



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

Effective June 1, 2014

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Prior Authorization is required for non-preferred agents.

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PREFERRED AGENTS		NON-PREFERRED AGENTS	
<b>ACNE AGENTS: Topical, Retinoid Agents and Combinations</b>			
<i>Payable only for recipients up to age 21.</i>			
RETIN-A MICRO® (Pump and Tube)		ADAPALENE GEL AND CREAM	EPIDUO®
TAZORAC®		ATRALIN®	TRETINOIN
ZIANA®		AVITA®	TRETIN-X®
		DIFFERIN®	VELTIN®
<b>ACNE AGENTS: Topical, Benzoyl Peroxide, Antibiotics and Combination Products</b>			
<i>Payable only for recipients up to age 21.</i>			
AZELEX® 20% cream		ACANYA	
BENZACLIN®		DUAC CS®	
BENZOYL PEROXIDE (2.5, 5 and 10% only)		ERYTHROMYCIN	
CLINDAMYCIN		CLINDAMYCIN/BENZOYL PEROXIDE GEL	
ERYTHROMYCIN/BENZOYL PEROXIDE SODIUM		SODIUM SULFACETAMIDE/SULFUR	
SULFACETAMIDE			
<b>ALZHEIMER'S AGENTS</b>			
DONEPEZIL	NAMENDA® TABS	ARICEPT® 23mg	GALANTAMINE ER
DONEPEZIL ODT	NAMENDA® XR TABS	ARICEPT®	RAZADYNE®
EXELON® PATCH	RIVASTIGMINE CAPS	GALANTAMINE	RAZADYNE® ER
EXELON® SOLN			
<b>ANALGESICS: Long Acting Narcotics</b>			
FENTANYL PATCH (PA required)		AVINZA®	METHADOSE®
MORPHINE SULFATE SA TABS (generic MS Contin®)		BUTRANS®	MS CONTIN®
		DOLOPHINE®	NUCYNTA® ER
		DURAGESIC® PATCHES (PA required) <b>(NEW)</b>	OPANA ER®
		EMBEDA®	ORAMORPH SR®
		EXALGO®	OXYCODONE SR
		KADIAN®	OXYCONTIN®
		METHADONE	OXYMORPHONE SR
<b>ANALGESICS/ANESTHETICS: Topical</b>			
LIDOCAINE	LIDOCAINE VISCOUS	EMLA®	LIDAMANTLE®
LIDOCAINE HC	VOLTAREN® GEL	FLECTOR®	PENNSAID®
		LIDODERM®	
<b>ANALGESICS: Tramadol and Related Drugs</b>			
TRAMADOL		CONZIPR®	TRAMADOL ER
TRAMADOL/APAP		NUCYNTA®	ULTRACET®
		RYZOLT®	ULTRAM®
		RYBIX® ODT	ULTRAM® ER
<b>ANAPHYLAXIS: Self-Injectable Epinephrine</b>			
AUVI-Q	EPIPEN®	ADRENACLICK® QL	
EPINEPHRINE® <b>(NEW)</b>	EPIPEN JR.®		

