



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

Effective September 1, 2014

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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			
<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®
ACNE AGENTS: TOPICAL, BENZOYL PEROXIDE, ANTIBIOTICS AND COMBINATION PRODUCTS			
<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			
ALZHEIMER'S AGENTS			
DONEPEZIL	NAMENDA® TABS	ARICEPT® 23mg	GALANTAMINE ER
DONEPEZIL ODT	NAMENDA® XR TABS	ARICEPT®	RAZADYNE®
EXELON® PATCH	RIVASTIGMINE CAPS	GALANTAMINE	RAZADYNE® ER
EXELON® SOLN			
ANALGESICS: LONG ACTING NARCOTICS			
FENTANYL PATCH (PA required)		AVINZA®	METHADOSE®
MORPHINE SULFATE SA TABS (generic MS Contin®)		BUTRANS®	MS CONTIN®
		DOLOPHINE®	NUCYNTA® ER
		DURAGESIC® PATCHES (PA required)	OPANA ER®
		EMBEDA®	ORAMORPH SR®
		EXALGO®	OXYCODONE SR
		KADIAN®	OXYCONTIN®
		METHADONE	OXYMORPHONE SR
ANALGESICS/ANESTHETICS: TOPICAL			
LIDOCAINE	LIDOCAINE VISCOUS	EMLA®	LIDAMANTLE®
LIDOCAINE HC	VOLTAREN® GEL	FLECTOR®	PENNSAID®
		LIDODERM®	
ANALGESICS: TRAMADOL AND RELATED DRUGS			
TRAMADOL		CONZIPR®	TRAMADOL ER
TRAMADOL/APAP		NUCYNTA®	ULTRACET®
		RYZOLT®	ULTRAM®
		RYBIX® ODT	ULTRAM® ER

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ANAPHYLAXIS: SELF-INJECTABLE EPINEPHRINE			
AUVI-Q	EPIPEN®	ADRENACLICK® QL	
EPINEPHRINE®	EPIPEN JR.®		
ANDROGENIC AGENTS: TOPICAL			
ANDROGEL®		AXIRON®	TESTIM®
ANDRODERM®		FORTESTA®	
ANTIBIOTICS: CEPHALOSPORINS 2ND GENERATION			
CEFACTOR CAPS and SUSP	CEFUROXIME TABS and SUSP	CEFTIN®	CECLOR CD®
CEFACTOR ER	CEFPROZIL SUSP	CECLOR®	CEFZIL
ANTIBIOTICS: CEPHALOSPORINS 3RD GENERATION			
CEFDINIR CAPS and SUSP		CEDAX® CAPS and SUSP	SPECTRACEF®
CEFPODOXIME TABS and SUSP		CEFDITOREN	VANTIN®
SUPRAX®		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	
ANTIBIOTICS: QUINOLONES 3RD GENERATION			
AVELOX®	LEVOFLOXACIN	LEVAQUIN®	
AVELOX ABC PACK®			
ANTICOAGULANTS: INJECTABLE			
ARIXTRA®	LOVENOX®	ENOXAPARIN	INNOHEP®
FRAGMIN®		FONDAPARINUX	
ANTICOAGULANTS: ORAL			
COUMADIN®	PRADAXA®		
ELIQUIS®	WARFARIN		
JANTOVEN®	XARELTO®		
ANTIDEPRESSANTS: OTHER			
BUPROPION	MIRTAZAPINE	BRINTELLIX®	
BUPROPION SR	MIRTAZAPINE RAPID TABS	DULOXETINE	
BUPROPION XL	PRISTIQ®	FETZIMA®	
CYMBALTA®(PA not required for ICD-9 code 729.1 or 250.6)	SAVELLA® (Indicated only for Fibromyalgia) TRAZODONE	VIIBRYD®	

