCAINE HC | VOLTAREN® GEL     |

|           |             |
|-----------|-------------|
| EMLA®     | LIDAMANTLE® |
| FLECTOR®  | PENNSAID®   |
| LIDODERM® |             |



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**ANALGESICS: TRAMADOL AND RELATED DRUGS**

TRAMADOL  
 TRAMADOL/APAP

CONZIPR®  
 NUCYNTA®  
 NUCYNTA® ER  
 RYZOLT®  
 RYBIX® ODT

TRAMADOL ER  
 ULTRACET®  
 ULTRAM®  
 ULTRAM® ER

**ANAPHYLAXIS: SELF-INJECTABLE EPINEPHRINE**

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

ADRENACLICK® QL  
 EPINEPHRINE

**ANDROGENIC AGENTS: TOPICAL**

ANDROGEL®  
 ANDRODERM®

AXIRON®                      TESTIM®  
 FORTESTA®

**ANTIBIOTICS: CEPHALOSPORINS 2ND GENERATION**

CEFACLOR CAPS and SUSP    CEFUROXIME TABS and SUSP  
 CEFACLOR ER                    CEFPROZIL SUSP

CEFTIN®                      CECLOR CD®  
 CECLOR®                      CEFZIL

**ANTIBIOTICS: CEPHALOSPORINS 3RD GENERATION**

CEFDINIR CAPS and SUSP  
 CEFPODOXIME TABS and SUSP  
 SUPRAX®

CEDAX® CAPS and SUSP    SPECTRACEF®  
 CEFDITOREN                    VANTIN®  
 OMNICEF®

**ANTIBIOTICS: MACROLIDES**

AZITHROMYCIN TABS/SUSP    ERYTHROMYCIN STEARATE  
 CLARITHROMYCIN TABS/SUSP  
 ERYTHROMYCIN BASE  
 ERYTHROMYCIN ESTOLATE  
 ERYTHROMYCIN ETHYLSUCCINATE

BIAXIN®  
 DIFICID®  
 ZITHROMAX®  
 ZMAX®

**ANTIBIOTICS: QUINOLONES 2ND GENERATION**

CIPROFLOXACIN TABS  
 CIPRO® SUSP

FLOXIN®  
 OFLOXACIN



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| PREFERRED AGENTS | NON-PREFERRED AGENTS |
|------------------|----------------------|
|------------------|----------------------|

### ANTIBIOTICS: QUINOLONES 3RD GENERATION

|                             |                           |
|-----------------------------|---------------------------|
| AVELOX®<br>AVELOX ABC PACK® | LEVOFLOXACIN<br>LEVAQUIN® |
|-----------------------------|---------------------------|

### ANTICOAGULANTS: INJECTABLE

|                      |   |
|----------------------|---|
| ARIXTRA®<br>FRAGMIN® | LOVENOX®<br>ENOXAPARIN<br>FONDPARINUX<br>INNOHEP® |
|----------------------|---|

### ANTICOAGULANTS: ORAL

|                                    |                      |
|------------------------------------|----------------------|
| COUMADIN®<br>JANTOVEN®<br>PRADAXA® | XARELTO®<br>WARFARIN |
|------------------------------------|----------------------|

### ANTIDEPRESSANTS: OTHER

|  |  |
|--|--|
| BUPROPION<br>BUPROPION SR<br>BUPROPION XL<br>CYMBALTA® (PA not required for ICD-9 code 729.1 or 250.6) | MIRTAZAPINE<br>MIRTAZAPINE RAPID TABS<br>TRAZODONE<br>SAVELLA®<br>PRISTIQ® |
|--|--|

### ANTIDEPRESSANTS: SSRIS

|  |  |  |
|--|--|--|
| CITALOPRAM<br>FLUOXETINE<br>PAROXETINE | PEXEVA®<br>SERTRALINE<br>CELEXA®<br>ESCITALOPRAM<br>FLUVOXAMINE QL<br>LEXAPRO®<br>LUVOX® | PAXIL®<br>PROZAC®<br>SARAFEM®<br>VIIBRYD®<br>ZOLOFT® |
|--|--|--|

