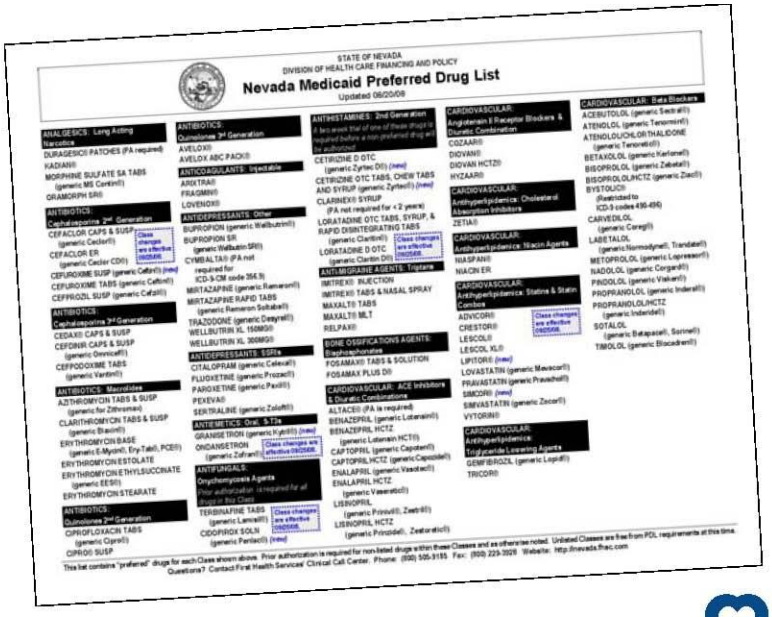
Date: 09/04/08

Web Announcement 211

Reminder for Prescribers and Pharmacies Regarding Preferred PPIs

Reminder: Nevada Medicaid's preferred Proton Pump Inhibitors (PPIs) are Nexium® capsules, Prevacid® capsules, Prilosec® OTC tablets and effective 09/25/08 Omeprazole OTC tablets. Review the Preferred Drug List (PDL) for all drugs currently preferred by Nevada Medicaid.



STATE OF NEVADA
DIVISION OF HEALTH CARE FINANCING AND POLICY

Nevada Medicaid Preferred Drug List

Updated 08/20/08

ANALGESICS: Long Acting Narcotics
DURAGESIC PATCHES (PA required)
KADIAN®
MORPHINE SULFATE SA TABS (generic MS Contin®)
ORAMORPH SR®

ANTIBIOTICS: Cephalosporins 2nd Generation
CEFACLOR CAPS & SUSP (generic Ceclor®)
CEFACLOR ER (generic Ceclor CD®)
CEFUROXIME SUSP (generic Ceftin®) (new)
CEFUROXIME TABS (generic Ceftin®)
CEFPROZIL SUSP (generic Cefzil®)

ANTIBIOTICS: Cephalosporins 3rd Generation
CEDAX® CAPS & SUSP
CEFDINIR CAPS & SUSP (generic Omnicef®)
CEFPODOXIME TABS (generic Vantin®)

ANTIBIOTICS: Macrolides
AZITHROMYCIN TABS & SUSP (generic for Zithromax)
CLARITHROMYCIN TABS & 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®

ANTICOAGULANTS: Injectable
ARIXTRA®
FRAGMIN®
LOVENOX®

ANTIDEPRESSANTS: Other
BUPROPION (generic Wellbutrin®)
BUPROPION SR (generic Wellbutrin SR®)
CYMBALTA® (PA not required for ICD-9-CM code 354.9)
MIRTAZAPINE (generic Remeron®)
MIRTAZAPINE RAPID TABS (generic Remeron Soltabs®)
TRAZODONE (generic Desyrel®)
WELLBUTRIN XL 150MG®
WELLBUTRIN XL 300MG®

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

ANTIEMETICS: Oral, 5-TDs
GRANISETRON (generic Kytril®) (new)
ONDANSETRON (generic Zofran®) Class changes are effective 09/25/08

ANTIFUNGALS: Onychomycosis Agents
Prior authorization is required for all Onychomycosis Agents
TERBINAFINE TABS (generic Lamisil®) Class changes are effective 09/25/08
CICLOPIROX SOLN (generic Penlac®) (new)

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®) (new)
CETIRIZINE OTC TABS, CHEW TABS AND SYRUP (generic Zyrtec®) (new)
CLARINEX® SYRUP (PA not required for < 2 years)
LORATADINE OTC TABS, SYRUP, & RAPID DISINTEGRATING TABS (generic Claritin®)
LORATADINE D OTC (generic Claritin D®) Class changes are effective 09/25/08

ANTI-MIGRAINE AGENTS: Triptans
IMITREX® INJECTION
IMITREX® TABS & NASAL SPRAY
MAXALT® TABS
MAXALT® MLT
RELPAX®

BONE OSSIFICATIONS AGENTS: Bisphosphonates
FOSAMAX® TABS & SOLUTION
FOSAMAX PLUS D®

CARDIOVASCULAR: ACE Inhibitors & Diuretic Combinations
ALTACE® (PA is required)
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®)

CARDIOVASCULAR: Angiotensin II Receptor Blockers & Diuretic Combination
COZAAR®
DIOVAN®
DIOVAN HCT®
HYZAAR®

CARDIOVASCULAR: Antihyperlipidemics: Cholesterol Absorption Inhibitors
ZETIA®

CARDIOVASCULAR: Antihyperlipidemics: Niacin Agents
NIASPAN®
NIACIN ER

CARDIOVASCULAR: Antihyperlipidemics: Statins & Statin Combos
ADVICOR® Class changes are effective 09/25/08
CRESTOR®
LESCOL®
LESCOL XL®
LIPITOR® (new)
LOVASTATIN (generic Mevacor®)
PRAVASTATIN (generic Pravachol®)
SIMCOR® (new)
SIMVASTATIN (generic Zocor®)
VYTORIN®

CARDIOVASCULAR: Antihyperlipidemics: Triglyceride Lowering Agents
GEMFIBROZIL (generic Lopid®)
TRICOR®

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 430-456)
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®)

This list contains "preferred" drugs for each Class shown above. Prior authorization is required for non-listed drugs within these Classes and as otherwise noted. Unlisted Classes are free from PDL requirements at this time.
Questions? Contact First Health Services' Clinical Call Center. Phone: (800) 505-9155 Fax: (800) 223-3929 Website: http://nevada.fhsc.com

First Health Services Corporation.
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