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<b>ANDROGENIC AGENTS: Topical</b>			
ANDROGEL®		AXIRON®	TESTIM®
ANDRODERM®		FORTESTA®	
<b>ANTIBIOTICS: Cephalosporins 2nd Generation</b>			
CEFACTOR CAPS and SUSP	CEFUROXIME TABS and SUSP	CEFTIN®	CECLOR CD®
CEFACTOR ER	CEFPROZIL SUSP	CECLOR®	CEFZIL
<b>ANTIBIOTICS: Cephalosporins 3rd Generation</b>			
CEFDINIR CAPS and SUSP		CEDAX® CAPS and SUSP	SPECTRACEF®
CEFPODOXIME TABS and SUSP		CEFDITOREN	VANTIN®
SUPRAX®		OMNICEF®	
<b>ANTIBIOTICS: Macrolides</b>			
AZITHROMYCIN TABS/SUSP	ERYTHROMYCIN STEARATE	BIAXIN®	
CLARITHROMYCIN TABS/SUSP		DIFICID®	
ERYTHROMYCIN BASE		ZITHROMAX®	
ERYTHROMYCIN ESTOLATE		ZMAX®	
ERYTHROMYCIN ETHYLSUCCINATE			
<b>ANTIBIOTICS: Quinolones 2nd Generation</b>			
CIPROFLOXACIN TABS		FLOXIN®	
CIPRO® SUSP		OFLOXACIN	
<b>ANTIBIOTICS: Quinolones 3rd Generation</b>			
AVELOX®	LEVOFLOXACIN	LEVAQUIN®	
AVELOX ABC PACK®			
<b>ANTICOAGULANTS: Injectable</b>			
ARIEXTRA®	LOVENOX®	ENOXAPARIN	INNOHEP®
FRAGMIN®		FONDAPARINUX	
<b>ANTICOAGULANTS: Oral</b>			
COUMADIN®	PRADAXA®		
ELIQUIS®	WARFARIN		
JANTOVEN®	XARELTO®		
<b>ANTIDEPRESSANTS: Other</b>			
BUPROPION	MIRTAZAPINE	BRINTELLIX® (NEW)	
BUPROPION SR	MIRTAZAPINE RAPID TABS	DULOXETINE (NEW)	
BUPROPION XL	PRISTIQ® (NEW)	FETZIMA® (NEW)	
CYMBALTA®(PA not required for ICD-9 code 729.1 or 250.6)	SAVELLA® (NEW) (Indicated only for Fibromyalgia)	VIIBRYD®	
	TRAZODONE		

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<b>ANTIDEPRESSANTS: SSRIs</b>			
CITALOPRAM	PEXEVA®	CELEXA®	PAXIL®
FLUOXETINE	SERTRALINE	ESCITALOPRAM	PROZAC®
PAROXETINE		FLUVOXAMINE QL	SARAFEM®
		LEXAPRO®	ZOLOFT®
		LUVOX®	
<b>ANTIEMETICS: Oral, 5-HT3s</b>			
GRANISETRON		ANZEMET®	ZOFRAN®
ONDANSETRON		KYTRIL®	ZUPLENZ®
		SANCUSO®	
<b>ANTIFUNGALS: Onychomycosis Agents</b>			
<i>Prior authorization is required for all drugs in this class.</i>			
CICLOPIROX SOLN	TERBINAFINE TABS		
<b>ANTI-HISTAMINES: 2nd Generation</b>			
<i>A two week trial of one of these drugs is required before a non-preferred drug will be authorized.</i>			
CETIRIZINE D OTC	LORATADINE D OTC	ALLEGRA®	FEXOFENADINE
CETIRIZINE OTC	LORATADINE OTC	CLARITIN®	SEMPREX®
		CLARINEX®	XYZAL®
		DESLORATADINE	
<b>ANTIHYPERURICEMICS: Xanthine Oxidase Inhibitors for Gout</b>			
ALLOPURINOL			
<b>ANTI-MIGRAINE AGENTS: Triptans</b>			
RELPAK®		AMERGE®	MAXALT® MLT
SUMATRIPTAN NASAL SPRAY		AXERT®	NARATRIPTAN
SUMATRIPTAN INJECTION		FROVA®	SUMAVEL®
SUMATRIPTAN TABLET		IMITREX®	TREXIMET®
ZOMIG® ZMT		MAXALT® TABS	ZOMIG®
<b>ANTIPARKINSON'S AGENTS: Non-ergot Dopamine Agonists</b>			
PRAMIPEXOLE	ROPINIROLE ER	MIRAPEX®	REQUIP®
ROPINIROLE		MIRAPEX® ER	REQUIP XL®
		NEUPRO®	
<b>ANTIPSYCHOTICS: Oral, Atypical</b>			
ABILIFY®	QUETIAPINE	CLOZARIL®	RISPERDAL®
CLOZAPINE	RISPERIDONE	FAZACLO®	SEROQUEL®
FANAPT®	SAPHRIS®	GEODON®	ZYPREXA®
LATUDA®	SEROQUEL XR®	INVEGA®	
OLANZAPINE	ZIPRASIDONE		
<b>ANTIVIRAL AGENTS: Influenza</b>			
AMANTADINE	RIMANTADINE		
TAMIFLU®	RELENZA®		