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ANTIDEPRESSANTS: SSRIs			
CITALOPRAM	PEXEVA®	CELEXA®	PAXIL®
FLUOXETINE	SERTRALINE	ESCITALOPRAM	PROZAC®
PAROXETINE		FLUVOXAMINE QL	SARAFEM®
		LEXAPRO®	ZOLOFT®
		LUVOX®	
ANTIEMETICS: ORAL, 5-HT3s			
GRANISETRON		ANZEMET®	ZOFRAN®
ONDANSETRON		KYTRIL®	ZUPLENZ®
		SANCUSO®	
ANTIFUNGALS: ONYCHOMYCOSIS AGENTS			
<i>Prior authorization is required for all drugs in this class.</i>			
CICLOPIROX SOLN	TERBINAFINE TABS		
ANTIHISTAMINES: 2ND GENERATION			
<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	
ANTHYPERURICEMICS: XANTHINE OXIDASE INHIBITORS FOR GOUT			
ALLOPURINOL			
ANTI-MIGRAINE AGENTS: TRIPTANS			
RELPAK®		AMERGE®	MAXALT® MLT
SUMATRIPTAN NASAL SPRAY		AXERT®	NARATRIPTAN
SUMATRIPTAN INJECTION		FROVA®	SUMAVEL®
SUMATRIPTAN TABLET		IMITREX®	TREXIMET®
ZOMIG® ZMT		MAXALT® TABS	ZOMIG®
ANTIPARKINSON'S AGENTS: NON-ERGOT DOPAMINE AGONISTS			
PRAMIPEXOLE	ROPINIROLE ER	MIRAPEX®	REQUIP®
ROPINIROLE		MIRAPEX® ER	REQUIP XL®
		NEUPRO®	
ANTIPSYCHOTICS: ORAL, ATYPICAL			
ABILIFY®	QUETIAPINE	CLOZARIL®	RISPERDAL®
CLOZAPINE	RISPERIDONE	FAZACLO®	SEROQUEL®
FANAPT®	SAPHRIS®	GEODON®	ZYPREXA®
LATUDA®	SEROQUEL XR®	INVEGA®	
OLANZAPINE	ZIPRASIDONE		
ANTIVIRAL AGENTS: INFLUENZA			
AMANTADINE	RIMANTADINE		
TAMIFLU®	RELENZA®		

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BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: ALPHA-BLOCKERS			
DOXAZOSIN		ALFUZOSIN	PRAZOSIN
TAMSULOSIN		CARDURA®	RAPAFLO®
TERAZOSIN		FLOMAX®	UROXATRAL®
		MINIPRESS®	
BENIGN PROSTATIC HYPERPLASIA (BPH) AGENTS: 5-ALPHA-REDUCTASE INHIBITORS			
AVODART®	FINASTERIDE	PROSCAR®	
BONE OSSIFICATION AGENTS: BISPHOSPHONATES			
ALENDRONATE		ACTONEL®	ETIDRONATE
FOSAMAX PLUS D®		ATELVIA®	IBANDRONATE
		BONIVA®	SKELID®
		DIDRONEL®	
CARDIOVASCULAR: ACE INHIBITORS AND DIURETIC COMBINATIONS			
BENAZEPRIL	ENALAPRIL HCTZ	ACCURETIC®	QUINAPRIL
BENAZEPRIL HCTZ	EPANED® £ (NEW)	EPANED® ‡ (NEW)	QUINARETIC®
CAPTOPRIL	LISINOPRIL	FOSINOPRIL	TRANDOLAPRIL
CAPTOPRIL HCTZ	LISINOPRIL HCTZ	MAVIK®	UNIVASC®
ENALAPRIL	RAMIPRIL	MOEXIPRIL	
£ PREFERRED FOR AGES 10 AND UNDER		‡ NONPREFERRED FOR OVER 10 YEARS OLD	
CARDIOVASCULAR: ANGIOTENSIN II RECEPTOR BLOCKERS AND DIURETIC COMBINATIONS			
DIOVAN®	LOSARTAN	ATACAND®	EPROSARTAN
DIOVAN HCTZ®	LOSARTAN HCTZ	AVAPRO®	IRBESARTAN
		BENICAR®	MICARDIS®
		EDARBI®	TELMISARTAN
		EDARBYCLOR®	TEVETEN®
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, BILE ACID SEQUESTRANTS			
COLESTIPOL	WELCHOL®	QUESTRAN®	
CHOLESTYRAMINE			
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, CHOLESTEROL ABSORPTION INHIBITORS			
ZETIA®			
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, NIACIN AGENTS			
NIASPAN® (Brand only)		NIACOR®	
NIACIN ER (Generic Slo-Niacin®)			

