



# Nevada Medicaid Preferred Drug List

All changes are effective November 17, 2010.

**ACNE AGENTS: Topical, Retinoid Agents and Combinations**

ADAPALENE GEL AND CREAM  
(generic Differin®)  
RETIN-A MICRO®  
EPIDUO™

**ACNE AGENTS: Topical, Benzoyl Peroxide and Clindamycin Combinations**

BENZACLIN®

**ALZHEIMER'S AGENTS**

ARICEPT® TABS  
EXELON® PATCH AND SOLN  
NAMENDA® TABS  
RIVASTIGMINE CAPS  
(generic Exelon®)

**ANALGESICS: Long Acting Narcotics**

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

**ANALGESICS/ANESTHETICS: Topical**

VOLTAREN® GEL

**ANALGESICS: Tramadol and Related Drugs**

TRAMADOL (GENERIC ULTRAM®)  
TRAMADOL/APAP (GENERIC ULTRACET®)  
NUCYNTA™

**ANAPHYLAXIS: Self-Injectable Epinephrine**

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

**ANDROGENIC AGENTS: Topical**

ANDROGEL®  
ANDRODERM®

**ANTIBIOTICS: Cephalosporins 2nd Generation**

CEFACLOR CAPS and SUSP  
(generic Ceclor®)  
CEFACLOR ER  
(generic Ceclor CD®)  
CEFUROXIME TABS and SUSP  
(generic Ceftin®)  
CEFPROZIL SUSP (generic Cefzil®)

**ANTIBIOTICS: Cephalosporins 3rd Generation**

CEDAX® CAPS and SUSP  
CEFDINIR CAPS and SUSP  
(generic Omnicef®)  
CEFPODOXIME TABS and SUSP  
(generic Vantin®)

**ANTIBIOTICS: Macrolides**

AZITHROMYCIN TABS and SUSP  
(generic for Zithromax)  
CLARITHROMYCIN TABS and SUSP  
(generic Biaxin®)  
ERYTHROMYCIN BASE  
(generic E-Mycin®, Ery-Tab®, PCE®)  
ERYTHROMYCIN ESTOLATE  
ERYTHROMYCIN ETHYLSUCCINATE  
(generic EES®)  
ERYTHROMYCIN STEARATE

**ANTIBIOTICS: Quinolones 2nd Generation**

CIPROFLOXACIN TABS  
(generic Cipro®)  
CIPRO® SUSP

**ANTIBIOTICS: Quinolones 3rd Generation**

AVELOX®  
AVELOX ABC PACK®  
LEVAQUIN®

**ANTICOAGULANTS: Injectable**

ARIXTRA®  
FRAGMIN®  
LOVENOX®

**ANTIDEPRESSANTS: Other**

BUPROPION (generic Wellbutrin®)  
BUPROPION SR  
(generic Wellbutrin SR®)  
BUPROPION XL  
(generic Wellbutrin XL)  
CYMBALTA® (PA not required for ICD-9 code 729.1 or 250.6)  
MIRTAZAPINE (generic Remeron®)  
MIRTAZAPINE RAPID TABS  
(generic Remeron Soltabs®)  
TRAZODONE (generic Desyrel®)

**ANTIDEPRESSANTS: SSRIs**

CITALOPRAM (generic Celexa®)  
FLUOXETINE (generic Prozac®)  
PAROXETINE (generic Paxil®)  
PEXEVA®  
SERTRALINE (generic Zoloft®)

**ANTIEMETICS: Oral, 5-HT3s**

GRANISETRON (generic Kytril®)  
ONDANSETRON (generic Zofran®)

**ANTIFUNGALS: Onychomycosis Agents**

*Prior authorization is required for all drugs in this Class.*  
TERBINAFINE TABS (generic Lamisil®)  
CICLOPIROX SOLN (generic Penlac®)

**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  
(generic Zyrtec D®)  
CETIRIZINE OTC TABS, CHEW TABS AND SYRUP  
(generic Zyrtec®)  
LORATADINE OTC TABS, SYRUP, and RAPID DISINTEGRATING TABS  
(generic Claritin®)  
LORATADINE D OTC  
(generic Claritin D®)

**ANTI-MIGRAINE AGENTS: Triptans**

MAXALT® TABS  
MAXALT® MLT  
RELPAK®  
SUMATRIPTAN TABS, NASAL SPRAY AND INJ (generic Imitrex®)

