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	Preferred Products	PA Criteria	Non-Preferred Products
<b>Analgesics</b>			
<b>Analgesic/Miscellaneous</b>			
<b>Neuropathic Pain/Fibromyalgia Agents</b>			
	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®
<b>Tramadol and Related Drugs</b>			
	TRAMADOL TRAMADOL/APAP		CONZIPR® NUCYNTA® RYZOLT® RYBIX® ODT TRAMADOL ER ULTRACET® ULTRAM® ULTRAM® ER
<b>Opiate Agonists</b>			
	MORPHINE SULFATE SA TABS (ALL GENERIC EXTENDED RELEASE) QL  FENTANYL PATCH QL  BUTRANS®	<b>PA required for Fentanyl Patch</b>  <b>General PA Form:</b> <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-59.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-59.pdf</a>	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
<b>Opiate Agonists - Abuse Deterrent</b>			
	EMBEDA® HYSINGLA ER®		OXYCONTIN® QL XTAMPZA ER®

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<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral</b>			
	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
<b>Antihistamines</b>			
<b>H1 blockers</b>			
<b>Non-Sedating H1 Blockers</b>			
	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®
<b>Anti-infective Agents</b>			
<b>Aminoglycosides</b>			
<b>Inhaled Aminoglycosides</b>			
	BETHKIS® KITABIS® PAK TOBI PODHALER® TOBRAMYCIN NEBULIZER		
<b>Antivirals</b>			
<b>Alpha Interferons</b>			
	PEGASYS® PEGASYS® CONVENIENT PACK		

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	PEG-INTRON® and REDIPEN		
<b>Anti-hepatitis Agents</b>			
Polymerase Inhibitors/Combination Products			
	EPCLUSA® HARVONI® SOVALDI® ZEPATIER®	<b>PA required: (see below)</b> <a href="http://dhcfp.nv.gov/uploadedFiles/dhcfp/nvgov/content/Resources/AdminSupport/Manuals/MSMCh1200PaCKET6-11-15(1).pdf">http://dhcfp.nv.gov/uploadedFiles/dhcfp/nvgov/content/Resources/AdminSupport/Manuals/MSMCh1200PaCKET6-11-15(1).pdf</a>  <a href="https://www.medicaid.nv.gov/Downloads/provider/Pharmacy_Announcement_Viekira_2015-0721.pdf">https://www.medicaid.nv.gov/Downloads/provider/Pharmacy_Announcement_Viekira_2015-0721.pdf</a>	DAKLINZA® OLYSIO® TECHNIVIE® VIEKIRA® PAK
Ribavirins			
	RIBAVIRIN		RIBASPHERE RIBAPAK® MODERIBA® REBETOL®
<b>Anti-Herpetic Agents</b>			
	ACYCLOVIR FAMVIR® VALCYCLOVIR		
<b>Influenza Agents</b>			
	AMANTADINE TAMIFLU® RIMANTADINE RELENZA®		
<b>Cephalosporins</b>			
<b>Second-Generation Cephalosporins</b>			
	CEFACLOR CAPS and SUSP CEFACLOR ER CEFUROXIME TABS and SUSP CEFPROZIL SUSP		CEFTIN®  CECLOR® CECLOR CD®  CEFZIL
<b>Third-Generation Cephalosporins</b>			
	CEFDINIR CAPS / SUSP CEFPODOXIME TABS and SUSP		CEDAX® CAPS and SUSP CEFDITOREN OMNICEF® SPECTRACEF® SUPRAX® VANTIN®
<b>Macrolides</b>			
	AZITHROMYCIN TABS/SUSP CLARITHROMYCIN TABS/SUSP		BIAXIN®  DIFICID®