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CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, STATINS AND STATIN COMBINATIONS			
ATORVASTATIN	LOVASTATIN	ADVICOR®	LIPTRUZET®
CRESTOR®	PRAVASTATIN	ALTOPREV®	LIVALO®
FLUVASTATIN	SIMVASTATIN	AMLODIPINE/ATORVASTATIN	MEVACOR®
		CADUET®	PRAVACHOL®
		LESCOL®	SIMCOR®
		LESCOL XL®	VYTORIN®
		LIPITOR®	ZOCOR®
CARDIOVASCULAR: ANTIHYPERLIPIDEMICS, TRIGLYCERIDE LOWERING AGENTS			
GEMFIBROZIL	TRILIPIX®		
TRICOR®			
CARDIOVASCULAR: BETA BLOCKERS			
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			
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		
CARDIOVASCULAR: DIRECT RENIN INHIBITORS AND COMBINATIONS			
TEKAMLO®	TEKURNA HCT®	AMTURNIDE®	
TEKURNA®	VALTURNA®		



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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®	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)	
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: ORAL ANTICONVULSANTS, HYDANTOINS			
CEREBYX®	PEGANONE®		
DILANTIN®	PHENYTEK®		
ETHOTOIN	PHENYTOIN PRODUCTS		
FOSPHENYTOIN			



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CENTRAL NERVOUS SYSTEM: ORAL ANTICONVULSANTS, MISC.			
BANZEL®	LAMICTAL®	APTIOM® (NEW)	
CARBAMAZEPINE	LAMOTRIGINE	FYCOMPA®	
CARBAMAZEPINE XR	LEVETIRACETAM	OXTELLAR XR®	
CARBATROL ER®	LYRICA®	POTIGA®	
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®)			
DIABETIC AGENTS: INSULIN PRODUCTS			
All types, mixes and pens containing these insulins are preferred.			
APIDRA®	LEVEMIR®		
HUMALOG®	NOVOLIN®		
HUMULIN®	NOVOLOG®		
LANTUS®			



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DIABETIC AGENTS: DPP-4 INHIBITORS AND COMBINATIONS			
JANUMET®	JUVISYNC®	JENTADUETO®	OSENI®
JANUMET XR®	KOMBIGLYZE XR®	KAZANO®	TRADJENTA®
JANUVIA®	ONGLYZA®	NESINA®	
DIABETIC AGENTS: INCRETIN MIMETICS			
BYDUREON®	VICTOZA®		
BYETTA®			
DIABETIC AGENTS: MEGLITINIDES AND COMBINATIONS			
NATEGLINIDE (Starlix®)	PRANDIN®		
PRANDIMET®	STARLIX®		
DIABETIC AGENTS: SGLT-2 INHIBITORS (NEW)			
INVOKANA®		FARXIGA® (NEW)	
DIABETIC AGENTS: OTHER AGENTS			
ACARBOSE (Precose®)	PRECOSE®		
GLYSET®	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®)			
DIABETIC AGENTS: THIAZOLIDINEDIONES			
ACTOPLUS MET XR®	AVANDARYL®		
ACTOS®	AVANDIA®		
ACTOPLUS MET®	DUETACT®		
AVANDAMET®			
ELECTROLYTE DEPLETERS			
CALCIUM ACETATE	RENAGEL®		
ELIPHOS®	REVELA®		
ERYTHROPOIESIS STIMULATING PROTEINS			
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ARANESP®	PROCRIT®	EPOGEN®	OMONTYS®