### ANTIEMETICS: ORAL, 5-HT3s

|                            |  |
|----------------------------|--|
| GRANISETRON<br>ONDANSETRON | ANZEMET®<br>KYTRIL®<br>SANCUSO®<br>ZOFRAN®<br>ZUPLENZ® |
|----------------------------|--|

### ANTIFUNGALS: ONYCHOMYCOSIS AGENTS

|                 |                  |
|-----------------|------------------|
| CICLOPIROX SOLN | TERBINAFINE TABS |
|-----------------|------------------|

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



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**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  
 CETIRIZINE OTC

LORATADINE D OTC  
 LORATADINE OTC

ALLEGRA®  
 CLARITIN®  
 CLARINEX®  
 DESLORATADINE

FEXOFENADINE  
 SEMPREX®  
 XYZAL®

**ANTHYPERURICEMICS: XANTHINE OXIDASE INHIBITORS FOR GOUT**

ALLOPURINOL

**ANTI-MIGRAINE AGENTS: TRIPTANS**

MAXALT® TABS  
 MAXALT® MLT

RELPAK®  
 SUMATRIPTAN

AMERGE®  
 AXERT®  
 FROVA®  
 IMITREX®

NARATRIPTAN  
 SUMAVEL®  
 TREXIMET®  
 ZOMIG®

**ANTIPARKINSON'S AGENTS: NON-ERGOT DOPAMINE AGONISTS**

PRAMIPEXOLE  
 ROPINIROLE

ROPINIROLE ER  
 NEUPRO® (NEW)

MIRAPEX®  
 MIRAPEX® ER

REQUIP®  
 REQUIP XL®

**ANTIPSYCHOTICS: ORAL, ATYPICAL**

ABILIFY®  
 CLOZAPINE  
 FANAPT®  
 LATUDA®  
 OLANZAPINE

QUETIAPINE  
 RISPERIDONE  
 SAPHRIS®  
 SEROQUEL XR®  
 ZIPRASIDONE

CLOZARIL®  
 FAZACLO®  
 GEODON®  
 INVEGA®

RISPERDAL®  
 SEROQUEL®  
 ZYPREXA®

**ANTIVIRAL AGENTS: INFLUENZA**

AMANTADINE  
 TAMIFLU®

RIMANTADINE  
 RELENZA®

**BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: ALPHA-BLOCKERS**

DOXAZOSIN  
 TAMSULOSIN  
 TERAZOSIN

ALFUZOSIN  
 CARDURA®  
 FLOMAX®  
 MINIPRESS®

PAZOSIN  
 RAPAFLO®  
 UROXATRAL®



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**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®



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**CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, STATINS AND STATIN COMBINATIONS**

ATORVASTATIN  
 CRESTOR®  
 FLUVASTATIN

LOVASTATIN  
 PRAVASTATIN  
 SIMVASTATIN

ADVICOR®  
 ALTOPREV®  
 AMLODIPINE/ATORVASTATIN  
 CADUET®  
 LESCOL®  
 LESCOL XL®  
 LIPITOR®

LIVALO®  
 MEVACOR®  
 PRAVACHOL®  
 SIMCOR®  
 VYTORIN®  
 ZOCOR®

**CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, TRIGLYCERIDE LOWERING AGENTS**

GEMFIBROZIL  
 TRICOR®

TRILIPIX®

**CARDIOVASCULAR: BETA BLOCKERS**

ACEBUTOLOL  
 ATENOLOL  
 ATENOLOL/CHLORTH  
 BETAXOLOL  
 BISOPROLOL  
 BISOPROLOL/HCTZ  
 BYSTOLIC®\*  
 CARVEDILOL

LABETALOL  
 METOPROLOL  
 NADOLOL  
 PINDOLOL  
 PROPRANOLOL  
 PROPRANOLOL/HCTZ  
 SOTALOL  
 TIMOLOL

\*Restricted to ICD-9 codes 490-496

**CARDIOVASCULAR: CALCIUM CHANNEL BLOCKERS AND COMBINATIONS**

AFEDITAB CR®  
 AMLODIPINE  
 CARTIA XT®  
 DILTIA XT®  
 DILTIAZEM ER  
 DILTIAZEM HCL  
 DYNACIRC CR®  
 EXFORGE®  
 EXFORGE HCT®  
 FELODIPINE ER