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	ERYTHROMYCIN BASE ERYTHROMYCIN ESTOLATE ERYTHROMYCIN ETHYLSUCCINATE ERYTHROMYCIN STEARATE		ZITHROMAX® ZMAX®
<b>Quinolones</b>			
<b>Quinolones - 2nd Generation</b>			
	CIPROFLOXACIN TABS CIPRO® SUSP		FLOXIN® OFLOXACIN
<b>Quinolones - 3rd Generation</b>			
	AVELOX® AVELOX ABC PACK® LEVOFLOXACIN		LEVAQUIN®
<b>Autonomic Agents</b>			
<b>Sympathomimetics</b>			
<b>Self-Injectable Epinephrine</b>			
	AUVI-Q® * EPINEPHRINE® EPIPEN® EPIPEN JR.®	* PA required	ADRENALICK® QL
<b>Biologic Response Modifiers</b>			
<b>Immunomodulators</b>			
<b>Targeted Immunomodulators</b>			
	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  <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-61.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-61.pdf</a>	ACTEMRA® ENTYVIO® NEW ILARIS® NEW INFLECTRA® NEW REMICADE® STELARA® NEW TALTZ® NEW
<b>Multiple Sclerosis Agents</b>			
<b>Injectable</b>			
	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® ZINBRYTA®
<b>Oral</b>			
	AUBAGIO®		

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	GILENYA® TECFIDERA®		
	<b>Specific Symptomatic Treatment</b>		
	AMPYRA® QL	PA required	
<b>Cardiovascular Agents</b>			
<b>Antihypertensive Agents</b>			
<b>Angiotensin II Receptor Antagonists</b>			
	DIOVAN® DIOVAN HCTZ® LOSARTAN LOSARTAN HCTZ		ATACAND® AVAPRO® BENICAR® CANDESARTAN COZAAR® EDARBI® EDARBYCLOR® EPROSARTAN HYZAAR® IRBESARTAN MICARDIS® TELMISARTAN TEVETEN® VALSARTAN
<b>Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors)</b>			
	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® <b>NEW</b> TRANDOLAPRIL UNIVASC®
<b>Beta-Blockers</b>			
	ACEBUTOLOL ATENOLOL ATENOLOL/CHLORTH BETAXOLOL BISOPROLOL BISOPROLOL/HCTZ BYSTOLIC®* CARVEDILOL LABETALOL METOPROLOL (Regular Release)	*Restricted to ICD-10 codes J40-J48	SOTYLIZE®

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	NADOLOL PINDOLOL PROPRANOLOL PROPRANOLOL/HCTZ SOTALOL TIMOLOL		
<b>Calcium-Channel Blockers</b>			
	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		
<b>Direct Renin Inhibitors</b>			
	TEKAMLO® TEKTURNA® TEKTURNA HCT® VALTURNA®		AMTURNIDE®
<b>Vasodilators</b>			
	Inhaled		
	VENTAVIS® TYVASO®		
	Oral		
	LETAIRIS® ORENITRAM® SILDENAFIL TRACLEER®		ADCIRCA® ADEMPAS® OPSUMIT® REVATIO®
<b>Antilipemics</b>			
<b>Bile Acid Sequestrants</b>			
	COLESTIPOL		QUESTRAN®



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	CHOLESTYRAMINE WELCHOL®		
<b>Cholesterol Absorption Inhibitors</b>			
	ZETIA®		
<b>Fibric Acid Derivatives</b>			
	FENOFIBRATE FENOFIBRIC GEMFIBROZIL		ANTARA® FENOGLIDE® FIBRICOR® LIPOFEN® LOFIBRA® TRICOR® TRIGLIDE® TRILIPIX®
<b>HMG-CoA Reductase Inhibitors (Statins)</b>			
	ATORVASTATIN CRESTOR® QL FLUVASTATIN LOVASTATIN PRAVASTATIN SIMVASTATIN		ADVICOR® ALTOPREV® AMLODIPINE/ATORVASTATIN CADUET® LESCOL® LESCOL XL® LIPITOR® LIPTRUZET® LIVALO® MEVACOR® PRAVACHOL® SIMCOR® VYTORIN® ZOCOR®
<b>Niacin Agents</b>			
	NIASPAN® (Brand only) NIACIN ER (ALL GENERICS)		NIACOR®
<b>Omega-3 Fatty Acids</b>			
	LOVAZA® VASCEPA®		OMEGA-3-ACID OMTRYG®
<b>Dermatological Agents</b>			
<b>Antipsoriatic Agents</b>			
<b>Topical Vitamin D Analogs</b>			
	CALCIPOTRIENE		CALCITENE® DOVONEX® CREAM SORILUX® TACLONEX® VECTICAL®

