



First Health Services Corporation

Nevada Medicaid and Nevada Check Up
Fiscal Agent
P.O. Box 30042
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<https://medicaid.nv.gov>

MEMORANDUM

TO: All Medicaid Prescribers and Pharmacies
FROM: First Health Services
DATE: November 12, 2004

RE: Update to the Nevada Medicaid Preferred Drug List (PDL) and Addition of
New/Revised Clinical Prior Authorization (PA) Edits

Preferred Drug List:

The Nevada Pharmacy and Therapeutics Committee of the Department of Human Resources' Division of Health Care Financing and Policy reviewed four additional drug classes for the Preferred Drug List on October 28, 2004. The classes reviewed and the corresponding preferred drugs selected by the committee are as follows:

<u>Drug Class</u>	<u>Preferred Drug</u>
Leukotriene Modifiers	Accolate®
Singulair®	
Anitemetics (Oral 5-HT3's)	Kytril®
Inhaled Aniticholinergic Agents	Atrovent® Inhaler Ipratropium Inhalant Soln
Erectile Dysfunction Agents	Viagra® Levitra®

Non-preferred agents in the above classes will require prior authorization effective December 15, 2004. A complete Preferred Drug List (PDL), including additions, is posted on the First Health Services' website at <https://medicaid.nv.gov> (select "Preferred Drug List" from the "Pharmacy" drop-down menu).

Clinical Prior Authorization (PA) Edits:

Effective December 1, 2004, several new or revised drug edits will also become effective. These edits involve clinical and/or quantity limitations. The drugs affected are as follows: Actiq®, Anti-Fungal Agents (Lamisil®, Sporanox®, and Penlac®), Gabapentin (Neurontin®), Sedative Hypnotics, Xopenex®, and Zelnorm®. Specific details regarding each of these edits can be found at the following website: <http://www.dhcfp.state.nv.us> (click on "Medicaid Manuals" and select "Chapter 1200, Appendix A").

If you have questions regarding the PDL or the edits described above, please contact the First Health Services Clinical Call Center at 1-800-505-9185.