



To generate these lists, DHHS gathered 2021 information from FDB Health. These lists meet the requirements of NRS 439B.630.

List #1 ESSENTIAL DIABETES DRUG SUMMARY LIST

This represents a compilation of essential diabetic drugs that may be dispensed in Nevada. It is a simplified list that includes common brand names. This essential list does not include any drugs used to treat co-morbidities often present in individuals with diabetes.

List #2 ESSENTIAL DIABETES DRUG NDC LIST

This contains the same drugs as List #1 but is a detailed list of NDCs that includes varying drug packaging formulations.

List #3 ESSENTIAL DIABETES DRUG NDC LIST WITH SIGNIFICANT PRICE INCREASE

This includes the drugs in List #2 that experienced a significant price increase. For diabetes medications this is defined as an increase equal to or greater than the previous year Consumer Price Index, Medical Care Component or twice the increase during previous two years.

List #4 Over \$40 List (with Significant Price Increase)

This represents any other prescription, out-patient drug that experienced a significant price increase *and* cost more than \$40 WAC for a course of therapy (or a 30- day supply for chronic medications). For this list a significant price increase is defined equal to or greater than 10% in previous year or 20% in previous two years.

DHHS welcomes feedback regarding these reports. DHHS strives to ensure that consumers receive accurate information. Any identified errors, omissions or feedback can be submitted to the department via email at drugtransparency@dhhs.nv.gov.

DHHS invites you to view the Drug Transparency website at drugtransparency.nv.gov. If you are interested in receiving email notifications for Nevada Drug Transparency information and up-dates, please subscribe online at [Drug Transparency \(nv.gov\)](http://DrugTransparency(nv.gov)) to the DHHS Drug Transparency LISTSERV.

Drug	NDC	MFG
OXYMORPHONE HCL ER 40 MG TAB	64896-0701-13	AMNEAL PHARMACE
OXYMORPHONE HCL ER 5 MG TABLET	64896-0695-13	AMNEAL PHARMACE
OXYMORPHONE HCL ER 5 MG TABLET	64896-0695-01	AMNEAL PHARMACE
OXYMORPHONE HCL ER 7.5 MG TAB	64896-0696-01	AMNEAL PHARMACE
OXYMORPHONE HCL ER 7.5 MG TAB	64896-0696-13	AMNEAL PHARMACE
PENTOXIFYLLINE ER 400 MG TAB	60505-0033-07	APOTEX CORP
PENTOXIFYLLINE ER 400 MG TAB	60505-0033-06	APOTEX CORP
PERCOCET 10-325 MG TABLET	63481-0629-70	ENDO PHARM INC.
PERCOCET 2.5-325 MG TABLET	63481-0627-70	ENDO PHARM INC.
PERCOCET 5-325 MG TABLET	63481-0623-85	ENDO PHARM INC.
PERCOCET 5-325 MG TABLET	63481-0623-70	ENDO PHARM INC.
PERCOCET 7.5-325 MG TABLET	63481-0628-70	ENDO PHARM INC.
PHENYTOIN 50 MG TABLET CHEW	60687-0156-25	AHP
PRIMIDONE 250 MG TABLET	68084-0203-01	AHP
PRIMIDONE 50 MG TABLET	68084-0202-01	AHP
PROBENECID 500 MG TABLET	00527-1367-01	LANNETT CO. INC
PROBENECID 500 MG TABLET	00527-1367-10	LANNETT CO. INC
RYCLORA 2 MG/5 ML SOLUTION	15370-0150-04	CARWIN ASSOCIAT
RYVENT 6 MG TABLET	15370-0130-10	CARWIN ASSOCIAT
SILA III 0.1% KIT	59088-0733-00	PURETEK CORPORA
SULINDAC 150 MG TABLET	24658-0770-05	PURACAP LABORAT
SULINDAC 200 MG TABLET	24658-0771-05	PURACAP LABORAT
TACROLIMUS 0.5 MG CAPSULE (IMME	64380-0720-06	STRIDES PHARMA
TACROLIMUS 5 MG CAPSULE (IMMEDI	64380-0722-06	STRIDES PHARMA
THEO-24 ER 100 MG CAPSULE	52244-0100-10	AUXILIUM/ENDO P
THEO-24 ER 200 MG CAPSULE	52244-0200-10	AUXILIUM/ENDO P
THEO-24 ER 300 MG CAPSULE	52244-0300-10	AUXILIUM/ENDO P
THEO-24 ER 400 MG CAPSULE	52244-0400-10	AUXILIUM/ENDO P
TRAMADOL ER 100 MG TABLET	60429-0583-30	GSMS, INC.
TRAMADOL ER 200 MG TABLET	60429-0584-30	GSMS, INC.
TRAMADOL ER 300 MG TABLET	60429-0585-30	GSMS, INC.
TRANXENE T-TAB 7.5 MG	55292-0304-01	RECORDATI RARE
XTAMPZA ER 13.5 MG CAPSULE	24510-0115-10	COLLEGIUM PHARM
XTAMPZA ER 18 MG CAPSULE	24510-0120-10	COLLEGIUM PHARM
XTAMPZA ER 27 MG CAPSULE	24510-0130-10	COLLEGIUM PHARM
XTAMPZA ER 36 MG CAPSULE	24510-0140-10	COLLEGIUM PHARM
XTAMPZA ER 9 MG CAPSULE	24510-0110-10	COLLEGIUM PHARM
ZIPSOR 25 MG CAPSULE	13913-0008-12	ASSERTIO THERAP
ZOMIG 2.5 MG NASAL SPRAY	64896-0682-51	AMNEAL PHARMACE
ZOMIG 5 MG NASAL SPRAY	64896-0681-51	AMNEAL PHARMACE