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<b>Topical Analgesics</b>			
	LIDOCAINE LIDOCAINE HC LIDOCAINE VISCOUS VOLTAREN® GEL		EMLA® FLECTOR® LIDODERM® QL LIDAMANTLE® PENNSAID®
<b>Topical Anti-infectives</b>			
<b>Acne Agents: Topical, Benzoyl Peroxide, Antibiotics and Combination Products</b>			
	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
<b>Impetigo Agents: Topical</b>			
	MUPIROCIN OINT		ALTABAX® CENTANY® MUPIROCIN CREAM
<b>Topical Antifungals (onychomycosis)</b>			
	CICLOPIROX SOLN TERBINAFINE TABS	PA required	JUBLIA® KERYDIN® PENLAC® ITRACONAZOLE
<b>Topical Antivirals</b>			
	ABREVA® DENA VIR® ZOVIRAX®, OINTMENT		
<b>Topical Scabicides</b>			
	NIX® PERMETHRIN RID® SKLICE®	* PA required	EURAX® LINDANE MALATHION NATROBA® * OVIDE® ULESFIA®

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<b>Topical Anti-inflammatory Agents</b>			
<b>Immunomodulators: Topical</b>			
	ELIDEL® QL PROTOPIC® QL	Prior authorization is required for all drugs in this class	TACROLIMUS
<b>Topical Antineoplastics</b>			
<b>Topical Retinoids</b>			
	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®
<b>Electrolytic and Renal Agents</b>			
<b>Phosphate Binding Agents</b>			
	CALCIUM ACETATE ELIPHOS®  RENAGEL® RENVELA®		AURYXIA® FOSRENOL® PHOSLO® PHOSLYRA® SEVELAMER CARBONATE VELPHORO®
<b>Gastrointestinal Agents</b>			
<b>Antiemetics</b>			
<b>Miscellaneous</b>			
	Diclegis® OTC Doxylamine 25mg/Pyridoxine 10mg Emend®		
<b>Serotonin-receptor antagonists/Combo</b>			
	GRANISETRON QL ONDANSETRON QL	PA required for all medication in this class	AKYNZEO® ANZEMET® QL KYTRIL® QL SANCUSO® ZOFRAN® QL ZUPLENZ® QL
<b>Antiulcer Agents</b>			
<b>H2 blockers</b>			
	FAMOTIDINE RANITIDINE RANITIDINE SYRUP*	*PA not required for < 12 years	
<b>Proton Pump Inhibitors (PPIs)</b>			
	NEXIUM® CAPSULES	PA required if exceeding 1 per day	ACIPHEX®

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	NEXIUM® POWDER FOR SUSP* PANTOPRAZOLE	*for children ≤ 12 yrs.	DEXILANT®  LANSOPRAZOLE OMEPRAZOLE OTC TABS PREVACID® PRILOSEC® PRILOSEC® OTC TABS PROTONIX®
<b>Functional Gastrointestinal Disorder Drugs (New)</b>			
	AMITIZA® * NEW LINZESS® NEW	* PA required for Opioid Induced Constipation	MOVANTIK® * NEW RELISTOR® * NEW
<b>Gastrointestinal Anti-inflammatory Agents</b>			
	ASACOL®SUPP BALSALAZIDE® CANASA® DELZICOL® MESALAMINE ENEMA SUSP PENTASA® SULFASALAZINE DR SULFASALAZINE IR		APRISO® ASACOL HD® COLAZAL® GIAZO® LIALDA ®
<b>Gastrointestinal Enzymes</b>			
	CREON® ZENPEP®		PANCREAZE® PANCRELIPASE PERTZYE® ULTRESA® VIOKACE®
<b>Genitourinary Agents</b>			
<b>Benign Prostatic Hyperplasia (BPH) Agents</b>			
<b>5-Alpha Reductase Inhibitors</b>			
	AVODART® FINASTERIDE		DUTASTERIDE/TAMSULOSIN JALYN® PROSCAR®
<b>Alpha-Blockers</b>			
	DOXAZOSIN TAMSULOSIN TERAZOSIN		ALFUZOSIN CARDURA® FLOMAX® MINIPRESS® PRAZOSIN RAPAFLO® UROXATRAL®

