



Date: 07/18/11 (Updated 10/3/11)

Pharmacy Announcement

Preferred Drug List (PDL) Changes Effective Nov. 2, 2011

On June 23, 2011, 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 Nov. 2, 2011. The complete PDL is posted on the "[Preferred Drug List](#)" webpage.

Drug Class	Drugs Added	Drugs Removed	Drugs Reviewed But Not Added
Analgesics: Long-Acting Narcotics	None	None	Butrans®
Androgenic Agents: Topical	None	None	Axiron® Fortesta®
Antipsychotics: Oral, Atypical	Abilify® (for age 6-17 years for irritability associated with autistic disorder)	None	Latuda®
Bone Ossification Agents: Bisphosphonates	None	None	Atelvia™
Central Nervous System: ADHD-Stimulants/Non-stimulants	Intuniv®	None	Kapvay™
Gastrointestinal Agents: Pancreatic Enzymes (New PDL Class)	Creon® Pancrelipase (generic ZenPep®5)	None	Pancreaze® Zenpep®
Gastrointestinal Agents: Proton Pump Inhibitors	Pantoprazole (generic Protonix®)	None	None

Drug Class	Drugs Added	Drugs Removed	Drugs Reviewed But Not Added
(PA is required for drugs in this class)			
Multiple Sclerosis Agents: Disease Modifying	None	None	Gilenya®
Respiratory: Short-Acting Beta-Adrenergic Agents- Inhalers/Nebs	Ventolin HFA® Xopenex® (PA required)	None	None
Skeletal Muscle Relaxants	None	Carisoprodol (Soma®) Carisoprodol Compound (Soma® Compound)	None