

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

Analgesics.....	3
Analgesic/Miscellaneous	3
Opiate Agonists	3
Opiate Agonists - Abuse Deterrent.....	3
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral.....	3
Antihistamines	4
H1 blockers	4
Anti-infective Agents.....	4
Aminoglycosides	4
Antivirals.....	4
Cephalosporins	5
Macrolides	6
Quinolones	6
Autonomic Agents	6
Sympathomimetics.....	6
Biologic Response Modifiers.....	6
Immunomodulators.....	6
Multiple Sclerosis Agents	6
Cardiovascular Agents.....	7
Antihypertensive Agents	7
Antilipemics	9
Dermatological Agents.....	10
Antipsoriatic Agents	10
Topical Analgesics.....	10
Topical Anti-infectives	10
Topical Antiinflammatory Agents	11
Topical Antineoplastics.....	11
Electrolytic and Renal Agents	11
Phosphate Binding Agents.....	11
Gastrointestinal Agents	11
Antiemetics.....	11
Antiulcer Agents	12
Gastrointestinal Anti-inflammatory Agents	12
Gastrointestinal Enzymes	12
Genitourinary Agents.....	12
Benign Prostatic Hyperplasia (BPH) Agents.....	12
Bladder Antispasmodics	13
Hematological Agents.....	13
Anticoagulants.....	13
Erythropoiesis-Stimulating Agents	13
Platelet Inhibitors	13
Hormones and Hormone Modifiers.....	14
Androgens	14

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

Antidiabetic Agents	14
Pituitary Hormones	16
Progestins for Cachexia	16
Musculoskeletal Agents	16
Antigout Agents.....	16
Bone Resorption Inhibitors.....	16
Restless Leg Syndrome Agents	16
Skeletal Muscle Relaxants	17
Neurological Agents.....	17
Alzheimers Agents	17
Anticonvulsants	17
Anti-Migraine Agents.....	19
Antiparkinsonian Agents	19
Ophthalmic Agents	19
Antiglaucoma Agents.....	19
Ophthalmic Antihistamines	20
Ophthalmic Antiinfectives	20
Ophthalmic Anti-infective/Anti-inflammatory Combinations	20
Ophthalmic Antiinflammatory Agents.....	20
Otic Agents.....	21
Otic Antiinfectives	21
Psychotropic Agents.....	21
ADHD Agents	21
Antidepressants.....	22
Antipsychotics	22
Anxiolytics, Sedatives, and Hypnotics.....	22
Psychostimulants.....	23
Respiratory Agents.....	23
Nasal Antihistamines	23
Respiratory Anti-inflammatory Agents.....	23
Respiratory Antimuscarinics	24
Respiratory Beta-Agonists	24
Respiratory Corticosteriod/Long-Acting Beta-Agonist Combinations	24
Respiratory Long-Acting Antimuscarinic/Long-Acting Beta-Agonist Combinations	24
Toxicology Agents	24
Antidotes	24
Substance Abuse Agents	24

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

	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
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral (NEW CLASS)			
	DICLOFENAC POTASSIUM NEW		CAMBIA® POWDER NEW
	DICLOFENAC SODIUM TAB DR NEW		CELECOXIB CAP NEW
	FLURBIPROFEN TAB NEW		DICLOFENAC SODIUM TAB ER NEW
	IBUPROFEN SUSP NEW		DICLOFENAC WITH MISOPROSTOL TAB NEW

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

Preferred Products	PA Criteria	Non-Preferred Products
IBUPROFEN TAB NEW		DUEXIS® TAB NEW
INDOMETHACIN CAP NEW		ETODOLAC CAP NEW
KETOROLAC TAB NEW		ETODOLAC TAB NEW
MELOXICAM TAB NEW		ETODOLAC ER TAB NEW
NABUMETONE TAB NEW		INDOMETHACIN CAP ER NEW
NAPROXEN SUSP NEW		KETOPROFEN CAP NEW
NAPROXEN TAB NEW		MEFENAMIC ACID CAP NEW
NAPROXEN DR TAB NEW		MELOXICAM SUSP NEW
PIROXICAM CAP NEW		NAPRELAN® TAB CR NEW
SULINDAC TAB NEW		NAPROXEN TAB CR NEW
		OXAPROZIN TAB NEW
		TIVORBEX® CAP NEW
		VIMOVO® TAB NEW
		ZIPSOR® CAP NEW
		ZORVOLEX® CAP NEW

