



Nevada Medicaid Preferred Drug List

All changes are effective April 4, 2011.

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

DONEPEZIL (generic ARICEPT®) *(new)*
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®)

ANTIHYPERTENSIVES: Xanthine Oxidase Inhibitors for Gout

ALLOPURINOL

ANTI-MIGRAINE AGENTS: Triptans

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

ANTIPARKINSON'S AGENTS: Non-ergot Dopamine Agonists

MIRAPEX®
REQUIP XL®
ROPINIROLE (generic Requip®)



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ANTIPSYCHOTICS:**Oral, Atypical**

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

ANTIVIRAL AGENTS:**Influenza**

AMANTADINE
(generic Symmetrel®)
TAMIFLU®
RIMANTADINE
(generic Flumadine®)
RELENZA®

**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**

BENAZEPRIL (generic Lotensin®)
BENAZEPRIL 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
(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**

ACEBUTOLOL (generic Sectral®)
ATENOLOL (generic Tenormin®)
ATENOLOL/CHLORTHALIDONE
(generic Tenoretic®)
BETAXOLOL (generic Kerlone®)
BISOPROLOL (generic Zebeta®)
BISOPROLOL/HCTZ (generic
Ziac®)
BYSTOLIC® (Restricted to ICD-9
codes 490-496)
CARVEDILOL (generic Coreg®)
LABETALOL
(generic Normodyne®,
Trandate®)
METOPROLOL (generic
Lopressor®)
NADOLOL (generic Corgard®)
PINDOLOL (generic Visken®)
PROPRANOLOL (generic Inderal®)
PROPRANOLOL/HCTZ
(generic Inderide®)
SOTALOL
(generic Betapace®, Sorine®)
TIMOLOL (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®)
NIFEDIAC 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®
VALTURNA®



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**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®

**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® and generic
DIAZEPAM rectal soln
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 Dalmene®)
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® (PA required)
GLYSET®
JANUMET®
JANUVIA®
ONGLYZA®
PRANDIMET®
PRANDIN®
PRECOSE® and generic ACARBOSE
STARLIX® and generic
NATEGLINIDE
SYMLIN® (PA required)
VICTOZA® (PA required)

**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®



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FIBROMYALGIA AGENTS

No PA required for drugs in this class if ICD-9 code=729.1.

LYRICA
CYMBALTA
SAVELLA

**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®)

GROWTH HORMONE AGENTS

Prior authorization is required for all drugs in this Class.

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®)

**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**

ALTBAX®
MUPIROCI OINT

LEUKOTRIENE MODIFIERS

SINGULAIR®
ZAFIRLUKAST (generic Accolate®)

**MULTIPLE SCLEROSIS AGENTS:
Disease Modifying**

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

**MULTIPLE SCLEROSIS AGENTS:
Specific Symptomatic Treatment**

AMPYRA® (PA required)

NASAL CALCITONINS

MIACALCIN®

**OPHTHALMIC ANTIBIOTICS:
Macrolides**

ERYTHROMYCIN OINTMENT

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™ 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:
Inhaled Agents**

VENTAVIS®

**PULMONARY ARTERIAL
HYPERTENSION: Oral Agents**

REVATIO™
ADCIRCA™
LETAIRIS™
TRACLEER®

**RESPIRATORY:
Inhaled Anticholinergic Agents**

ATROVENT® HFA INHALER
COMBIVENT® INHALER
IPRATROPIUM/ALBUTEROL NEBS
(generic DUONEB®) (*new*)
IPRATROPIUM NEBS
(generic Atrovent® Nebs)
SPIRIVA®



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

ADVAIR DISKUS®
ADVAIR HFA®
SYMBICORT®

RESPIRATORY:**Inhaled Corticosteroids/Nebs**

ASMANEX®
AZMACORT®
BUDESONIDE NEBS *(new)*
(generic PULMICORT) 0.25 and
0.5 mg (No PA required < 4 years)
FLOVENT DISKUS®
FLOVENT HFA®
PULMICORT RESPULES® 1mg
(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

**SKELETAL 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®