Analgesics 3
Analgesic/Miscellaneous 3
Opiate Agonists 3
Opiate Agonists - Abuse Deterrent 3
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral 4
Antihistamines 4
H1 blockers 4
Anti-infective Agents 4
Aminoglycosides 4
Antivirals 4
Cephalosporins 5
Macrolides 5
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 9
Antipsoriatic Agents 9
Topical Analgesics 10
Topical Anti-infectives 10
Topical Anti-inflammatory Agents 11
Topical Antineoplastics 11
Electrolytic and Renal Agents 11
Phosphate Binding Agents 11
Gastrointestinal Agents 11
Antiemetics 11
Antiulcer Agents 11
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
Antidiabetic Agents 14
Pituitary Hormones 16

Progestins for Cachexia 16
Musculoskeletal Agents 16
Antigout Agents 16
Bone Resorption Inhibitors 16
Restless Leg Syndrome Agents 17
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 Anti-infectives 20
Ophthalmic Anti-infective/Anti-inflammatory Combinations 20
Ophthalmic Anti-inflammatory Agents 20
Otic Agents 21
Otic Anti-infectives 21
Psychotropic Agents 21
ADHD Agents 21
Antidepressants 22
Antipsychotics 22
Anxiolytics, Sedatives, and Hypnotics 23
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 25

Preferred Products	PA Criteria	Non-Preferred Products
Analgesics		
Analgesic/Miscellaneous		
Neuropathic Pain/Fibromyalgia Agents		
DULOXETINE * GABAPENTIN LYRICA® * SAVELLA® * (Fibromyalgia only)	* PA required *No PA required for drugs in this class if ICD-10 - M79.1; M60.0-M60.9, M61.1.*	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 BUTRANS®	**PA required for Fentanyl Patch** **General PA Form:** https://www.medicaid.nv.gov/Downloads/provider/FA-59.pdf	AVINZA® QL 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 XTAMPZA ER®

Preferred Products	PA Criteria	Non-Preferred Products
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral		
DICLOFENAC POTASSIUM DICLOFENAC TAB DR FLURBIPROFEN TAB IBUPROFEN SUSP IBUPROFEN TAB INDOMETHACIN CAP KETOROLAC TAB MELOXICAM TAB NABUMETONE TAB NAPROXEN SUSP NAPROXEN TAB NAPROXEN DR TAB PIROXICAM CAP SULINDAC TAB		CAMBIA ® POWDER CELECOXIB CAP DICLOFENAC SODIUM TAB ER DICLOFENAC W/ MISOPROSTOL TAB DUEXIS TAB ETODOLAC CAP ETODOLAC TAB ETODOLAC ER TAB INDOMETHACIN CAP ER KETOPROFEN CAP MEFENAM CAP MELOXICAM SUSP NAPRELAN TAB CR NAPROXEN TAB CR OXAPROZIN TAB TIVORBEX CAP VIMOVO TAB ZIPSOR CAP ZORVOLEX CAP
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®		

Preferred Products	PA Criteria	Non-Preferred Products
PEGASYS® CONVENIENT PACK PEG-INTRON® and REDIPEN		
Anti-hepatitis Agents		
Polymerase Inhibitors/Combination Products		
EPCLUSA® HARVONI® SOVALDI® ZEPATIER®	**PA required: (see below)** http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSMCh1200Packet6-11-15(1).pdf https://www.medicaid.nv.gov/Downloads/provider/Pharmacy_Announcement_Viekira_2015-0721.pdf	DAKLINZA® OLYSIO® TECHNIVIE® VIEKIRA® PAK
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 / SUSP CEFPODOXIME TABS and SUSP		CEDAX® CAPS and SUSP CEFDITOREN OMNICEF® SPECTRACEF® SUPRAX® VANTIN®
Macrolides		
AZITHROMYCIN TABS/SUSP		BIAXIN®

Preferred Products	PA Criteria	Non-Preferred Products
CLARITHROMYCIN TABS/SUSP ERYTHROMYCIN BASE ERYTHROMYCIN ESTOLATE ERYTHROMYCIN ETHYLSUCCINATE ERYTHROMYCIN STEARATE		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	ADRENACLICK® QL
Biologic Response Modifiers		
Immunomodulators		
Targeted Immunomodulators		
CIMZIA® NEW COSENTYX® NEW ENBREL® HUMIRA® KINERET® NEW ORENCIA® NEW OTEZLA® NEW SIMPONI® NEW XELJANZ® NEW	Prior authorization is required for all drugs in this class https://www.medicaid.nv.gov/Downloads/provider/FA-61.pdf	ACTEMRA® ENTYVIO® NEW ILARIS® NEW INFLECTRA® NEW REMICADE® STELARA® NEW TALTZ® NEW
Multiple Sclerosis Agents		
Injectable		
AVONEX® AVONEX® ADMIN PACK BETASERON® COPAXONE® QL EXTAVIA® REBIF® QL TYSABRI®	*Trial of only one agent is required before moving to a non-preferred agent*	GLATOPA® LEMTRADA® PLEGRIDY® ZINBRYTA®

