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Preferred Products		PA Criteria	Non-Preferred Products
Analgesics			
Analgesic/Miscellaneous			
Neuropathic Pain/Fibromyalgia Agents			
	DULOXETINE * GABAPENTIN LYRICA® * SAVELLA® * (Fibromyalgia only)	* PA required <i>No PA required for drugs in this class if ICD-10 - M79.1; M60.0-M60.9, M61.1.</i>	CYMBALTA® * GRALISE® LIDODERM® * HORIZANT®
Tramadol and Related Drugs			
	TRAMADOL TRAMADOL/APAP		CONZIPR® NUCYNTA® RYZOLT® RYBIX® ODT TRAMADOL ER ULTRACET® ULTRAM® ULTRAM® ER
Opiate Agonists			
	MORPHINE SULFATE SA TABS (ALL GENERIC EXTENDED RELEASE) QL FENTANYL PATCH QL	PA required for Fentanyl Patch General PA Form: https://www.medicaid.nv.gov/Downloads/provider/FA-59.pdf	AVINZA® QL BUTRANS® DOLOPHINE® DURAGESIC® PATCHES QL EXALGO® KADIAN® QL METHADONE METHADOSE® MS CONTIN® QL NUCYNTA® ER OPANA ER® OXYCODONE SR QL OXYMORPHONE SR XARTEMIS XR® QL ZOHYDRO ER® QL
Opiate Agonists - Abuse Deterrent			
	EMBEDA®		HYSINGLA ER® OXYCONTIN® QL

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Antihistamines			
H1 blockers			
Non-Sedating H1 Blockers			
	CETIRIZINE D OTC CETIRIZINE OTC LORATADINE D OTC LORATADINE OTC	A two week trial of one of these drugs is required before a non- preferred drug will be authorized.	ALLEGRA® CLARITIN® CLARINEX® DESLORATADINE FEXOFENADINE SEMPREX® XYZAL®
Antiinfective Agents			
Aminoglycosides			
Inhaled Aminoglycosides			
	BETHKIS® KITABIS® PAK TOBI PODHALER® TOBRAMYCIN NEBULIZER		
Antivirals			
Alpha Interferons			
	PEGASYS® PEGASYS® CONVENIENT PACK PEG-INTRON® and REDIPEN		
Anti-hepatitis Agents			
Polymerase Inhibitors/Combination Products			
	HARVONI® SOVALDI® VIEKIRA PAK®	PA required: (see below) http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Resources/AdminSupport/Manuals/MSMCh1200Packet6-11-15(1).pdf https://www.medicaid.nv.gov/Downloads/provider/Pharmacy_Announcement_Viekira_2015-0721.pdf	
Protease Inhibitors			
	INCIVEK® VICTRELIS® OLYSIO®	PA required https://www.medicaid.nv.gov/Downloads/provider/FA-75.pdf	
Ribavirins			
	RIBAVIRIN		RIBASPHERE RIBAPAK® MODERIBA® REBETOL®

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Anti-Herpetic Agents			
	ACYCLOVIR FAMVIR® VALCYCLOVIR		
Influenza Agents			
	AMANTADINE TAMIFLU® RIMANTADINE RELENZA®		
Cephalosporins			
Second-Generation Cephalosporins			
	CEFACLOR CAPS and SUSP CEFACLOR ER CEFUROXIME TABS and SUSP CEFPROZIL SUSP		CEFTIN® CECLOR® CECLOR CD® CEFZIL
Third-Generation Cephalosporins			
	CEFDINIR CAPS and SUSP CEFPODOXIME TABS and SUSP		CEDAX® CAPS and SUSP CEFDITOREN OMNICEF® SPECTRACEF® SUPRAX® VANTIN®
Macrolides			
	AZITHROMYCIN TABS/SUSP CLARITHROMYCIN TABS/SUSP ERYTHROMYCIN BASE ERYTHROMYCIN ESTOLATE ERYTHROMYCIN ETHYLSUCCINATE ERYTHROMYCIN STEARATE		BIAXIN® DIFICID® ZITHROMAX® ZMAX®
Quinolones			
Quinolones - 2nd Generation			
	CIPROFLOXACIN TABS CIPRO® SUSP		FLOXIN® OFLOXACIN
Quinolones - 3rd Generation			
	AVELOX® AVELOX ABC PACK® LEVOFLOXACIN		LEVAQUIN®