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<b>BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: Alpha-blockers</b>			
DOXAZOSIN		ALFUZOSIN	PAZOSIN
TAMSULOSIN		CARDURA®	RAPAFLO®
TERAZOSIN		FLOMAX®	UROXATRAL®
		MINIPRESS®	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: 5-alpha-reductase Inhibitors</b>			
AVODART®		PROSCAR®	
FINASTERIDE			
<b>BONE OSSIFICATION AGENTS: Bisphosphonates</b>			
ALENDRONATE		ACTONEL®	ETIDRONATE
FOSAMAX PLUS D®		ATELVIA®	IBANDRONATE
		BONIVA®	SKELID®
		DIDRONEL®	
<b>CARDIOVASCULAR: ACE Inhibitors and Diuretic Combinations</b>			
BENAZEPRIL	ENALAPRIL HCTZ	ACCURETIC®	QUINAPRIL
BENAZEPRIL HCTZ	LISINOPRIL	FOSINOPRIL	QUINARETIC®
CAPTOPRIL	LISINOPRIL HCTZ	MAVIK®	TRANDOLAPRIL
CAPTOPRIL HCTZ	RAMIPRIL	MOEXIPRIL	UNIVASC®
ENALAPRIL			
<b>CARDIOVASCULAR: Angiotensin II Receptor Blockers and Diuretic Combinations</b>			
DIOVAN®	LOSARTAN	ATACAND®	EPROSARTAN
DIOVAN HCTZ®	LOSARTAN HCTZ	AVAPRO®	IRBESARTAN
		BENICAR®	MICARDIS®
		EDARBI®	TELMISARTAN
		EDARBYCLOR®	TEVETEN®
<b>CARDIOVASCULAR: Antihyperlipidemics, Bile Acid Sequestrants</b>			
COLESTIPOL	WELCHOL®	QUESTRAN®	
CHOLESTYRAMINE			
<b>CARDIOVASCULAR: Antihyperlipidemics, Cholesterol Absorption Inhibitors</b>			
ZETIA®			
<b>CARDIOVASCULAR: Antihyperlipidemics, Niacin Agents</b>			
NIASPAN® (Brand only)		NIACOR®	
NIACIN ER (Generic Slo-Niacin®)			
<b>CARDIOVASCULAR: Antihyperlipidemics, Statins and Statin Combinations</b>			
ATORVASTATIN	LOVASTATIN	ADVICOR®	LIPTRUZET®
CRESTOR®	PRAVASTATIN	ALTOPREV®	LIVALO®
FLUVASTATIN	SIMVASTATIN	AMLODIPINE/ATORVASTATIN	MEVACOR®
		CADUET®	PRAVACHOL®
		LESCOL®	SIMCOR®
		LESCOL XL®	VYTORIN®
		LIPITOR®	ZOCOR®