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®

Anti-infective Agents

Aminoglycosides

Inhaled Aminoglycosides

BETHKIS®
KITABIS® PAK
TOBI PODHALER®
TOBRAMYCIN NEBULIZER

Antivirals

Alpha Interferons

PEGASYS®
PEGASYS® CONVENIENT PACK
PEG-INTRON® and REDIPEN

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

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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®
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®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

	Preferred Products	PA Criteria	Non-Preferred Products
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®
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®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

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Specific Symptomatic Treatment			
	AMPYRA® QL	PA required	
Cardiovascular Agents			
Antihypertensive Agents			
Angiotensin II Receptor Antagonists			
	DIOVAN® DIOVAN HCTZ® LOSARTAN LOSARTAN HCTZ		ATACAND® AVAPRO® BENICAR® CANDESARTAN COZAAR® EDARBI® EDARBYCLOR® EPROSARTAN HYZAAR® IRBESARTAN MICARDIS® TELMISARTAN TEVETEN® VALSARTAN
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®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

Preferred Products	PA Criteria	Non-Preferred Products
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		

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

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Direct Renin Inhibitors		
TEKAMLO® TEKURNA® TEKURNA 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®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

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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 Anti-infectives		
Acne Agents: Topical, Benzoyl Peroxide, Antibiotics and Combination Products		
ACANYA® NEW AZELEX® 20% cream BENZACLIN® BENZOYL PEROXIDE (2.5, 5 and 10% only) CLINDAMYCIN ONEXTON GEL® NEW	PA required if over 21 years old	ACZONE GEL® NEW BENZOYL PEROXIDE AEROSOL NEW CLINDAMYCIN AEROSOL NEW CLINDAMYCIN/BENZOYL PEROXIDE GEL DUAC CS® ERYTHROMYCIN ERYTHROMYCIN/BENZOYL PEROXIDE SODIUM NEW SODIUM SULFACETAMIDE / SULFUR SULFACETAMIDE NEW
Impetigo Agents: Topical		
MUPIROCIN OINT		ALTABAX® CENTANY® MUPIROCIN CREAM

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

	Preferred Products	PA Criteria	Non-Preferred Products
Topical Antifungals (onychomycosis)			
	CICLOPIROX SOLN TERBINAFINE TABS	PA required	JUBLIA® KERYDIN® PENLAC® ITRACONAZOLE
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
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® RENVELA®		AURYXIA® PHOSLO® PHOSLYRA® SEVELAMER CARBONATE VELPHORO®
Gastrointestinal Agents			
Antiemetics			
Miscellaneous			
	Diclegis® Emend®		

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

Preferred Products	PA Criteria	Non-Preferred Products
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®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

	Preferred Products	PA Criteria	Non-Preferred Products
Alpha-Blockers			
	DOXAZOSIN TAMSULOSIN TERAZOSIN		ALFUZOSIN CARDURA® FLOMAX® MINIPRESS® PRAZOSIN RAPAFLO® UROXATRAL®
Bladder Antispasmodics			
	BETHANECHOL OXYBUTYNIN TABS/SYRUP/ER TOVIAZ® VESICARE®		DETROL® DETROL LA® DITROPAN XL® ENABLEX® FLAVOXATE GELNIQUE® MYRBETRIQ® 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 PROCRT® QL	PA required Quantity Limit	EPOGEN® QL OMONTYS® QL
Platelet Inhibitors			
	AGGRENOX® ANAGRELIDE ASPIRIN BRILINTA® * QL CILOSTAZOL® CLOPIDOGREL DIPYRIDAMOLE	* PA required	ASPIRIN/DIPYRIDAMOLE DURLAZA® EFFIENT® * QL PLAVIX® ZONTIVITY®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

Preferred Products	PA Criteria	Non-Preferred Products
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® OSENİ®
Incretin Mimetics		
BYDUREON® * BYETTA® * VICTOZA® *	* PA required	TANZEUM® TRULICITY®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

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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 (Glucoavance®) GLUCOTROL XL® GLYBURIDE (Diabeta®) GLYNASE® METAGLIP® TOLAZAMIDE TOLBUTAMIDE		