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Autonomic Agents			
Sympathomimetics			
Self-Injectable Epinephrine			
	AUVI-Q® * EPINEPHRINE® EPIPEN® EPIPEN JR.®	* PA required	ADRENALIN® QL
Biologic Response Modifiers			
Immunomodulators			
Disease-Modifying Antirheumatic Agents			
	ENBREL® HUMIRA®	Prior authorization is required for all drugs in this class https://www.medicaid.nv.gov/Downloads/provider/FA-61.pdf	ACTEMRA® CIMZIA® KINERET® REMICADE® SIMPONI® ORENCIA®
Multiple Sclerosis Agents			
Injectable			
	AVONEX® AVONEX® ADMIN PACK BETASERON® COPAXONE® QL EXTAVIA® REBIF® QL TYSABRI®	<i>Trial of only one agent is required before moving to a non-preferred agent</i>	GLATOPA® LEMTRADA® PLEGRIDY®
Oral			
	AUBAGIO® TECFIDERA®		GILENYA®
Specific Symptomatic Treatment			
	AMPYRA® QL	PA required	

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Cardiovascular Agents			
Antihypertensive Agents			
Angiotensin II Receptor Antagonists			
	DIOVAN® DIOVAN HCTZ® LOSARTAN LOSARTAN HCTZ		ATACAND® AVAPRO® BENICAR® CANDESARTAN NEW COZAAR® NEW EDARBI® EDARBYCLOR® EPROSARTAN HYZAAR® NEW IRBESARTAN MICARDIS® TELMISARTAN TEVETEN® VALSARTAN NEW
Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors)			
	BENAZEPRIL BENAZEPRIL HCTZ CAPTOPRIL CAPTOPRIL HCTZ ENALAPRIL ENALAPRIL HCTZ EPANED® £ LISINOPRIL LISINOPRIL HCTZ RAMIPRIL	£ PREFERRED FOR AGES 10 AND UNDER ‡ NONPREFERRED FOR OVER 10 YEARS OLD	ACCURETIC® EPANED® ‡ FOSINOPRIL MAVIK® MOEXIPRIL QUINAPRIL QUINARETIC® TRANDOLAPRIL UNIVASC®

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	Beta-Blockers ACEBUTOLOL ATENOLOL ATENOLOL/CHLORTH BETAXOLOL BISOPROLOL BISOPROLOL/HCTZ BYSTOLIC®* CARVEDILOL LABETALOL METOPROLOL (Regular Release) NADOLOL PINDOLOL PROPRANOLOL PROPRANOLOL/HCTZ SOTALOL TIMOLOL	*Restricted to ICD-10 codes J40-J48	SOTYLIZE®
	Calcium-Channel Blockers AFEDITAB CR® AMLODIPINE CARTIA XT® DILTIA XT® DILTIAZEM ER DILTIAZEM HCL DYNACIRC CR® EXFORGE® EXFORGE HCT® FELODIPINE ER ISRADIPINE LOTREL® NICARDIPINE NIFEDIAC CC NIFEDICAL XL NIFEDIPINE ER NISOLDIPINE ER TAZTIA XT® VERAPAMIL VERAPAMIL ER		

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Direct Renin Inhibitors			
	TEKAMLO® TEKTURNA® TEKTURNA HCT® VALTURNA®		AMTURNIDE®
Vasodilators			
Inhaled			
	VENTAVIS® TYVASO®		
Oral			
	LETAIRIS® ORENITRAM® SILDENAFIL TRACLEER®		ADCIRCA® ADEMPAS® OPSUMIT® REVATIO®
Antilipemics			
Bile Acid Sequestrants			
	COLESTIPOL CHOLESTYRAMINE WELCHOL®		QUESTRAN®
Cholesterol Absorption Inhibitors			
	ZETIA®		
Fibric Acid Derivatives			
	FENOFIBRATE FENOFIBRIC GEMFIBROZIL LIPOFEN®		ANTARA® FENOGLIDE® FIBRICOR® LOFIBRA® TRICOR® TRIGLIDE® TRILIPIX®
HMG-CoA Reductase Inhibitors (Statins)			
	ATORVASTATIN CRESTOR® QL FLUVASTATIN LOVASTATIN PRAVASTATIN SIMVASTATIN		ADVICOR® ALTOPREV® AMLODIPINE/ATORVASTATIN CADUET® LESCOL® LESCOL XL® LIPITOR® LIPTRUZET® LIVALO® MEVACOR® PRAVACHOL® SIMCOR® VYTORIN® ZOCOR®