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<b>CARDIOVASCULAR: Antihyperlipidemics, Triglyceride Lowering Agents</b>			
GEMFIBROZIL	TRILIPIX®		
TRICOR®			
<b>CARDIOVASCULAR: Beta blockers</b>			
ACEBUTOLOL	LABETALOL		
ATENOLOL	METOPROLOL (Regular Release)		
ATENOLOL/CHLORTH	NADOLOL		
BETAXOLOL	PINDOLOL		
BISOPROLOL	PROPRANOLOL		
BISOPROLOL/HCTZ	PROPRANOLOL/HCTZ		
BYSTOLIC®*	SOTALOL		
CARVEDILOL	TIMOLOL		
*Restricted to ICD-9 codes 490-496			
<b>CARDIOVASCULAR: Calcium Channel Blockers and Combinations</b>			
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		
<b>CARDIOVASCULAR: Direct Renin Inhibitors and Combinations</b>			
TEKAMLO®	TEKURNA HCT®	AMTURNIDE®	
TEKURNA®	VALTURNA®		
<b>CENTRAL NERVOUS SYSTEM: ADHD/Stimulants</b>			
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®	QUILLIVANT® XR SUSP	DEXEDRINE®	PROCENTRA®
FOCALIN XR®	RITALIN LA®	FOCALIN®	RITALIN®
INTUNIV®	STRATTERA®	KAPVAY®	
	VYVANSE®		
* (No PA required for ICD-9 codes 347.00, 347.01, 347.10, 347.11, 780.53 and 780.57)			

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<b>CENTRAL NERVOUS SYSTEM: Anticonvulsants, Barbiturates</b>		
LUMINAL®	PHENOBARBITAL	
MEBARAL®	MYSOLINE®	
MEPHOBARBITAL	PRIMIDONE	
SOLFOTON®		
<b>CENTRAL NERVOUS SYSTEM: Anticonvulsants, Benzodiazepines</b>		
CLONAZEPAM	DIAZEPAM rectal soln	ONFI®
CLORAZEPATE	KLONOPIN®	
DIASTAT®	TRANXENE T-TAB®	
DIAZEPAM	VALIUM®	
<b>CENTRAL NERVOUS SYSTEM: Oral Anticonvulsants, Hydantoins</b>		
CEREBYX®	PEGANONE®	
DILANTIN®	PHENYTEK®	
ETHOTOIN	PHENYTOIN PRODUCTS	
FOSPHENYTOIN		
<b>CENTRAL NERVOUS SYSTEM: Oral Anticonvulsants, Misc.</b>		
BANZEL®	LAMICTAL®	FYCOMPA® (NEW)
CARBAMAZEPINE	LAMOTRIGINE	OXTELLAR XR®
CARBAMAZEPINE XR	LEVETIRACETAM	POTIGA®
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	





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<b>CENTRAL NERVOUS SYSTEM: Sedative Hypnotics</b>			
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)			
<b>DIABETIC AGENTS: Biguanides</b>			
FORTAMET®	GLUMETZA®		
GLUCOPHAGE®	METFORMIN (Glucophage®)		
GLUCOPHAGE XR®	RIOMET®		
METFORMIN EXT-REL (Glucophage XR®)			
<b>DIABETIC AGENTS: Insulin Products</b>			
All types, mixes and pens containing these insulins are preferred.			
APIDRA®	LEVEMIR®		
HUMALOG®	NOVOLIN®		
HUMULIN®	NOVOLOG®		
LANTUS®			
<b>DIABETIC AGENTS: DPP-4 Inhibitors and Combinations</b>			
JANUMET®	JUVISYNC®	JENTADUETO®	OSENI®
JANUMET XR®	KOMBIGLYZE XR®	KAZANO®	TRADJENTA®
JANUVIA®	ONGLYZA®	NESINA®	
<b>DIABETIC AGENTS: Incretin Mimetics</b>			
BYDUREON® (NEW)	VICTOZA®		
BYETTA®			
<b>DIABETIC AGENTS: Meglitinides and Combinations</b>			
NATEGLINIDE (Starlix®)	PRANDIN®		
PRANDIMET®	STARLIX®		
<b>DIABETIC AGENTS: Other Agents</b>			
ACARBOSE (Precose®)	PRECOSE®		
GLYSET®	SYMLIN® (PA required)		
INVOKANA®			