ISRADIPINE  
 LOTREL®  
 NICARDIPINE  
 NIFEDIAC CC  
 NIFEDICAL XL  
 NIFEDIPINE ER  
 NISOLDIPINE ER  
 TAZTIA XT®  
 VERAPAMIL  
 VERAPAMIL ER





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**CARDIOVASCULAR: DIRECT RENIN INHIBITORS AND COMBINATIONS**

|           |               |            |
|-----------|---------------|------------|
| TEKAMLO®  | TEKTRUNA HCT® | AMTURNIDE® |
| TEKTRUNA® | VALTRUNA®     |            |

**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®            |       |
| DIASAT®     | 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 |                    |



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**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    |
|            |           | INTERMEZZO® | ZOLPIDEM CR |
|            |           | LUNESTA®    | ZOLPIMIST®  |

\*(PA not required for ICD-9 code 307.42)

**DIABETIC AGENTS: BIGUANIDES**

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

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**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®) |                      |



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|------------------|----------------------|

### DIABETIC AGENTS: THIAZOLIDINEDIONES

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

### ELECTROLYTE DEPLETERS

|                 |          |  |  |
|-----------------|----------|--|--|
| CALCIUM ACETATE | RENAGEL® |  |  |
| ELIPHOS®        | REVELA®  |  |  |

### 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 SYRUP (PA not required for < 12 years) |  |  |
| RANITIDINE |   |  |  |

### GASTROINTESTINAL AGENTS: PANCREATIC ENZYMES

|               |              |          |
|---------------|--------------|----------|
| CREON®        | PANCREAZE®   | ULTRESA® |
| ZENPEP® (NEW) | PANCRELIPASE | VIOKACE® |
|               | PERTZYE®     |          |

### GASTROINTESTINAL AGENTS: PPIs

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

|                          |                     |                   |
|--------------------------|---------------------|-------------------|
| NEXIUM® CAPSULES         | ACIPHEX®            | PREVACID®         |
| NEXIUM® POWDER FOR SUSP* | DEXILANT®           | PRIOSEC®          |
| PANTOPRAZOLE             | LANSOPRAZOLE        | PRIOSEC® OTC TABS |
| *for children ≤ 12 yrs.  | OMEPRAZOLE OTC TABS | PROTONIX®         |



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**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® | 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® |

**ANTIVIRALS: HEPATITIS C RIBAVIRINS**

|           |                    |
|-----------|--------------------|
| RIBAVIRIN | RIBASPHERE RIBAPAK |
|-----------|--------------------|

**HERPETIC ANTIVIRAL AGENTS**

|           |             |
|-----------|-------------|
| ACYCLOVIR | VALCYCLOVIR |
| FAMVIR®   |             |

**HERPETIC ANTIVIRAL AGENTS: TOPICAL**

|          |                    |
|----------|--------------------|
| ABREVA®  | ZOVIRAX®, OINTMENT |
| DENAVIR® |                    |



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|------------------|----------------------|

### IMMUNOMODULATORS: INJECTABLE

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

|         |         |          |          |
|---------|---------|----------|----------|
| CIMZIA® | HUMIRA® | KINERET® | ORENCIA® |
| ENBREL® |         | SIMPONI® | STELARA® |

### IMMUNOMODULATORS: TOPICAL

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

|         |           |  |  |
|---------|-----------|--|--|
| ELIDEL® | PROTOPIC® |  |  |
|---------|-----------|--|--|

### IMPETIGO AGENTS: TOPICAL

|          |               |  |  |
|----------|---------------|--|--|
| ALTABAX® | MUPIROCI 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 |  |  |  |
|-----------------------|--|--|--|