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<b>Bladder Antispasmodics</b>			
	BETHANECHOL OXYBUTYNIN TABS/SYRUP/ER TOVIAZ® VESICARE®		DETROL® DETROL LA®  DITROPAN XL® ENABLEX® FLAVOXATE GELNIQUE® MYRBETRIQ® OXYTROL® SANCTURA® TOLTERODINE TROSPIUM
<b>Hematological Agents</b>			
<b>Anticoagulants</b>			
<b>Oral</b>			
	COUMADIN® ELIQUIS® * JANTOVEN® PRADAXA® * QL SAVAYSA®* WARFARIN XARELTO ® *	* No PA required if approved diagnosis code transmitted on claim	
<b>Injectable</b>			
	ARIXTRA® ENOXAPARIN FRAGMIN®		FONDAPARINUX INNOHEP® LOVENOX®
<b>Erythropoiesis-Stimulating Agents</b>			
	ARANESP® QL PROCRIPT® QL	PA required Quantity Limit	EPOGEN® QL OMONTYS® QL
<b>Platelet Inhibitors</b>			
	AGGRENOX® ANAGRELIDE ASPIRIN BRILINTA® * QL CILOSTAZOL® CLOPIDOGREL DIPYRIDAMOLE	* PA required	ASPIRIN/DIPYRIDAMOLE DURLAZA® EFFIENT® * QL PLAVIX® ZONTIVITY®

	Preferred Products	PA Criteria	Non-Preferred Products
<b>Hormones and Hormone Modifiers</b>			
<b>Androgens</b>			
	ANDROGEL® ANDRODERM®	<b>PA required</b> <b>PA Form:</b>  <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-72.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-72.pdf</a>	AXIRON® FORTESTA® NATESTO® STRIANT® TESTIM® TESTOSTERONE GEL VOGELXO®
<b>Antidiabetic Agents</b>			
<b>Alpha-Glucosidase Inhibitors/Amylin analogs/Misc.</b>			
	ACARBOSE (Precose®) GLYSET® PRECOSE® SYMLIN® (PA required)		CYCLOSET®
<b>Biguanides</b>			
	FORTAMET® GLUCOPHAGE® GLUCOPHAGE XR® METFORMIN EXT-REL (Glucophage XR®) GLUMETZA® METFORMIN (Glucophage®) RIOMET®		
<b>Dipeptidyl Peptidase-4 Inhibitors</b>			
	JANUMET® JANUMET XR® JANUVIA® JENTADUETO® KOMBIGLYZE XR® ONGLYZA® TRADJENTA®		ALOGLIPTIN ALOGLIPTIN-METFORMIN ALOGLIPTIN-PIOGLITAZONE KAZANO® NESINA® OSENI®
<b>Incretin Mimetics</b>			
	BYDUREON® * BYETTA® * TANZEUM® TRULICITY® VICTOZA® *	* PA required	
<b>Insulins (Vials, Pens and Inhaled)</b>			
	APIDRA® HUMALOG® HUMULIN®		AFREZZA® HUMALOG® U-200 TOUJEO SOLO® 300 IU/ML

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	LANTUS® LEVEMIR® NOVOLIN® NOVOLOG® TRESIBA FLEX INJ		
<b>Meglitinides</b>			
	NATEGLINIDE (Starlix®) PRANDIMET® PRANDIN® STARLIX®		
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>			
	FARXIGA® INVOKANA® JARDIANCE®		GLYXAMBI® INVOKAMET® INVOKAMET® XR <b>NEW</b> SYNJARDY® XIGDUO XR®
<b>Sulfonylureas</b>			
	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		
<b>Thiazolidinediones</b>			
	ACTOPLUS MET XR® ACTOS® ACTOPLUS MET® AVANDAMET®		