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FIBROMYALGIA AGENTS			
<i>No PA required for drugs in this class if ICD-9 code=729.1.</i>			
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			
<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.			
GASTROINTESTINAL AGENTS: ULCERATIVE COLITIS			
ASACOL® SUPP	PENTASA®	APRISO®	
CANASA®	SULFASALAZINE DR	ASACOL HD®	
DELZICOL®	SULFASALAZINE IR	LIALDA®	
MESALAMINE ENEMA SUSP			
GROWTH HORMONE AGENTS			
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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			
HEPATITIS C AGENTS - ANTIVIRALS: HEPATITIS C POLYMERASE INHIBITORS			
SOVALDI			
HEPATITIS C AGENTS - ANTIVIRALS: HEPATITIS C PROTEASE INHIBITORS			
INCIVEK®	OLYSIO®		
VICTRELIS®			

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HEPATITIS C AGENTS - ANTIVIRALS: HEPATITIS C RIBAVIRINS			
RIBAVIRIN		RIBASPHERE RIBAPAK	
HERPETIC ANTIVIRAL AGENTS			
ACYCLOVIR	VALCYCLOVIR		
FAMVIR®			
HERPETIC ANTIVIRAL AGENTS: TOPICAL			
ABREVA®	ZOVIRAX®, OINTMENT		
DENAVIR®			
IMMUNOMODULATORS: INJECTABLE			
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CIMZIA®	HUMIRA®	KINERET®	ORENCIA®
ENBREL®		SIMPONI®	STELARA®
IMMUNOMODULATORS: TOPICAL			
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ELIDEL®	PROTOPIC®		
IMPETIGO AGENTS: TOPICAL			
MUPIROCIN OINT		ALTABAX®	MUPIROCIN CREAM
		CENTANY®	
LEUKOTRIENE MODIFIERS			
MONTELUKAST	ZAFIRLUKAST	ACCOLATE®	SINGULAIR®
MULTIPLE SCLEROSIS AGENTS: INJECTABLE DISEASE MODIFYING			
<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®			
MULTIPLE SCLEROSIS AGENTS: ORAL DISEASE MODIFYING			
<i>Trial of only one agent is required before moving to a non-preferred agent</i>			
AUBAGIO®	TECFIDERA®		
GILENYA®			
MULTIPLE SCLEROSIS AGENTS: SPECIFIC SYMPTOMATIC TREATMENT			
AMPYRA® (PA required)			
NASAL CALCITONINS			
MIACALCIN®			
NEUROPATHIC PAIN AGENTS			
CYMBALTA®	LYRICA®	GRALISE®	HORIZANT®
GABAPENTIN		LIDODERM®	