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<b>DIABETIC AGENTS: Sulfonylureas</b>			
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 (Glucoavance®)			
<b>DIABETIC AGENTS: Thiazolidinediones</b>			
ACTOPLUS MET XR®	AVANDARYL®		
ACTOS®	AVANDIA®		
ACTOPLUS MET®	DUETACT®		
AVANDAMET®			
<b>ELECTROLYTE DEPLETERS</b>			
CALCIUM ACETATE	RENAGEL®		
ELIPHOS®	RENVELA®		
<b>ERYTHROPOIESIS STIMULATING PROTEINS</b>			
<i>Prior authorization is required for all drugs in this class.</i>			
ARANESP®	PROCRIT®	EPOGEN®	OMONTYS®
<b>FIBROMYALGIA AGENTS</b>			
<i>No PA required for drugs in this class if ICD-9 code=729.1.</i>			
CYMBALTA®	SAVELLA®		
LYRICA®			
<b>GASTROINTESTINAL AGENTS: H2RAs</b>			
FAMOTIDINE	RANITIDINE SYRUP (PA not required for < 12 years)		
RANITIDINE			
<b>GASTROINTESTINAL AGENTS: Pancreatic Enzymes</b>			
CREON®		PANCREAZE®	ULTRESA®
ZENPEP®		PANCRELIPASE	VIOKACE®
		PERTZYE®	
<b>GASTROINTESTINAL AGENTS: PPIs</b>			
<i>Prior authorization is required for all drugs in this class.</i>			
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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PREFERRED AGENTS		NON-PREFERRED AGENTS	
<b>GASTROINTESTINAL AGENTS: Ulcerative Colitis</b>			
ASACOL®SUPP	PENTASA®	APRISO®	
CANASA®	SULFASALAZINE DR	ASACOL HD®	
DELZICOL®	SULFASALAZINE IR	LIALDA®	
MESALAMINE ENEMA SUSP			
<b>GROWTH HORMONE AGENTS</b>			
<i>Prior authorization is required for all drugs in this class.</i>			
GENOTROPIN®	NORDITROPIN®	HUMATROPE®	SEROSTIM®
		NUTROPIN AQ®	SOMAVERT®
		OMNITROPE®	TEV-TROPIN®
		NUTROPIN®	ZORBTIVE®
		SAIZEN®	
<b>HEPATITIS C AGENTS</b>			
<b>Antivirals: Hepatitis C Pegylated Interferons</b>			
PEGASYS®			
PEGASYS® CONVENIENT PACK			
PEG-INTRON® and REDIPEN			
<b>Antivirals: Hepatitis C Polymerase Inhibitors (NEW)</b>			
SOVALDI (NEW)			
<b>Antivirals: Hepatitis C Protease Inhibitors</b>			
INCIVEK®	OLYSIO® (NEW)		
VICTRELIS®			
<b>Antivirals: Hepatitis C Ribavirins</b>			
RIBAVIRIN		RIBASPHERE RIBAPAK	
<b>HERPETIC ANTIVIRAL AGENTS</b>			
ACYCLOVIR	VALCYCLOVIR		
FAMVIR®			
<b>HERPETIC ANTIVIRAL AGENTS: Topical</b>			
ABREVA®	ZOVIRAX®, OINTMENT		
DENAVIR®			
<b>IMMUNOMODULATORS: Injectable</b>			
<i>Prior authorization is required for all drugs in this class.</i>			
CIMZIA®	HUMIRA®	KINERET®	ORENCIA®
ENBREL®		SIMPONI®	STELARA®
<b>IMMUNOMODULATORS: Topical</b>			
<i>Prior authorization is required for all drugs in this class.</i>			
ELIDEL®	PROTOPIC®		