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Niacin Agents			
	NIASPAN® (Brand only) NIACIN ER (ALL GENERICS)		NIACOR®
Omega-3 Fatty Acids			
	LOVAZA® VASCEPA®		OMEGA-3-ACID OMTRYG®
Dermatological Agents			
Antipsoriatic Agents			
Topical Vitamin D Analogs			
	CALCIPOTRIENE		CALCITENE® DOVONEX® CREAM SORILUX® TACLONEX® VECTICAL®
Topical Analgesics			
	LIDOCAINE LIDOCAINE HC LIDOCAINE VISCOUS VOLTAREN® GEL		EMLA® FLECTOR® LIDODERM® QL LIDAMANTLE® PENNSAID®
Topical Antiinfectives			
Acne Agents: Topical, Benzoyl Peroxide, Antibiotics and Combination Products			
	AZELEX® 20% cream BENZACLIN® BENZOYL PEROXIDE (2.5, 5 and 10% only) CLINDAMYCIN ERYTHROMYCIN/BENZOYL PEROXIDE SODIUM SULFACETAMIDE	PA required if over 21 years old	ACANYA DUAC CS® ERYTHROMYCIN CLINDAMYCIN/BENZOYL PEROXIDE GEL SODIUM SULFACETAMIDE/SULFUR
Impetigo Agents: Topical			
	MUPIROCIN OINT		ALTABAX® CENTANY® MUPIROCIN CREAM
Topical Antifungals (onychomycosis)			
	CICLOPIROX SOLN TERBINAFFINE TABS	PA required	JUBLIA® KERYDIN® PENLAC® ITRACONAZOLE

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Topical Antivirals			
	ABREVA® DENA VIR® ZOVIRAX®, OINTMENT		
Topical Scabicides			
	NATROBA® * NIX® PERMETHRIN RID® SKLICE®	* PA required	EURAX® LINDANE MALATHION OVIDE® ULESFIA®
Topical Antiinflammatory Agents			
Immunomodulators: Topical			
	ELIDEL® QL PROTOPIC® QL	Prior authorization is required for all drugs in this class	TACROLIMUS NEW
Topical Antineoplastics			
Topical Retinoids			
	RETIN-A MICRO® (Pump and Tube) TAZORAC® ZIANA®	Payable only for recipients up to age 21.	ADAPALENE GEL AND CREAM ATRALIN® AVITA® DIFFERIN® EPIDUO® TRETINOIN TRETIN-X® VELTIN®
Electrolytic and Renal Agents			
Phosphate Binding Agents			
	CALCIUM ACETATE ELIPHOS® FOSRENOL® RENAGEL® REVELA®		AURYXIA® PHOSLO® PHOSLYRA® SEVELAMER CARBONATE VELPHORO®
Gastrointestinal Agents			
Antiemetics			
Miscellaneous			
	Diclegis® Emend®		

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Serotonin-receptor antagonists/Combo			
	GRANISETRON QL ONDANSETRON QL	PA required for all medication in this class	AKYNZEO® ANZEMET® QL KYTRIL® QL SANCUSO® ZOFRAN® QL ZUPLENZ® QL
Antiulcer Agents			
H2 blockers			
	FAMOTIDINE RANITIDINE RANITIDINE SYRUP*	*PA not required for < 12 years	
Proton Pump Inhibitors (PPIs)			
	NEXIUM® CAPSULES NEXIUM® POWDER FOR SUSP* PANTOPRAZOLE	PA required if exceeding 1 per day *for children ≤ 12 yrs.	ACIPHEX® DEXILANT® LANSOPRAZOLE OMEPRAZOLE OTC TABS PREVACID® PRILOSEC® PRILOSEC® OTC TABS PROTONIX®
Gastrointestinal Anti-inflammatory Agents			
	ASACOL® SUPP BALSALAZIDE® CANASA® DELZICOL® MESALAMINE ENEMA SUSP PENTASA® SULFASALAZINE DR SULFASALAZINE IR		APRISO® ASACOL HD® COLAZAL® GIAZO® LIALDA®
Gastrointestinal Enzymes			
	CREON® ZENPEP®		PANCREAZE® PANCRELIPASE PERTZYE® ULTRESA® VIOKACE®
Genitourinary Agents			
Benign Prostatic Hyperplasia (BPH) Agents			
5-Alpha Reductase Inhibitors			
	AVODART® FINASTERIDE		JALYN® PROSCAR®