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OPHTHALMIC ANTIBIOTICS: MACROLIDES			
ERYTHROMYCIN OINTMENT			
OPHTHALMIC ANTIHISTAMINES			
ALAWAY®		BEPREVE®	OPTIVAR®
PATADAY®		ELESTAT®	PATANOL®
		EMADINE®	ZADITOR OTC®
		LASTACRAFT®	
OPHTHALMIC GLAUCOMA AGENTS			
ALPHAGAN P®	DORZOLAM	ALPHAGAN®	OCUPRESS®
AZOPT®	DORZOLAM / TIMOLOL	BETAGAN®	OPTIPRANOLOL®
BETAXOLOL	LEVOBUNOLOL	BETOPTIC®	TIMOPTIC®
BETOPTIC S®	METIPRANOLOL	COSOPT®	TIMOPTIC XE®
BRIMONIDINE	SIMBRINZA®	COSOPT PF®	TRUSOPT®
CARTEOLOL	TIMOLOL DROPS/ GEL SOLN		
COMBIGAN®			
OPHTHALMIC GLAUCOMA AGENTS: PROSTAGLANDINS			
LATANOPROST	TRAVATAN Z®	LUMIGAN®	
TRAVATAN®	ZIOPTAN®	XALATAN®	
OPHTHALMIC NON-STEROIDAL ANTI-INFLAMMATORY AGENTS			
ACULAR®	DICLOFENAC	ACUVAIL®	ILEVRO®
ACULAR LS®	FLURBIPROFEN	BROMDAY®	PROLENSA®
ACULAR PF®	NEVANAC®	BROMFENAC®	
OPHTHALMIC QUINOLONES			
BESIVANCE®	OFLOXACIN®	CILOXAN®	
CIPROFLOXACIN	VIGAMOX®	ZYMAXID®	
MOXEZA®			
OPHTHALMIC STEROIDS			
ALREX®	FLUOROMETHOLONE	FLAREX®	OMNIPRED®
DEXAMETHASONE	LOTEMAX®	FML®	PRED FORTE®
DUREZOL®	PREDNISOLONE	FML FORTE®	PRED MILD®
		MAXIDEX®	VEXOL®
OTIC FLUOROQUINOLONES			
CIPRODEX®	OFLOXIN		
PEDICULOCIDES / SCABICIDES			
NATROBA®	PERMETHRIN	EURAX®	OVIDE®
NIX®	RID®	LINDANE	ULESFIA®
	SKLICE®	MALATHION	



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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®	TYVASO®		
PULMONARY ARTERIAL HYPERTENSION: ORAL AGENTS			
ADCIRCA®	SILDENAFIL	ADEMPAS®	REVATIO®
LETAIRIS®	TRACLEER®	OPSUMIT®	
RESPIRATORY: ORAL COPD AGENTS			
DALIRESP®			
RESPIRATORY: INHALED ANTICHOLINERGIC AGENTS			
ATROVENT® HFA INHALER	IPRATROPIUM NEBS	COMBIVENT RESPIMAT®	TUDORZA®
IPRATROPIUM/ALBUTEROL NEBS	SPIRIVA®		
RESPIRATORY: INHALED CORTICOSTEROID/BETA- ADRENERGIC COMBINATIONS			
ADVAIR DISKUS®	DULERA®	BREO ELLIPTA®	
ADVAIR HFA®	SYMBICORT®		
RESPIRATORY: INHALED CORTICOSTEROIDS/NEBS			
ASMANEX®	PULMICORT FLEXHALER®	ALVESCO®	
BUDESONIDE NEBS*	PULMICORT RESPULES®*		
FLOVENT DISKUS®	QVAR®		
FLOVENT HFA®			
*No PA required if < 4 years old			
RESPIRATORY: INTRANASAL RHINITIS AGENTS			
ASTEPRO®	PATANASE®	AZELASTINE	
DYMISTA®			
RESPIRATORY: INTRANASAL STEROID			
FLUTICASONE	NASONEX®	BECONASE AQ®	QNASL®
		FLONASE®	RHINOCORT AQUA®
		FLUNISOLIDE	TRIAMCINOLONE ACETONIDE
		NASACORT AQ®	VERAMYST®
		OMNARIS®	ZETONNA®

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RESPIRATORY: LONG ACTING BETA ADRENERGICS			
ARCAPTA NEOHALER®	SEREVENT DISKUS®	BROVANA®	
FORADIL®			
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			
OXYBUTYNIN TABS/SYRUP/ER		DETROL®	GELNIQUE®
SANCTURA XR®		DETROL LA®	OXYTROL®
TOVIAZ®		DITROPAN XL®	SANCTURA®
VESICARE®		ENABLEX®	TOLTERODINE
		FLAVOXATE	TROSPIUM

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