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

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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® CALCITONIN-SALMON
Restless Leg Syndrome Agents			
	PRAMIPEXOLE REQUIP XL ROPINIROLE		HORIZANT® MIRAPEX® MIRAPEX® ER REQUIP

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

	Preferred Products	PA Criteria	Non-Preferred Products
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 NAMENDA® XR TABS RIVASTIGMINE CAPS		ARICEPT® 23mg ARICEPT® GALANTAMINE GALANTAMINE ER NAMENDA® TABS NAMZARIC® 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®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

	Preferred Products	PA Criteria	Non-Preferred Products
	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	

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

	Preferred Products	PA Criteria	Non-Preferred Products
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®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

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Ophthalmic Antihistamines			
	ALAWAY® BEPREVE® KETOTIFEN PAZEO® ZADITOR OTC®		AZELASTINE ALOMIDE ALOCRIL ELESTAT® EMADINE® EPINASTINE LASTACRAFT® OPTIVAR® PATADAY® PATANOL®
Ophthalmic Anti-infectives			
Ophthalmic Macrolides			
	ERYTHROMYCIN OINTMENT		
Ophthalmic Quinolones			
	BESIVANCE® CIPROFLOXACIN MOXEZA® OFLOXACIN® VIGAMOX®		CILOXAN® ZYMAXID®
Ophthalmic Anti-infective/Anti-inflammatory Combinations (NEW CLASS)			
	NEO/POLY/DEX NEW PRED-G® NEW SULF/PRED NA PHOS SOLN NEW TOBRADEX® OINT NEW TOBRA/DEXAMETH SUSP NEW ZYLET® SUSP NEW		BLEPHAMIDE® NEW MAXITROL® NEW NEO/POLY/BAC/HC OINT NEW NEO/POLY/HC SUSP NEW TOBRADEX® SUSP NEW TOBRADEX® ST SUSP NEW
Ophthalmic Anti-inflammatory Agents			
Ophthalmic Corticosteroids			
	ALREX® DEXAMETHASONE DUREZOL® FLUOROMETHOLONE LOTEMAX® PREDNISOLONE		FLAREX® FML® FML FORTE® MAXIDEX® OMNIPRED® PRED FORTE® PRED MILD® VEXOL®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective July 1, 2016

Preferred Products	PA Criteria	Non-Preferred Products
Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)		
DICLOFENAC FLURBIPROFEN ILEVRO® KETOROLAC NEVANAC®		ACULAR® ACULAR LS® ACUVAIL® BROMDAY® BROMFENAC® PROLENSA®
Otic Agents		
Otic Anti-infectives		
Otic Quinolones		
CIPRODEX® OFLOXACIN		
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®

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Preferred Products	PA Criteria	Non-Preferred Products
Antidepressants		
Other		
BUPROPION BUPROPION SR BUPROPION XL DULOXETINE* MIRTAZAPINE MIRTAZAPINE RAPID TABS PRISTIQ® TRAZODONE VENLAFAXINE (ALL FORMS)	PA required for members under 18 years old * PA required <i>No PA required if ICD-10 - M79.1; M60.0-M60.9; M61.1.</i>	APLENZIN® BRINTELLIX® CYMBALTA®* DESVENLAFAXINE FUMARATE EFFEXOR® (ALL FORMS) FETZIMA® FORFIVO XL® KHEDEZLA® VIIBRYD® WELLBUTRIN®
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 - Oral		
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	ARIPIPRAZOLE CLOZARIL® FAZACLO® GEODON® INVEGA® PALIPERIDONE REXULTI® 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)	AMBIEN® AMBIEN CR® BELSOMRA® DORAL® ESZOPICLONE EDLUAR® HETLIOZ® INTERMEZZO® LUNESTA® SILENOR®

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Preferred Products		PA Criteria	Non-Preferred Products
		PA required for members under 18 years old	SOMNOTE® SONATA® ZALEPLON ZOLPIDEM CR ZOLPIMIST®
Psychostimulants			
Narcolepsy Agents			
	Provigil® *	* (No PA required for ICD-10 code G47.4)	MODAFINIL NUVIGIL® XYREM®
Respiratory Agents			
Nasal Antihistamines			
	ASTEPRO® DYMISTA® PATANASE®		AZELASTINE OLOPATADINE
Respiratory Anti-inflammatory 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	

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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®
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® 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