Preferred Products	PA Criteria	Non-Preferred Products
Oral		
AUBAGIO® GILENYA® TECFIDERA®		
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® QBRELIS® NEW TRANDOLAPRIL UNIVASC®
Beta-Blockers		
ACEBUTOLOL ATENOLOL ATENOLOL/CHLORTH BETAXOLOL BISOPROLOL BISOPROLOL/HCTZ BYSTOLIC®* CARVEDILOL	*Restricted to ICD-10 codes J40-J48	SOTYLIZE®

Preferred Products	PA Criteria	Non-Preferred Products
LABETALOL METOPROLOL (Regular Release) NADOLOL PINDOLOL PROPRANOLOL PROPRANOLOL/HCTZ SOTALOL TIMOLOL		
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		
Direct Renin Inhibitors		
TEKAMLO® TEKTURNA® TEKTURNA HCT® VALTURNA®		AMTURNIDE®
Vasodilators		
Inhaled		
VENTAVIS® TYVASO®		
Oral		
LETAIRIS® ORENITRAM® SILDENAFIL TRACLEER®		ADCIRCA® ADEMPAS® OPSUMIT® REVATIO ®

Preferred Products	PA Criteria	Non-Preferred Products
Antilipemics		
Bile Acid Sequestrants		
COLESTIPOL CHOLESTYRAMINE WELCHOL®		QUESTRAN®
Cholesterol Absorption Inhibitors		
ZETIA®		
Fibric Acid Derivatives		
FENOFIBRATE FENOFIBRIC GEMFIBROZIL		ANTARA® FENOGLIDE® FIBRICOR® LIPOFEN® 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®
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

Preferred Products	PA Criteria	Non-Preferred Products
		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® AZELEX® 20% cream BENZACLIN® BENZOYL PEROXIDE (2.5, 5 and 10% only) CLINDAMYCIN ONEXTON GEL®	PA required if over 21 years old	ACZONE GEL® BENZOYL PER AEROSOL CLINDAMYCIN AEROSOL CLINDAMYCIN/BENZOYL PEROXIDE GEL DUAC CS® ERYTHROMYCIN ERYTHROMYCIN/BENZOYL PEROXIDE SODIUM SODIUM SULFACETAMIDE/SULFUR SULFACETAMIDE
Impetigo Agents: Topical		
MUPIROCIN OINT		ALTABAX® CENTANY® MUPIROCIN CREAM
Topical Antifungals (onychomycosis)		
CICLOPIROX SOLN TERBINAFINE TABS	PA required	JUBLIA® KERYDIN® PENLAC® ITRACONAZOLE
Topical Antivirals		
ABREVA® DENAVIR® ZOVIRAX®, OINTMENT		
Topical Scabicides		
NIX® PERMETHRIN RID®	* PA required	EURAX® LINDANE MALATHION NATROBA® *

			Preferred Products	PA Criteria	Non-Preferred Products
			SKLICE®		OVIDE® ULESFIA®
	Topical Anti-inflammatory 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® RENAGEL® RENVELA®		AURYXIA ® FOSRENOL® PHOSLO® PHOSLYRA® SEVELAMER CARBONATE VELPHORO®
Gastrointestinal Agents					
	Antiemetics				
		Miscellaneous			
			Diclegis® OTC Doxylamine 25mg/Pyridoxine 10mg Emend®		
		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	

Preferred Products	PA Criteria	Non-Preferred Products
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®
Functional Gastrointestinal Disorder Drugs (New)		
AMITIZA® * NEW LINZESS® NEW	* PA required for Opioid Induced Constipation	MOVANTIK® * NEW RELISTOR® * NEW
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		DUTASTERIDE/TAMSULOSIN JALYN® PROSCAR®
Alpha-Blockers		
DOXAZOSIN TAMSULOSIN TERAZOSIN		ALFUZOSIN CARDURA® FLOMAX®