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<b>IMPETIGO AGENTS: Topical</b>			
MUIPIROCIN OINT		ALTABAX®	MUIPIROCIN CREAM
		CENTANY®	
<b>LEUKOTRIENE MODIFIERS</b>			
MONTELUKAST	ZAFIRLUKAST	ACCOLATE®	SINGULAIR®
<b>MULTIPLE SCLEROSIS AGENTS: Injectable Disease Modifying</b>			
<i>Trial of only one agent is required before moving to a non-preferred agent</i>			
AVONEX®	EXTAVIA®		
AVONEX® ADMIN PACK	REBIF®		
BETASERON®	TYSABRI®		
COPAXONE®			
<b>MULTIPLE SCLEROSIS AGENTS: Oral Disease Modifying (NEW)</b>			
<i>Trial of only one agent is required before moving to a non-preferred agent</i>			
AUBAGIO® (NEW)	TECFIDERA® (NEW)		
GILENYA® (NEW)			
<b>MULTIPLE SCLEROSIS AGENTS: Specific Symptomatic Treatment</b>			
AMPYRA® (PA required)			
<b>NASAL CALCITONINS</b>			
MIACALCIN®			
<b>NEUROPATHIC PAIN AGENTS</b>			
CYMBALTA®	LYRICA®	GRALISE®	HORIZANT®
GABAPENTIN		LIDODERM®	
<b>OPHTHALMIC ANTIBIOTICS: Macrolides</b>			
ERYTHROMYCIN OINTMENT			
<b>OPHTHALMIC ANTIHISTAMINES</b>			
ALAWAY®		BEPREVE®	OPTIVAR®
PATADAY®		ELESTAT®	PATANOL®
		EMADINE®	ZADITOR OTC®
		LASTACRAFT®	
<b>OPHTHALMIC GLAUCOMA AGENTS</b>			
ALPHAGAN P®	DORZOLAM	ALPHAGAN®	OCUPRESS®
AZOPT®	DORZOLAM / TIMOLOL	BETAGAN®	OPTIPRANOLOL®
BETAXOLOL	LEVOBUNOLOL	BETOPTIC®	TIMOPTIC®
BETOPTIC S®	METIPRANOLOL	COSOPT®	TIMOPTIC XE®
BRIMONIDINE	SIMBRINZA® (NEW)	COSOPT PF®	TRUSOPT®
CARTEOLOL	TIMOLOL DROPS/ GEL SOLN		
COMBIGAN®			
<b>OPHTHALMIC GLAUCOMA AGENTS: PROSTAGLANDINS</b>			
LATANOPROST	TRAVATAN Z®	LUMIGAN®	
TRAVATAN®	ZIOPTAN®	XALATAN®	

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<b>OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>			
ACULAR®	DICLOFENAC	ACUVAIL®	ILEVRO®
ACULAR LS®	FLURBIPROFEN	BROMDAY®	PROLENSA®
ACULAR PF®	NEVANAC®	BROMFENAC®	
<b>OPHTHALMIC QUINOLONES</b>			
BESIVANCE®	OFLOXACIN®	CILOXAN®	
CIPROFLOXACIN	VIGAMOX®	ZYMAXID®	
MOXEZA®			
<b>OPHTHALMIC STEROIDS</b>			
ALREX®	FLUOROMETHOLONE	FLAREX®	OMNIPRED®
DEXAMETHASONE	LOTEMAX®	FML®	PRED FORTE®
DUREZOL®	PREDNISOLONE	FML FORTE®	PRED MILD®
		MAXIDEX®	VEXOL®
<b>OTIC FLUOROQUINOLONES</b>			
CIPRODEX®	OFLOXIN		
<b>PEDICULOCIDES / SCABICIDES</b>			
NATROBA®	PERMETHRIN	EURAX®	OVIDE®
NIX®	RID®	LINDANE	ULESFIA®
	SKLICE®	MALATHION	
<b>PLATELET AGGREGATION INHIBITORS</b>			
AGGRENOX®	CILOSTAZOL®	EFFIENT®	
ANAGRELIDE	CLOPIDOGREL	PLAVIX®	
ASPIRIN	DIPYRIDAMOLE		
BRILINTA®	TICLOPIDINE		
<b>PROGESTINS FOR CACHEXIA</b>			
MEGESTROL ACETATE, SUSP		MEGACE ES®	
<b>PSORIASIS AGENTS: Topical</b>			
CALCIPOTRIENE SOLUTION	DOVONEX® CREAM		
<b>PULMONARY ARTERIAL HYPERTENSION AGENTS: Inhaled Agents</b>			
VENTAVIS®	TYVASO® (NEW)		
<b>PULMONARY ARTERIAL HYPERTENSION: Oral Agents</b>			
ADCIRCA®	SILDENAFIL	ADEMPAS® (NEW)	REVIATIO® (NEW)
LETAIRIS®	TRACLEER®	OPSUMIT® (NEW)	
<b>RESPIRATORY: ORAL COPD AGENTS</b>			
DALIRESP®			
<b>RESPIRATORY: Inhaled Anticholinergic Agents</b>			
ATROVENT® HFA INHALER	IPRATROPIUM NEBS	COMBIVENT RESPIMAT®	TUDORZA®
IPRATROPIUM/ALBUTEROL NEBS	SPIRIVA®		