**ANTIPARKINSON'S AGENTS: Non-ergot Dopamine Agonists**

MIRAPEX®  
REQUIP XL®  
ROPINIROLE (generic Requip®)

**ANTIPSYCHOTICS: Oral, Atypical**

RISPERIDONE (generic Risperdal®)  
CLOZAPINE (generic Clozaril®)  
FANAPT®  
GEODON®  
SEROQUEL®  
SEROQUEL XR®



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**ANTIVIRAL AGENTS:****Influenza** (*new class*)**AMANTADINE** (*new*)

(generic Symmetrel®)

**TAMIFLU®** (*new*)**RIMANTADINE** (*new*)

(generic Flumadine®)

**RELENZA®** (*new*)**BENIGN PROSTATIC  
HYPERPLASIA (BPH) AGENTS:  
Alpha-blockers****DOXAZOSIN** (generic Cardura®)**TAMSULOSIN** (generic Flomax)**TERAZOSIN** (generic Hytrin®)**BENIGN PROSTATIC  
HYPERPLASIA (BPH) AGENTS:  
5-alpha-reductase Inhibitors****AVODART®****FINASTERIDE** (generic Proscar®)**BONE OSSIFICATIONS AGENTS:  
Bisphosphonates****ALENDRONATE**

(generic Fosamax®)

**FOSAMAX PLUS D®****CARDIOVASCULAR: ACE  
Inhibitors and Diuretic  
Combinations****ALTACE®** (PA is required)**BENZAEPRILOL** (generic Lotensin®)**BENZAEPRILOL HCTZ**

(generic Lotensin HCT®)

**CAPTOPRIL** (generic Capoten®)**CAPTOPRIL HCTZ** (generic  
Capozide®)**ENALAPRIL** (generic Vasotec®)**ENALAPRIL HCTZ**

(generic Vaseretic®)

**LISINOPRIL**

(generic Prinivil®, Zestril®)

**LISINOPRIL HCTZ**

(generic Prinzide®, Zestoretic®)

**RAMIPRIL** (*new*)

(generic Altace®) (PA is required)

**CARDIOVASCULAR: Angiotensin  
II Receptor Blockers and Diuretic  
Combinations****LOSARTAN** (generic Cozaar®)**DIOVAN®****DIOVAN HCTZ®****LOSARTAN HCTZ**

(generic Hyzaar®)

**CARDIOVASCULAR:  
Antihyperlipidemics, Bile Acid  
Sequestrants****COLESTIPOL** (generic Colestid®)**CHOLESTYRAMINE**

(generic and Prevalite®)

**WELCHOL®****CARDIOVASCULAR:  
Antihyperlipidemics, Cholesterol  
Absorption Inhibitors****ZETIA®****CARDIOVASCULAR:  
Antihyperlipidemics, Niacin  
Agents****NIASPAN®****NIACIN ER****CARDIOVASCULAR:****Antihyperlipidemics, Statins and  
Statin Combinations****ADVICOR®****CRESTOR®****LESCOL®****LESCOL XL®****LIPITOR®****LOVASTATIN** (generic Mevacor®)**PRAVASTATIN** (generic Pravachol®)**SIMCOR®****SIMVASTATIN** (generic Zocor®)**VYTORIN®****CARDIOVASCULAR:  
Antihyperlipidemics,  
Triglyceride Lowering Agents****GEMFIBROZIL** (generic Lopid®)**TRICOR®****TRILIPIX®****CARDIOVASCULAR:  
Beta Blockers****ACEBUTOLOLOL** (generic Sectral®)**ATENOLOLOL** (generic Tenormin®)**ATENOLOLOL/CHLORTHALIDONE**

(generic Tenoretic®)

**BETAXOLOLOL** (generic Kerlone®)**BISOPROLOLOL** (generic Zebeta®)**BISOPROLOLOL/HCTZ** (generic

Ziac®)

**BYSTOLIC®** (Restricted to ICD-9  
codes 490-496)**CARVEDILOLOL** (generic Coreg®)**LABETALOLOL**

(generic Normodyne®,

Trandate®)

**METOPROLOLOL** (generic

Lopressor®)

**NADOLOLOL** (generic Corgard®)**PINDOLOLOL** (generic Visken®)**PROPRANOLOLOL** (generic Inderal®)**PROPRANOLOLOL/HCTZ**

