



Date: 08/27/10 (Updated 09/02/10)

Pharmacy Announcement

Preferred Drug List (PDL) Changes Effective Sept. 17, 2010

On June 24, 2010, the Pharmacy and Therapeutics (P&T) Committee of the Nevada Department of Health and Human Services' Division of Health Care Financing and Policy met to review new and existing therapeutic drug classes on the Nevada Medicaid Preferred Drug List (PDL).

The actions taken by the committee are indicated below. All changes are effective Sept. 17, 2010.

The complete PDL is posted on the ["Preferred Drug List"](#) webpage.

Drug Class	Drugs Added	Drugs Removed	Drugs Reviewed But Not Added
Analgesics/Anesthetics: Topical (<i>New PDL Class</i>)	Voltaren® Gel	None	Lidoderm® Pennsaid® Qutenza® Flector®
Analgesics: Long Acting Narcotics	None	None	Embeda™ Exalgo™
Analgesics: Tramadol and Related Drugs (<i>New PDL Class</i>)	Tramadol (generic Ultram®) Tramadol/APAP (generic Ultracet®) Nucynta™	None	Rybix™ ODT Tramadol ER Ultram® ER Ryzolt™
Anaphylaxis: Self-Injectable Epiniphrine	None	None	Adrenaclick®
Antiparkinson's Agents: Non-Ergot Dopamine Agonists	None	None	Mirapex® ER™
Cardiovascular: Calcium Channel Blockers and Combinations	Exforge HCT®	None	Twynsta®

Drug Class	Drugs Added	Drugs Removed	Drugs Reviewed But Not Added
Central Nervous System: Sedative Hypnotics	None	None	Edluar®
Direct Renin Inhibitors	Valturna®	None	None
Growth Hormone Agents (All growth hormone products require PA)	None	Saizen® Norditropin®	None
Immunomodulators: Injectable	None	None	Cimzia® Simponi™
Intranasal Rhinitis Agents	None	Atrovent® Veramyst®	None
Multiple Sclerosis Agents	Ampyra®	None	Extavia®
Ophthalmic Antihistamines	None	None	Bepreve™
Otic Fluoroquinolones	None	None	Cetraxal®
Respiratory: Inhaled Corticosteroids/Nebs	Symbicort®	None	None
Urinary Tract Antispasmodic Agents	None	None	Gelnique™