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Alpha-Blockers			
	DOXAZOSIN TAMSULOSIN TERAZOSIN		ALFUZOSIN CARDURA® FLOMAX® MINIPRESS® PRAZOSIN RAPAFLO® UROXATRAL®
Bladder Antispasmodics			
	BETHANECHOL NEW OXYBUTYNIN TABS/SYRUP/ER TOVIAZ® VESICARE®		DETROL® DETROL LA® DITROPAN XL® ENABLEX® FLAVOXATE GELNIQUE® MYRBETRIQ® NEW OXYTROL® SANCTURA® TOLTERODINE TROSPIUM
Hematological Agents			
Anticoagulants			
Oral			
	COUMADIN® ELIQUIS® * JANTOVEN® PRADAXA® * QL WARFARIN XARELTO® *	* No PA required if approved Dx code transmitted on claim	SAVAYSA®
Injectable			
	ARIXTRA® ENOXAPARIN FRAGMIN®		FONDAPARINUX INNOHEP® LOVENOX®
Erythropoiesis-Stimulating Agents			
	ARANESP® QL PROCRIT® QL	PA required Quantity Limit	EPOGEN® QL OMONTYS® QL
Platelet Inhibitors			
	AGGRENOX® ANAGRELIDE ASPIRIN BRILINTA® * QL CILOSTAZOL® CLOPIDOGREL DIPYRIDAMOLE	* PA required	ASPIRIN/DIPYRIDAMOLE NEW DURLAZA® NEW EFFIENT® * QL PLAVIX® ZONTIVITY®

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Hormones and Hormone Modifiers			
Androgens			
	ANDROGEL® ANDRODERM®	PA required PA Form: https://www.medicaid.nv.gov/Downloads/provider/FA-72.pdf	AXIRON® FORTESTA® NATESTO® STRIANT® TESTIM® TESTOSTERONE GEL VOGELXO®
Antidiabetic Agents			
Alpha-Glucosidase Inhibitors/Amylin analogs/Misc.			
	ACARBOSE (Precose®) GLYSET® PRECOSE® SYMLIN® (PA required)		CYCLOSET®
Biguanides			
	FORTAMET® GLUCOPHAGE® GLUCOPHAGE XR® METFORMIN EXT-REL (Glucophage XR®) GLUMETZA® METFORMIN (Glucophage®) RIOMET®		
Dipeptidyl Peptidase-4 Inhibitors			
	JANUMET® JANUMET XR® JANUVIA® JENTADUETO® JUVISYNC® KOMBIGLYZE XR® ONGLYZA® TRADJENTA®		KAZANO® NESINA® OSENI®
Incretin Mimetics			
	BYDUREON® * BYETTA® * VICTOZA® *	* PA required	TANZEUM® TRULICITY®

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Insulins (Vials, Pens and Inhaled)			
	APIDRA® HUMALOG® HUMULIN® LANTUS® LEVEMIR® NOVOLIN® NOVOLOG®		AFREZZA® HUMALOG® U-200 TOUJEO SOLO® 300 IU/ML
Meglitinides			
	NATEGLINIDE (Starlix®) PRANDIMET® PRANDIN® STARLIX®		
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			
	FARXIGA® INVOKAMET® INVOKANA® XIGDUO XR®		GLYXAMBI® JARDIANCE® SYNJARDY®
Sulfonylureas			
	AMARYL® CHLORPROPAMIDE DIABETA® GLIMEPIRIDE (Amaryl®) GLIPIZIDE (Glucotrol®) GLUCOTROL® GLUCOVANCE® GLIPIZIDE EXT-REL (Glucotrol XL®) GLIPIZIDE/METFORMIN (Metaglip®) GLYBURIDE MICRONIZED (Glynase®) GLYBURIDE/METFORMIN (Glucovance®) GLUCOTROL XL® GLYBURIDE (Diabeta®) GLYNASE® METAGLIP® TOLAZAMIDE TOLBUTAMIDE		