(generic Inderide®)

**SOTALOLOL**

(generic Betapace®, Sorine®)

**TIMOLOLOL** (generic Blocadren®)**CARDIOVASCULAR: Calcium  
Channel Blockers and  
Combinations****AFEDITAB CR®** (generic Adalat CC®)**AMLODIPINE** (generic Norvasc®)**CARTIA XT®****DILTIA XT®****DILTIAZEM HCL** (generic

Cardizem®)

**DILTIAZEM EXTENDED RELEASE****DYNACIRC CR®****EXFORGE®****EXFORGE HCT®****FELODIPINE ER** (generic Plendil®)**ISRADIPINE** (generic Dynacirc®)**LOTREL®** (5/40mg and 10/40mg,  
other strengths generic)**NICARDIPINE** (generic Cardene®)**NIFEDIPAC CC** (generic Adalat CC®)**NIFEDICAL XL** (generic Procardia  
XL®)**NIFEDIPINE ER**

(generic Procardia XL®)

**NISOLDIPINE ER****TAZTIA XT®****VERAPAMIL**

(generic Calan®, Isoptin®)

**VERAPAMIL ER****CARDIOVASCULAR: Direct  
Renin Inhibitors and  
Combinations****TEKTURNA®****TEKTURNA HCT®****VALTURNAN®****CENTRAL NERVOUS SYSTEM:  
ADHD/Stimulants****ADDERALL XR®****AMPHETAMINE SALT  
COMBINATION**

(generic Adderall®)

**CONCERTA®****DEXMETHYLPHENIDATE**

(generic Focalin®)

**DEXTROAMPHETAMINE SA**

(generic Dexedrine SA®)

**DEXTROAMPHETAMINE TAB**

(generic Dexedrine®)

**DEXTROSTAT®****FOCALIN XR®****METADATE ER®****METHYLIN®****METHYLIN ER®****METHYLPHENIDATE** (generic  
Ritalin®)**METHYLPHENIDATE ER**

(generic Ritalin SR®)

**METHYLPHENIDATE SOL**

(generic Methylin Sol®)

**PROVIGIL®** (No PA required for  
ICD-9 codes 347.00, 347.01,  
347.10, 347.11, 780.53 and 780.57)**RITALIN LA®****STRATTERA®****VYVANSE®**



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**CENTRAL NERVOUS SYSTEM:  
Anticonvulsants, Barbiturates**

LUMINAL® and generic  
PHENOBARBITAL  
MEBARAL® and generic  
MEPHOBARBITAL  
MYSOLINE® and generic  
PRIMIDONE  
SOLFOTON® and generic  
PHENOBARBITAL

**CENTRAL NERVOUS SYSTEM:  
Anticonvulsants, Benzodiazepines**

KLONOPIN® and generic  
CLONAZEPAM  
DIASTAT®  
TRANXENE T-TAB® and generic  
CLORAZEPATE  
VALIUM® and generic DIAZEPAM

**CENTRAL NERVOUS SYSTEM:  
Anticonvulsants, Hydantoins**

*All oral forms of the listed drugs  
are preferred.*

CEREBYX® and generic  
FOSPHENYTOIN  
DILANTIN® and all generic  
PHENYTOIN PRODUCTS  
PEGANONE® and generic  
ETHOTOIN  
PHENYTEK® and all generic  
PHENYTOIN PRODUCTS

**CENTRAL NERVOUS SYSTEM:  
Anticonvulsants, Misc.**

*All oral forms of the listed drugs  
are preferred.*

BANZEL®  
CARBATROL ER®  
CELONTIN®  
DEPAKENE® and generic  
VALPROATE ACID

DEPAKOTE® and generic  
DIVALPROEX SODIUM  
DEPAKOTE ER® and generic  
DIVALPROEX SODIUM ER  
EPITOL® and generic  
CARBAMAZEPINE  
FELBATOL®  
GABITRIL®  
KEPPRA® and generic  
LEVETIRACETAM

KEPPRA XR®  
LAMACTAL ODT®  
LAMACTAL XR®  
LAMICTAL® and generic  
LAMOTRIGINE  
LYRICA®  
NEURONTIN® and generic  
GABAPENTIN