			Preferred Products	PA Criteria	Non-Preferred Products
					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 SAVAYSA® WARFARIN XARELTO ® *	* No PA required if approved Dx code transmitted on claim	
		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	* PA required	ASPIRIN/DIPYRIDAMOLE DURLAZA® EFFIENT® * QL

Preferred Products	PA Criteria	Non-Preferred Products
BRILINTA® * QL CILOSTAZOL® CLOPIDOGREL DIPYRIDAMOLE		PLAVIX® ZONTIVITY®
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® KOMBIGLYZE XR® ONGLYZA® TRADJENTA®		ALOGLIPTIN ALOGLIPTIN-METFORMIN ALOGLIPTIN-PIOGLITAZONE KAZANO® NESINA® OSENI®
Incretin Mimetics		
BYDUREON® * BYETTA® * TANZEUM® TRULICITY®	* PA required	

			Preferred Products	PA Criteria	Non-Preferred Products
			VICTOZA® *		
		Insulins (Vials, Pens and Inhaled)			
			APIDRA® HUMALOG® HUMULIN® LANTUS® LEVEMIR ® NOVOLIN® NOVOLOG® TRESIBA FLEX INJ		AFREZZA® HUMALOG® U-200 TOUJEO SOLO® 300 IU/ML
		Meglitinides			
			NATEGLINIDE (Starlix®) PRANDIMET® PRANDIN® STARLIX®		
		Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			
			FARXIGA® INVOKANA® JARDIANCE®		GLYXAMBI® INVOKAMET® INVOKAMET® XR NEW SYNJARDY® XIGDUO XR®
		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		

Preferred Products	PA Criteria	Non-Preferred Products
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 COLCHICINE TAB/CAP NEW PROBENECID NEW PROBENECID/COLCHICINE NEW ULORIC® NEW		COLCRYS® TAB NEW MITIGARE® CAP NEW ZURAMPIC® NEW ZYLOPRIM® NEW
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

Preferred Products	PA Criteria	Non-Preferred Products
Restless Leg Syndrome Agents		
PRAMIPEXOLE REQUIP XL ROPINIROLE		HORIZANT® MIRAPEX® MIRAPEX® ER REQUIP
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®	PA required for members under 18 years old	APTIOM® BRIVIACT® FYCOMPA® OXTELLAR XR® POTIGA® QUDEXY XR® TROKENDI XR® SPRITAM®

			Preferred Products	PA Criteria	Non-Preferred Products
			KEPPRA XR® LAMACTAL ODT® LAMACTAL XR® LAMICTAL® LAMOTRIGINE LEVETIRACETAM LYRICA® 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®

Preferred Products	PA Criteria	Non-Preferred Products
Hydantoins		
CEREBYX® DILANTIN® ETHOTOIN FOSPHENYTOIN PEGANONE® PHENYTEK® PHENYTOIN PRODUCTS	PA required for members under 18 years old	
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		ALPHAGAN® BETAGAN® BETOPTIC ® COSOPT® COSOPT PF® OCUPRESS® OPTIPRANOLOL® TIMOPTIC® TIMOPTIC XE® TRUSOPT®

Preferred Products	PA Criteria	Non-Preferred Products
METIPRANOLOL SIMBRINZA® TIMOLOL DROPS/ GEL SOLN		
Ophthalmic Prostaglandins		
LATANOPROST LUMIGAN® TRAVATAN® TRAVATAN Z®		TRAVOPROST XALATAN® ZIOPTAN®
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 LEVOFLOXACIN MOXEZA® VIGAMOX®		CILOXAN® OFLOXACIN® ZYMAXID®
Ophthalmic Anti-infective/Anti-inflammatory Combinations		
NEO/POLY/DEX PRED-G SULF/PRED NA SOL OP TOBRADEX OIN TOBRA/DEXAME SUS % ZYLET SUS		BLEPHAMIDE MAXITROL NEO/POLY/BAC OIN /HC NEO/POLY/HC SUS OP TOBRADEX SUS TOBRADEX ST SUS
Ophthalmic Anti-inflammatory Agents		
Ophthalmic Corticosteroids		
ALREX® DEXAMETHASONE DUREZOL® FLUOROMETHOLONE		FLAREX® FML® FML FORTE® MAXIDEX®