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<b>RESPIRATORY: Inhaled Corticosteroid/Beta- Adrenergic Combinations</b>			
ADVAIR DISKUS®	DULERA®	BREO ELLIPTA® (NEW)	
ADVAIR HFA®	SYMBICORT®		
<b>RESPIRATORY: Inhaled Corticosteroids/Nebs</b>			
ASMANEX®	PULMICORT FLEXHALER®	ALVESCO®	
BUDESONIDE NEBS*	PULMICORT RESPULES®*		
FLOVENT DISKUS®	QVAR®		
FLOVENT HFA®			
*No PA required if < 4 years old			
<b>RESPIRATORY: Intranasal Rhinitis Agents</b>			
ASTEPRO®	PATANASE®	AZELASTINE	
DYMISTA®			
<b>RESPIRATORY: Intranasal Steroid</b>			
FLUTICASONE	NASONEX®	BECONASE AQ®	QNASL®
		FLONASE®	RHINOCORT AQUA®
		FLUNISOLIDE	TRIAMCINOLONE ACETONIDE
		NASACORT AQ®	VERAMYST®
		OMNARIS®	ZETONNA®
<b>RESPIRATORY: Long Acting Beta Adrenergics</b>			
ARCAPTA NEOHALER® (NEW)	SEREVENT DISKUS®	BROVANA® (NEW)	
FORADIL®			
<b>RESPIRATORY: Short Acting Beta Adrenergics-Inhalers/Nebs</b>			
ALBUTEROL NEB/SOLN	XOPENEX® HFA (PA req)	MAXAIR AUTOHALER®	
PROVENTIL® HFA	XOPENEX® Solution(PA req)	VENTOLIN HFA®	
PROAIR® HFA		LEVALBUTEROL	
<b>RESTLESS LEG SYNDROME AGENTS</b>			
PRAMIPEXOLE	ROPINIROLE	HORIZANT®	MIRAPEX® ER
REQUIP XL		MIRAPEX®	REQUIP
<b>SKELETAL MUSCLE RELAXANTS</b>			
BACLOFEN	METHOCARBAMOL/ASPIRIN		
CHLORZOXAZONE	ORPHENADRINE CITRATE		
CYCLOBENZAPRINE	ORPHENADRINE COMPOUND		
DANTROLENE	TIZANIDINE		
METHOCARBAMOL			
<b>URINARY TRACT ANTISPASMODICS</b>			
OXYBUTYNIN TABS/SYRUP/ER		DETROL®	GELNIQUE®
SANCTURA XR®		DETROL LA®	OXYTROL®
TOVIAZ®		DITROPAN XL®	SANCTURA®
VESICARE®		ENABLEX®	TOLTERODINE
		FLAVOXATE	TROSPIUM

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