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	AVANDARYL® AVANDIA® DUETACT®		
<b>Pituitary Hormones</b>			
<b>Growth hormone modifiers</b>			
	GENOTROPIN® NORDITROPIN®	<b>PA required for entire class</b>  <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-67.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-67.pdf</a>	HUMATROPE® NUTROPIN AQ® OMNITROPE® NUTROPIN® SAIZEN® SEROSTIM® SOMAVERT® TEV-TROPIN® ZORBTIVE®
<b>Progestins for Cachexia</b>			
	MEGESTROL ACETATE, SUSP		MEGACE ES®
<b>Musculoskeletal Agents</b>			
<b>Antigout Agents</b>			
	ALLOPURINOL COLCHICINE TAB/CAP <b>NEW</b> PROBENECID <b>NEW</b> PROBENECID/COLCHICINE <b>NEW</b> ULORIC® <b>NEW</b>		COLCRYS® TAB <b>NEW</b> MITIGARE® CAP <b>NEW</b> ZURAMPIC® <b>NEW</b> ZYLOPRIM® <b>NEW</b>
<b>Bone Resorption Inhibitors</b>			
<b>Bisphosphonates</b>			
	ALENDRONATE TABS FOSAMAX PLUS D®		ACTONEL® ALENDRONATE SOLUTION ATELVIA® BINOSTO® BONIVA® DIDRONEL® ETIDRONATE IBANDRONATE SKELID®
<b>Nasal Calcitonins</b>			
	MIACALCIN®		FORTICAL® CALCITONIN-SALMON
<b>Restless Leg Syndrome Agents</b>			
	PRAMIPEXOLE REQUIP XL ROPINIROLE		HORIZANT® MIRAPEX® MIRAPEX® ER REQUIP



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	Preferred Products	PA Criteria	Non-Preferred Products
<b>Skeletal Muscle Relaxants</b>			
	BACLOFEN CHLORZOXAZONE CYCLOBENZAPRINE DANTROLENE METHOCARBAMOL METHOCARBAMOL/ASPIRIN  ORPHENADRINE CITRATE ORPHENADRINE COMPOUND TIZANIDINE		
<b>Neurological Agents</b>			
<b>Alzheimers Agents</b>			
	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
<b>Anticonvulsants</b>			
	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	PA required for members under 18 years old	APTIOM® BRIVIACT® FYCOMPA® OXTELLAR XR® POTIGA® QUDEXY XR® TROKENDI XR® SPRITAM®

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

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<b>Anti-Migraine Agents</b>			
<b>Serotonin-Receptor Agonists</b>			
	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
<b>Antiparkinsonian Agents</b>			
<b>Non-ergot Dopamine Agonists</b>			
	PRAMIPEXOLE ROPINIROLE ROPINIROLE ER		MIRAPEX® MIRAPEX® ER NEUPRO® REQUIP® REQUIP XL®
<b>Ophthalmic Agents</b>			
<b>Antiglaucoma Agents</b>			
<b>Carbonic Anhydrase Inhibitors/Beta-Blockers</b>			
	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®
<b>Ophthalmic Prostaglandins</b>			
	LATANOPROST LUMIGAN® TRAVATAN® TRAVATAN Z®		TRAVOPROST XALATAN® ZIOPTAN®

