



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

Effective May 3, 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.

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PREFERRED AGENTS

NON-PREFERRED AGENTS

ACNE AGENTS: TOPICAL, RETINOID AGENTS AND COMBINATIONS

RETIN-A MICRO®
 TAZORAC®
 ZIANA®

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®	TRAMADOL ER
NUCYNTA®	ULTRACET®
NUCYNTA® ER	ULTRAM®
RYZOLT®	ULTRAM® ER
RYBIX® ODT	

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

CEFACTOR CAPS and SUSP	CEFUROXIME TABS and SUSP
CEFACTOR 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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ANTIBIOTICS: QUINOLONES 3RD GENERATION

AVELOX® AVELOX ABC PACK®	LEVOFLOXACIN LEVAQUIN®
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ANTICOAGULANTS: INJECTABLE

ARIXTRA® FRAGMIN®	LOVENOX® ENOXAPARIN FONDPARINUX INNOHEP®
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ANTICOAGULANTS: ORAL

COUMADIN® ELIQUIS® (New) JANTOVEN®	PRADAXA® WARFARIN XARELTO®
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ANTIDEPRESSANTS: OTHER

BUPROPION BUPROPION SR BUPROPION XL CYMBALTA® (PA not required for ICD-9 code 729.1 or 250.6)	MIRTAZAPINE MIRTAZAPINE RAPID TABS TRAZODONE SAVELLA® PRISTIQ®
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ANTIDEPRESSANTS: SSRIS

CITALOPRAM FLUOXETINE PAROXETINE	PEXEVA® SERTRALINE CELEXA® ESCITALOPRAM FLUVOXAMINE QL LEXAPRO® LUVOX®	PAXIL® PROZAC® SARAFEM® VIIBRYD® ZOLOFT®
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ANTIEMETICS: ORAL, 5-HT3s

GRANISETRON ONDANSETRON	ANZEMET® KYTRIL® SANCUSO® ZOFRAN® ZUPLENZ®
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ANTIFUNGALS: ONYCHOMYCOSIS AGENTS

CICLOPIROX SOLN	TERBINAFINE TABS
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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®

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 OSSIFICATION 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
 COLESTYRAMINE
 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	LOVASTATIN	ADVICOR®	LIVALO®
CRESTOR®	PRAVASTATIN	ALTOPREV®	MEVACOR®
FLUVASTATIN	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		



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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®

DIABETIC AGENTS: BIGUANIDES

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

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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®
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DIABETIC AGENTS: MEGLITINIDES AND COMBINATIONS

PRANDIMET®	PRANDIN®
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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®
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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®	PANCRELIPASE	VIOKACE®
	PERTZYE®	

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
		OMEPRAZOLE OTC TABS	PROTONIX®

*for children ≤ 12 yrs.



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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®	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
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HERPETIC ANTIVIRAL AGENTS

ACYCLOVIR	VALCYCLOVIR
FAMVIR®	

HERPETIC ANTIVIRAL AGENTS: TOPICAL

ABREVA®	ZOVIRAX®, OINTMENT
DENAVIR®	



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PREFERRED AGENTS

NON-PREFERRED AGENTS

IMMUNOMODULATORS: INJECTABLE

Prior authorization is required for all drugs in this class.

CIMZIA®
 ENBREL®

HUMIRA®

KINERET®
 SIMPONI®

ORENCIA®
 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®
 GABAPENTIN

LYRICA®

GRALISE®
 LIDODERM®

HORIZANT®

OPHTHALMIC ANTIBIOTICS: MACROLIDES

ERYTHROMYCIN OINTMENT

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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NON-PREFERRED AGENTS

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®

OPHTHALMIC STEROIDS (NEW CLASS)

ALREX®	FLUOROMETHOLONE
DEXAMETHASONE	LOTEMAX®
DUREZOL®	PREDNISOLONE

FLAREX®	OMNIPRED®
FML®	PRED FORTE®
FML FORTE®	PRED MILD®
MAXIDEX®	VEXOL®

OTIC FLUOROQUINOLONES

CIPRODEX®	OFLOXIN
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PEDICULOCIDES / SCABICIDES			
NATROBA® NIX®	PERMETHRIN RID®	EURAX® LINDANE MALATHION	OVIDE® ULESFIA®
PLATELET AGGREGATION INHIBITORS			
AGGRENOX® ANAGRELIDE ASPIRIN BRILINTA®	CILOSTAZOL® CLOPIDOGREL DIPYRIDAMOLE TICLOPIDINE	EFFIENT® 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® LETAIRIS®	REVATIO® TRACLEER®		
RESPIRATORY: ORAL COPD AGENTS			
DALIRESP®			
RESPIRATORY: INHALED ANTICHOLINERGIC AGENTS			
ATROVENT® HFA INHALER COMBIVENT® INHALER IPRATROPIUM/ALBUTEROL NEBS	IPRATROPIUM NEBS SPIRIVA®	COMBIVENT RESPIMAT® TUDORZA®	



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RESPIRATORY: INHALED CORTICOSTEROID/BETA- ADRENERGIC COMBINATIONS

ADVAIR DISKUS® DULERA®
 ADVAIR HFA® SYMBICORT®

RESPIRATORY: INHALED CORTICOSTEROIDS/NEBS

ASMANEX® PULMICORT FLEXHALER®
 BUDESONIDE NEBS* PULMICORT RESPULES®*
 FLOVENT DISKUS® QVAR®
 FLOVENT HFA®

*No PA required if < 4 years old

ALVESCO®

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)
 PROVENTIL® HFA XOPENEX® Solution(PA req)
 PROAIR® HFA

MAXAIR AUTOHALER®
 VENTOLIN HFA®
 LEVALBUTEROL

RESTLESS LEG SYNDROME AGENTS

PRAMIPEXOLE ROPINIROLE
 REQUIP XL

HORIZANT® MIRAPEX® ER
 MIRAPEX® REQUIP



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SKELETAL MUSCLE RELAXANTS

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

URINARY TRACT ANTISPASMODICS

DETROL LA®	TOVIAZ®	DETROL®	OXYBUTYNIN ER
OXYBUTYNIN TABS/SYRUP	VESICARE®	DITROPAN XL®	OXYTROL®
SANCTURA XR®		ENABLEX®	SANCTURA®
		FLAVOXATE	TOLTERODINE
		GELNIQUE®	TROSPIUM