SABRIL®  
STAVZOR® DR  
TEGRETOL® and generic  
CARBAMAZEPINE  
TEGRETOL XR® and generic  
CARBAMAZEPINE XR  
TOPAMAX® and generic  
TOPIRAMATE  
TOPIRAGEN® and generic  
TOPIRAMATE  
TRILEPTAL® and generic  
OXCARBAZEPINE  
VIMPAT®  
ZARONTIN® and generic  
ETHOSUXIMIDE  
ZONEGRAN® and generic  
ZONISAMIDE

**CENTRAL NERVOUS SYSTEM:  
Sedative Hypnotics**

ESTAZOLAM (generic ProSom®)  
FLURAZEPAM (generic Dalmane®)  
ROZEREM® (PA not required for  
ICD-9 code 307.42)  
TEMAZEPAM (generic Restoril®)  
TRIAZOLAM (generic Halcion®)  
ZOLPIDEM (generic Ambien®)

**DIABETIC AGENTS:  
Biguanides**

FORTAMET®  
GLUCOPHAGE® and generic  
METFORMIN  
GLUCOPHAGE XR® and generic  
METFORMIN EXT-REL  
GLUMETZA®  
RIOMET®

**DIABETIC AGENTS:  
Insulin Products**

*All types, mixes and pens  
containing these insulins  
are preferred.*

APIDRA  
HUMALOG®  
HUMULIN®  
LANTUS®  
LEVEMIR®  
NOVOLIN®  
NOVOLOG®

**DIABETIC AGENTS:  
Other Agents**

BYETTA®  
GLYSET®  
JANUMET®  
JANUVIA®

ONGLYZA®  
PRANDIMET®  
PRANDIN®  
PRECOSE® and generic ACARBOSE  
STARLIX® and generic  
NATEGLINIDE  
SYMLIN®  
VICTOZA®

**DIABETIC AGENTS:  
Sulfonylureas**

AMARYL® and generic GLIMEPIRIDE  
CHLORPROPAMIDE  
GLUCOTROL XL® and generic  
GLIPIZIDE EXT-REL  
METAGLIP® and generic  
GLIPIZIDE/METFORMIN  
GLUCOTROL® and generic GLIPIZIDE  
DIABETA® and generic  
GLYBURIDE  
GLYNASE® and generic  
GLYBURIDE MICRONIZED  
GLUCOVANCE® and generic  
GLYBURIDE/METFORMIN  
TOLAZAMIDE  
TOLBUTAMIDE

**DIABETIC AGENTS:  
Thiazolidinediones**

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

**ELECTROLYTE DEPLETERS**

CALCIUM ACETATE  
RENAGEL®  
REVELA®

**ERYTHROPOIESIS STIMULATING  
PROTEINS**

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

ARANESP®  
PROCRIT®

**GASTROINTESTINAL AGENTS:  
H2RAs**

FAMOTIDINE (generic Pepcid®)  
RANITIDINE (generic Zantac®)  
RANITIDINE SYRUP  
(PA not required for < 12 years)

**GASTROINTESTINAL AGENTS:  
PPIs**

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

NEXIUM® CAPSULES  
NEXIUM® POWDER FOR SUSP  
(for children ≤ 12 yrs.)  
OMEPRazole OTC TABS  
PRILOSEC® OTC TABS

**GASTROINTESTINAL AGENTS:  
Ulcerative Colitis**

ASACOL®  
CANASA®, SUPP  
MESALAMINE ENEMA SUSP  
(generic Rowasa®)  
PENTASA®  
SULFASALAZINE IR  
(generic Azulfidine®)  
SULFASALAZINE DR  
(generic Azulfidine EN®)



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**GROWTH HORMONE AGENTS**

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GENOTROPIN®  
NUTROPIN®  
NUTROPIN AQ®

**HEPATITIS C AGENTS**

PEGASYS®  
PEGASYS® CONVENIENT PACK  
PEG-INTRON® and REDIPEN  
RIBAVIRIN

**HERPETIC ANTIVIRAL AGENTS**

ACYCLOVIR (generic Zovirax®)  
FAMVIR®  
VALCYCLOVIR (generic Valtrex®)  
VALTREX®