Preferred Products	PA Criteria	Non-Preferred Products
LOTEMAX® PREDNISOLONE		OMNIPRED® PRED FORTE® PRED MILD® VEXOL®
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® CIPRO HC® OTIC SUSP NEW OFLOXACIN		CIPROFLOXACIN SOL 0.2% NEW CETRAXAL® NEW OTOVEL® SOLN NEW
Psychotropic Agents		
ADHD Agents		
ADDERALL XR® ADZENYS® AMPHETAMINE SALT COMBO IR DEXMETHYLPHENIDATE DEXTROAMPHETAMINE SA TAB DEXTROAMPHETAMINE TAB DEXTROSTAT® DYANAVEL® FOCALIN XR® INTUNIV® METADATE CD® METHYLIN® METHYLIN ER® METHYLPHENIDATE METHYLPHENIDATE ER (All forms generic extended release) METHYLPHENIDATE SOL PROCENTRA® QUILLICHEW® QUILLIVANT® XR SUSP	**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 APTENSIO XR® CONCERTA® DAYTRANA® DESOXYN® DEXEDRINE® DEXTROAMPHETAMINE SOLUTION EVEKEO® FOCALIN® KAPVAY® METADATE ER® RITALIN® ZENZEDI®

Preferred Products	PA Criteria	Non-Preferred Products
RITALIN LA® STRATTERA® VYVANSE®		
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 *No PA required if ICD-10 - M79.1; M60.0-M60.9, M61.1.*	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		
ARIPIPRAZOLE CLOZAPINE FANAPT® LATUDA® NUPLAZID®* Preferred for ICD-10 code G31.83 OLANZAPINE QUETIAPINE REXULTI® RISPERIDONE SAPHRIS®	**PA required for Ages under 18 years old** **PA Forms:** https://www.medicaid.nv.gov/Downloads/provider/FA-70A.pdf (ages 0-5) https://www.medicaid.nv.gov/Downloads/provider/FA-70B.pdf (ages 6-18) *(No PA required Parkinson's related psychosis ICD code on claim)	ABILIFY® CLOZARIL® FAZACLO® GEODON® INVEGA® PALIPERIDONE RISPERDAL®

Preferred Products	PA Criteria	Non-Preferred Products
SEROQUEL XR® ZIPRASIDONE		SEROQUEL® VRAYLAR® ZYPREXA®
Anxiolytics, Sedatives, and Hypnotics		
ESTAZOLAM FLURAZEPAM ROZEREM® * TEMAZEPAM TRIAZOLAM ZALEPLON NEW ZOLPIDEM ZOLPIMIST® NEW	*(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® ZOLPIDEM CR
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		
ARNUITY ELLIPTA® ASMANEX® FLOVENT DISKUS® QL FLOVENT HFA® QL PULMICORT FLEXHALER® PULMICORT RESPULES®* QVAR®	*No PA required if < 4 years old	ALVESCO® AEROSPAN HFA® BUDESONIDE NEBS*
Nasal Corticosteroids		
FLUTICASONE NASONEX®		BECONASE AQ® FLONASE®

Preferred Products	PA Criteria	Non-Preferred Products
		FLUNISOLIDE NASACORT AQ® OMNARIS® QNASL® RHINOCORT AQUA® TRIAMCINOLONE ACETONIDE VERAMYST® ZETONNA®
Phosphodiesterase Type 4 Inhibitors		
DALIRESP® QL	PA required	
Respiratory Antimuscarinics		
ATROVENT® COMBIVENT RESPIMAT® IPRATROPIUM/ALBUTEROL NEBS QL IPRATROPIUM NEBS SPIRIVA®	Only one agent per 30 days is allowed	INCRUSE ELLIPTA ® SEEBRI NEOHALER® SPIRIVA RESPIMAT® TUDORZA®
Respiratory Beta-Agonists		
Long-Acting Respiratory Beta-Agonist		
FORADIL® SEREVENT DISKUS® QL STRIVERDI RESPIMAT®		ARCAPTA NEOHALER® BROVANA® PERFOROMIST NEBULIZER®
Short-Acting Respiratory Beta-Agonist		
ALBUTEROL NEB/SOLN LEVALBUTEROL NEBS PROVENTIL® HFA XOPENEX® HFA* QL	* PA required	PROAIR® HFA PROAIR RESPICLICK® VENTOLIN HFA® XOPENEX® Solution* QL
Respiratory Corticosteriod/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®		UTIBRON NEOHALER ®
Toxicology Agents		
Antidotes		
Opiate Antagonists		
EVZIO ® NALOXONE NARCAN® NASAL SPRAY		

			Preferred Products	PA Criteria	Non-Preferred Products
	Substance Abuse Agents				
		Mixed Opiate Agonists/Antagonists			
			BUNAVAIL® SUBOXONE® ZUBSOLV®	PA required for class	BUPRENORPHINE/NALOXONE