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Thiazolidinediones			
	ACTOPLUS MET XR® ACTOS® ACTOPLUS MET® AVANDAMET® AVANDARYL® AVANDIA® DUETACT®		
Pituitary Hormones			
Growth hormone modifiers			
	GENOTROPIN® NORDITROPIN®	PA required for entire class https://www.medicaid.nv.gov/Downloads/provider/FA-67.pdf	HUMATROPE® NUTROPIN AQ® OMNITROPE® NUTROPIN® SAIZEN® SEROSTIM® SOMAVERT® TEV-TROPIN® ZORBTIVE®
Progestins for Cachexia			
	MEGESTROL ACETATE, SUSP		MEGACE ES®
Musculoskeletal Agents			
Antigout Agents			
	ALLOPURINOL		
Bone Resorption Inhibitors			
Bisphosphonates			
	ALENDRONATE TABS FOSAMAX PLUS D®		ACTONEL® ALENDRONATE SOLUTION ATELVIA® BINOSTO® BONIVA® DIDRONEL® ETIDRONATE IBANDRONATE SKELID®
Nasal Calcitonins			
	MIACALCIN®		FORTICAL® NEW CALCITONIN-SALMON NEW
Restless Leg Syndrome Agents			
	PRAMIPEXOLE REQUIP XL ROPINIROLE		HORIZANT® MIRAPEX® MIRAPEX® ER REQUIP

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Skeletal Muscle Relaxants			
	BACLOFEN CHLORZOXAZONE CYCLOBENZAPRINE DANTROLENE METHOCARBAMOL METHOCARBAMOL/ASPIRIN ORPHENADRINE CITRATE ORPHENADRINE COMPOUND TIZANIDINE		
Neurological Agents			
Alzheimers Agents			
	DONEPEZIL DONEPEZIL ODT EXELON® PATCH EXELON® SOLN MEMANTINE NEW NAMENDA® XR TABS RIVASTIGMINE CAPS		ARICEPT® 23mg ARICEPT® GALANTAMINE GALANTAMINE ER NAMENDA® TABS NEW NAMZARIC® NEW RAZADYNE® RAZADYNE® ER
Anticonvulsants			
	BANZEL® CARBAMAZEPINE CARBAMAZEPINE XR CARBATROL ER® CELONTIN® DEPAKENE® DEPAKOTE ER® DEPAKOTE® DIVALPROEX SODIUM DIVALPROEX SODIUM ER EPITOL® ETHOSUXIMIDE FELBATOL® GABAPENTIN GABITRIL® KEPPRA® KEPPRA XR® LAMACTAL ODT® LAMACTAL XR® LAMICTAL® LAMOTRIGINE LEVETIRACETAM LYRICA®	PA required for members under 18 years old	APTIOM® FYCOMPA® OXTELLAR XR® POTIGA® QUDEXY XR® TROKENDI XR®

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	NEURONTIN® OXCARBAZEPINE SABRIL® STAVZOR® DR TEGRETOL® TEGRETOL XR® TOPAMAX® TOPIRAGEN® TOPIRAMATE (IR AND ER) TRILEPTAL® VALPROATE ACID VIMPAT® ZARONTIN® ZONEGRAN® ZONISAMIDE		
Barbiturates			
	LUMINAL® MEBARAL® MEPHOBARBITAL SOLFOTON® PHENOBARBITAL MYSOLINE® PRIMIDONE	PA required for members under 18 years old	
Benzodiazepines			
	CLONAZEPAM CLORAZEPATE DIASTAT® DIAZEPAM DIAZEPAM rectal soln KLONOPIN® TRANXENE T-TAB® VALIUM®	PA required for members under 18 years old	ONFI®
Hydantoins			
	CEREBYX® DILANTIN® ETHOTOIN FOSPHENYTOIN PEGANONE® PHENYTEK® PHENYTOIN PRODUCTS	PA required for members under 18 years old	