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**OPHTHALMIC ANTIHISTAMINES**

|          |              |
|----------|--------------|
| ALAWAY®  | PATANOL®     |
| BEPREVE® | ZADITOR OTC® |
| PATADAY® |              |

|             |
|-------------|
| ELESTAT®    |
| LASTACRAFT® |
| OPTIVAR®    |

**OPHTHALMIC GLAUCOMA AGENTS**

|             |                         |
|-------------|-------------------------|
| ALPHAGAN P® | COMBIGAN®               |
| AZOPT®      | DORZOLAM                |
| BETAXOLOL   | DORZOLAM / TIMOLOL      |
| BETOPTIC S® | LEVOBUNOLOL             |
| BRIMONIDINE | METIPRANOLOL            |
| CARTEOLOL   | TIMOLOL DROPS/ GEL SOLN |

|            |               |
|------------|---------------|
| ALPHAGAN®  | OCUPRESS®     |
| BETAGAN®   | OPTIPRANOLOL® |
| BETOPTIC®  | TIMOPTIC®     |
| COSOPT®    | TIMOPTIC XE®  |
| COSOPT PF® | TRUSOPT®      |

**OPHTHALMIC GLAUCOMA AGENTS: PROSTAGLANDINS**

|             |             |
|-------------|-------------|
| LATANOPROST | TRAVATAN Z® |
| TRAVATAN®   | ZIOPTAN®    |

|          |
|----------|
| LUMIGAN® |
| XALATAN® |

**OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS**

|            |              |
|------------|--------------|
| ACULAR®    | DICLOFENAC   |
| ACULAR LS® | FLURBIPROFEN |
| ACULAR PF® | NEVANAC®     |

|          |
|----------|
| ACUVAIL® |
| BROMDAY® |

**OPHTHALMIC QUINOLONES**

|               |            |
|---------------|------------|
| BESIVANCE®    | OFLOXACIN® |
| CIPROFLOXACIN | VIGAMOX®   |
| MOXEZA®       |            |

|          |
|----------|
| CILOXAN® |
| ZYMAXID® |

**OTIC FLUOROQUINOLONES**

|           |         |
|-----------|---------|
| CIPRODEX® | OFLOXIN |
|-----------|---------|

**PEDICULOCIDES / SCABICIDES**

|          |            |
|----------|------------|
| NATROBA® | PERMETHRIN |
| NIX®     | RID®       |

|           |          |
|-----------|----------|
| EURAX®    | OVIDE®   |
| LINDANE   | ULESFIA® |
| MALATHION |          |



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|------------------|----------------------|

| PLATELET AGGREGATION INHIBITORS |  |
|---------------------------------|--|
|---------------------------------|--|

|   |   |
|---|---|
| AGGRENOX®<br>ANAGRELIDE<br>ASPIRIN<br>BRILINTA® | CILOSTAZOL®<br>CLOPIDOGREL<br>DIPYRIDAMOLE<br>TICLOPIDINE |
| EFFIENT®<br>PLAVIX®                             |   |

| 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®<br>LETAIRIS® | REVATIO®<br>TRACLEER® |
|-----------------------|-----------------------|

| RESPIRATORY: ORAL COPD AGENTS |  |
|-------------------------------|--|
|-------------------------------|--|

|           |  |
|-----------|--|
| DALIRESP® |  |
|-----------|--|

| RESPIRATORY: INHALED ANTICHOLINERGIC AGENTS |  |
|---|--|
|---|--|

|   |                              |
|---|------------------------------|
| ATROVENT® HFA INHALER<br>COMBIVENT® INHALER<br>IPRATROPIUM/ALBUTEROL NEBS | IPRATROPIUM NEBS<br>SPIRIVA® |
| COMBIVENT RESPIMAT®<br>TUDORZA®   |                              |

| RESPIRATORY: INHALED CORTICOSTEROID/BETA- ADRENERGIC COMBINATIONS |  |
|---|--|
|---|--|

|                               |                       |
|-------------------------------|-----------------------|
| ADVAIR DISKUS®<br>ADVAIR HFA® | DULERA®<br>SYMBICORT® |
|-------------------------------|-----------------------|





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**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   |                       |



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**URINARY TRACT ANTISPASMODICS**

DETROL LA®

TOVIAZ®

OXYBUTYNIN TABS/SYRUP

VESICARE®

SANCTURA XR®

DETROL®

DITROPAN XL®

ENABLEX®

FLAVOXATE

GELNIQUE®

OXYBUTYNIN ER

OXYTROL®

SANCTURA®

TOLTERODINE

TROSPIUM

Prior Authorization is required for non-preferred agents.

Not all non-preferred products may be listed. New products within established class will default to non-preferred.

<http://medicaid.nv.gov/providers/rx/PDL.aspx>