**HERPETIC ANTIVIRAL AGENTS:  
Topical**

ABREVA®  
DENA VIR®  
ZOVIRAX®, OINTMENT

**IMMUNOMODULATORS:  
Injectable**

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

ENBREL®  
HUMIRA®

**IMMUNOMODULATORS:  
Topical**

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

ELIDEL®  
PROTOPIC®

**IMPETIGO AGENTS:  
Topical**

ALTABAX®  
MUIPIROCIN OINT

**LEUKOTRIENE MODIFIERS**

ACCOLATE®  
SINGULAIR®

**MULTIPLE SCLEROSIS AGENTS:  
Disease Modifying**

AVONEX®  
AVONEX® ADMINISTRATION PACK  
BETASERON®  
COPAXONE®  
REBIF®

**MULTIPLE SCLEROSIS AGENTS:  
Specific Symptomatic Treatment**

AMPYRA®

**NASAL CALCITONINS**

MIACALCIN®

**OPHTHALMIC ANTIHISTAMINES**

ALAWAY®  
PATADAY®  
PATANOL®  
ZADITOR OTC®

**OPHTHALMIC GLAUCOMA  
AGENTS**

ALPHAGAN P®  
AZOPT®  
BETAXOLOL (generic Betoptic®)  
BETOPTIC S®  
BRIMONIDINE (generic Alphagan®)  
CARTEOLOL (generic Ocupress®)  
COMBIGAN®  
DORZOLAM (generic Cosopt®)

DORZOLAM / TIMOLOL  
(generic Trusopt®)

LEVOBUNOLOL (generic Betagan®)  
METIPRANOLOL  
(generic Optipranolol®)

TIMOLOL DROPS and GEL SOLN  
(generic Timoptic® and Timoptic XE®)

TRAVATAN®  
TRAVATAN Z®  
XALATAN®

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

ACULAR®  
ACULAR LS®  
ACULAR PF®  
DICLOFENAC  
FLURBIPROFEN  
NEVANAC®

**OPHTHALMIC QUINOLONES**

CIPROFLOXACIN (generic Ciloxan®)  
VIGAMOX®

**OTIC FLUOROQUINOLONES**

CIPRODEX®  
OFLOXIN (generic Floxin®)

**PLATELET AGGREGATION  
INHIBITORS**

AGGRENOX®  
ASPIRIN  
DIPYRIDAMOLE  
EFFIENT™ (*new*) (PA not required  
for ICD-9 code 410, 411 or 414)  
PLAVIX®

**PROGESTINS FOR CACHEXIA**

MEGESTROL ACETATE, SUSP  
(generic Megace®)

**PSORIASIS AGENTS: Topical**

DOVONEX® CREAM  
CALCIPOTRIENE SOLUTION  
(generic Dovonex® Scalp Sol)

**PULMONARY ARTERIAL  
HYPERTENSION AGENTS:  
Endothelin Receptor Antagonists**

LETAIRIS®  
TRACLEER®

**RESPIRATORY:  
Inhaled Anticholinergic Agents**

ATROVENT® HFA INHALER  
COMBIVENT® INHALER  
DUONEB® SOLUTION  
IPRATROPIUM NEBS  
(generic Atrovent® Nebs)  
SPIRIVA®

**RESPIRATORY:  
Inhaled Corticosteroid/Beta-  
Adrenergic Combinations**

ADVAIR DISKUS®  
ADVAIR HFA®  
SYMBICORT®

**RESPIRATORY:  
Inhaled Corticosteroids/Nebs**

ASMANEX®  
AZMACORT®  
FLOVENT DISKUS®  
FLOVENT HFA®  
PULMICORT RESPULES®  
(No PA required < 4 years)  
QVAR®

**RESPIRATORY: Intranasal  
Rhinitis Agents**

ASTEPRO®  
AZELASTINE (generic Astelin®)

FLUTICASONE (generic Flonase®)  
NASONEX®

**RESPIRATORY:  
Long Acting Beta Adrenergics**

FORADIL®  
SEREVENT DISKUS®

**RESPIRATORY: Short Acting  
Beta Adrenergics-Inhalers/Nebs**

ALBUTEROL NEB/SOLN  
(generic Proventil®, Ventolin®)  
PROVENTIL® HFA

**SKELTAL MUSCLE  
RELAXANTS**

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

**URINARY TRACT  
ANTISPASMODICS**

DETROL LA®  
ENABLEX®  
OXYBUTYNIN TABS and SYRUP  
(generic Ditropan®)  
SANCTURA XR®  
VESICARE®