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Anti-Migraine Agents			
Serotonin-Receptor Agonists			
	RELPAX® RIZATRIPTAN ODT SUMATRIPTAN NASAL SPRAY SUMATRIPTAN INJECTION SUMATRIPTAN TABLET	PA required for exceeding Quantity Limit	AMERGE® AXERT® FROVA® IMITREX® MAXALT® TABS MAXALT® MLT NARATRIPTAN SUMAVEL® TREXIMET® ZECUITY® TRANSDERMAL ZOMIG® ZOMIG® ZMT
Antiparkinsonian Agents			
Non-ergot Dopamine Agonists			
	PRAMIPEXOLE ROPINIROLE ROPINIROLE ER		MIRAPEX® MIRAPEX® ER NEUPRO® REQUIP® REQUIP XL®
Ophthalmic Agents			
Antiglaucoma Agents			
Carbonic Anhydrase Inhibitors/Beta-Blockers			
	ALPHAGAN P® AZOPT® BETAXOLOL BETOPTIC S® BRIMONIDINE CARTEOLOL COMBIGAN® DORZOLAM DORZOLAM / TIMOLOL LEVOBUNOLOL METIPRANOLOL SIMBRINZA® TIMOLOL DROPS/ GEL SOLN		ALPHAGAN® BETAGAN® BETOPTIC® COSOPT® COSOPT PF® OCUPRESS® OPTIPRANOLOL® TIMOPTIC® TIMOPTIC XE® TRUSOPT®
Ophthalmic Prostaglandins			
	LATANOPROST TRAVATAN® TRAVATAN Z® ZIOPTAN®		LUMIGAN® XALATAN®

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Ophthalmic Antihistamines			
	ALAWAY® BEPREVE® KETOTIFEN NEW PAZEO® NEW ZADITOR OTC®		AZELASTINE NEW ALOMIDE NEW ALOCRIL NEW ELESTAT® EMADINE® EPINASTINE NEW LASTACRAFT® OPTIVAR® PATADAY® NEW PATANOL®
Ophthalmic Antiinfectives			
Ophthalmic Macrolides			
	ERYTHROMYCIN OINTMENT		
Ophthalmic Quinolones			
	BESIVANCE® CIPROFLOXACIN MOXEZA® OFLOXACIN® VIGAMOX®		CILOXAN® ZYMAXID®
Ophthalmic Anti-Inflammatory Agents			
Ophthalmic Corticosteroids			
	ALREX® DEXAMETHASONE DUREZOL® FLUOROMETHOLONE LOTEMAX® PREDNISOLONE		FLAREX® FML® FML FORTE® MAXIDEX® OMNIPRED® PRED FORTE® PRED MILD® VEXOL®
Ophthalmic Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)			
	DICLOFENAC FLURBIPROFEN ILEVRO® NEW KETOROLAC NEW NEVANAC®		ACULAR® NEW ACULAR LS® NEW ACUVAIL® BROMDAY® BROMFENAC® PROLENSA®
Otic Agents			
Otic Antiinfectives			
Otic Quinolones			
	CIPRODEX® OFLOXACIN		

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Psychotropic Agents			
ADHD Agents			
	ADDERALL XR® AMPHETAMINE SALT COMBO IR DEXMETHYLPHENIDATE DEXTROAMPHETAMINE SA TAB DEXTROAMPHETAMINE TAB DEXTROSTAT® FOCALIN XR® INTUNIV® METADATE CD® METHYLIN® METHYLIN ER® METHYLPHENIDATE METHYLPHENIDATE ER (All forms generic extended release) METHYLPHENIDATE SOL PROCENTRA® QUILLIVANT® XR SUSP RITALIN LA® STRATTERA® VYVANSE®	PA required for entire class Children's Form: https://www.medicaid.nv.gov/Downloads/provider/FA-69.pdf Adult Form: https://www.medicaid.nv.gov/Downloads/provider/FA-68.pdf	ADDERALL® AMPHETAMINE SALT COMBO XR CONCERTA® DAYTRANA® DESOXYN® DEXEDRINE® DEXTROAMPHETAMINE SOLUTION FOCALIN® KAPVAY® METADATE ER® RITALIN®
Antidepressants			
Other			
	BUPROPION BUPROPION SR BUPROPION XL DULOXETINE NEW MIRTAZAPINE MIRTAZAPINE RAPID TABS PRISTIQ® TRAZODONE VENLAFAXINE (ALL FORMS)	PA required for members under 18 years old	APLENZIN® BRINTELLIX® CYMBALTA® (PA not required for certain ICD-10) NEW DESVENLAFAXINE FUMARATE EFFEXOR® (ALL FORMS) FETZIMA® FORFIVO XL® KHEDEZLA® VIIBRYD® WELLBUTRIN®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective March 1, 2016

	Preferred Products	PA Criteria	Non-Preferred Products
Selective Serotonin Reuptake Inhibitors (SSRIs)			
	CITALOPRAM ESCITALOPRAM FLUOXETINE PAROXETINE PEXEVA® SERTRALINE	PA required for members under 18 years old	CELEXA® FLUVOXAMINE QL LEXAPRO® LUVOX® PAXIL® PROZAC® SARAFEM® ZOLOFT®
Antipsychotics			
Atypical Antipsychotics			
	ABILIFY® CLOZAPINE FANAPT® LATUDA® OLANZAPINE QUETIAPINE RISPERIDONE SAPHRIS® SEROQUEL XR® ZIPRASIDONE	PA required for Ages under 18 years old PA Form: https://www.medicaid.nv.gov/Downloads/provider/FA-70.pdf	ARIPIRAZOLE NEW CLOZARIL® FAZACLO® GEODON® INVEGA® PALIPERIDONE NEW REXULTI® NEW RISPERDAL® SEROQUEL® ZYPREXA®
Anxiolytics, Sedatives, and Hypnotics			
	ESTAZOLAM FLURAZEPAM ROZEREM® * TEMAZEPAM TRIAZOLAM ZOLPIDEM	*(PA not required for ICD-10 code G47.0 and F51.0) PA required for members under 18 years old	AMBIEN® AMBIEN CR® BELSOMRA® DORAL® ESZOPICLONE EDLUAR® HETLIOZ® INTERMEZZO® LUNESTA® SILENOR® SOMNOTE® SONATA® ZALEPLON ZOLPIDEM CR ZOLPIMIST®
Psychostimulants			
Narcolepsy Agents			
	Provigil® *	*(No PA required for ICD-10 code G47.4)	MODAFINIL NUVIGIL® XYREM®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective March 1, 2016

	Preferred Products	PA Criteria	Non-Preferred Products
Respiratory Agents			
Nasal Antihistamines			
	ASTEPRO® DYMISTA® PATANASE®		AZELASTINE OLOPATADINE NEW
Respiratory Antiinflammatory Agents			
Leukotriene Receptor Antagonists			
	MONTELUKAST ZAFIRLUKAST		ACCOLATE® SINGULAIR®
Respiratory Corticosteroids			
	AEROSPAN HFA® ASMANEX® BUDESONIDE NEBS* FLOVENT DISKUS® QL FLOVENT HFA® QL PULMICORT FLEXHALER® QVAR®	*No PA required if < 4 years old	ALVESCO® ARNUITY ELLIPTA® PULMICORT RESPULES®*
Nasal Corticosteroids			
	FLUTICASONE NASONEX®		BECONASE AQ® FLONASE® FLUNISOLIDE NASACORT AQ® OMNARIS® QNASL® RHINOCORT AQUA® TRIAMCINOLONE ACETONIDE VERAMYST® ZETONNA®
Phosphodiesterase Type 4 Inhibitors			
	DALIRESP® QL	PA required	
Respiratory Antimuscarinics			
	COMBIVENT RESPIMAT® IPRATROPIUM/ALBUTEROL NEBS QL IPRATROPIUM NEBS SPIRIVA®	Only one agent per 30 days is allowed	INCRUSE ELLIPTA® SPIRIVA RESPIMAT® TUDORZA®
Respiratory Beta-Agonists			
Long-Acting Respiratory Beta-Agonist			
	ARCAPTA NEOHALER® FORADIL® SEREVENT DISKUS® QL		BROVANA® PERFORMIST NEBULIZER® STRIVERDI RESPIMAT®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective March 1, 2016

	Preferred Products	PA Criteria	Non-Preferred Products
Short-Acting Respiratory Beta-Agonist			
	ALBUTEROL NEB/SOLN PROVENTIL® HFA PROAIR® HFA XOPENEX® HFA* QL XOPENEX® Solution* QL	* PA required	LEVALBUTEROL MAXAIR AUTOHALER® PROAIR RESPICLICK® NEW VENTOLIN HFA®
Respiratory Corticosteroid/Long-Acting Beta-Agonist Combinations			
	ADVAIR DISKUS® ADVAIR HFA® DULERA® SYMBICORT®		BREO ELLIPTA®
Respiratory Long-Acting Antimuscarinic/Long-Acting Beta-Agonist Combinations			
	ANORO ELLIPTA® STIOLTO RESPIMAT®		
Toxicology Agents			
Antidotes			
Opiate Antagonists			
	EVZIO® NALOXONE NARCAN® NASAL SPRAY		
Substance Abuse Agents			
Mixed Opiate Agonists/Antagonists			
	BUNAVAIL® SUBOXONE® ZUBSOLV®	PA required for class	BUPRENORPHINE/NALOXONE