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<b>Ophthalmic Antihistamines</b>			
	ALAWAY® BEPREVE® KETOTIFEN PAZEO® ZADITOR OTC®		AZELASTINE ALOMIDE ALOCRIL ELESTAT® EMADINE® EPINASTINE LASTACRAFT® OPTIVAR® PATADAY® PATANOL®
<b>Ophthalmic Anti-infectives</b>			
<b>Ophthalmic Macrolides</b>			
	ERYTHROMYCIN OINTMENT		
<b>Ophthalmic Quinolones</b>			
	BESIVANCE® CIPROFLOXACIN LEVOFLOXACIN MOXEZA® VIGAMOX®		CILOXAN® OFLOXACIN® ZYMAXID®
<b>Ophthalmic Anti-infective/Anti-inflammatory Combinations</b>			
	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
<b>Ophthalmic Anti-inflammatory Agents</b>			
<b>Ophthalmic Corticosteroids</b>			
	ALREX® DEXAMETHASONE DUREZOL® FLUOROMETHOLONE LOTEMAX® PREDNISOLONE		FLAREX® FML® FML FORTE® MAXIDEX® OMNIPRED® PRED FORTE® PRED MILD® VEXOL®
<b>Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)</b>			
	DICLOFENAC FLURBIPROFEN ILEVRO® KETOROLAC		ACULAR® ACULAR LS® ACUVAIL® BROMDAY®

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	NEVANAC®		BROMFENAC® PROLENSA®
<b>Otic Agents</b>			
<b>Otic Anti-infectives</b>			
<b>Otic Quinolones</b>			
	CIPRODEX®  CIPRO HC® OTIC SUSP NEW OFLOXACIN		CIPROFLOXACIN SOL 0.2% NEW CETRAXAL® NEW  OTOVEL® SOLN NEW
<b>Psychotropic Agents</b>			
<b>ADHD Agents</b>			
	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 RITALIN LA® STRATTERA® VYVANSE®	<b>PA required for entire class</b>   <b>Children's Form:</b> <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-69.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-69.pdf</a>   <b>Adult Form:</b> <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-68.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-68.pdf</a>	ADDERALL® AMPHETAMINE SALT COMBO XR APTENSIO XR® CONCERTA® DAYTRANA® DESOXYN® DEXEDRINE®  DEXTROAMPHETAMINE SOLUTION EVEKEO® FOCALIN® KAPVAY® METADATE ER® RITALIN® ZENZEDI®
<b>Antidepressants</b>			
<b>Other</b>			
	BUPROPION BUPROPION SR BUPROPION XL	PA required for members under 18 years old	APLENZIN® BRINTELLIX® CYMBALTA® *

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	DULOXETINE *  MIRTAZAPINE  MIRTAZAPINE RAPID TABS PRISTIQ® TRAZODONE VENLAFAXINE (ALL FORMS)	* PA required  <i>No PA required if ICD-10 - M79.1; M60.0-M60.9, M61.1.</i>	DESVENLAFAXINE FUMARATE EFFEXOR® (ALL FORMS)  FETZIMA®  FORFIVO XL® KHEDEZLA® VIIBRYD®  WELLBUTRIN®
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>			
	CITALOPRAM ESCITALOPRAM FLUOXETINE PAROXETINE PEXEVA® SERTRALINE	PA required for members under 18 years old	CELEXA® FLUVOXAMINE QL LEXAPRO® LUVOX® PAXIL® PROZAC® SARAFEM® ZOLOFT®
<b>Antipsychotics</b>			
<b>Atypical Antipsychotics - Oral</b>			
	ARIPIPRAZOLE CLOZAPINE  FANAPT® LATUDA® NUPLAZID®* Preferred for ICD-10 code G31.83 OLANZAPINE QUETIAPINE  REXULTI®  RISPERIDONE SAPHRIS®  SEROQUEL XR® ZIPRASIDONE	<b>PA required for Ages under 18 years old</b>  <b>PA Forms:</b> <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-70A.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-70A.pdf</a> (ages 0-5) <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-70B.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-70B.pdf</a> (ages 6-18)  <i>*(No PA required Parkinson's related psychosis ICD code on claim)</i>	ABILIFY® CLOZARIL®  FAZACLO® GEODON®  INVEGA® PALIPERIDONE  RISPERDAL®  SEROQUEL® VRAYLAR® ZYPREXA®
<b>Anxiolytics, Sedatives, and Hypnotics</b>			
	ESTAZOLAM FLURAZEPAM ROZEREM® TEMAZEPAM	No PA required if approved diagnosis code transmitted on claim (All agents in this class)	AMBIEN® AMBIEN CR® BELSOMRA® DORAL®

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	TRIAZOLAM ZALEPLON <b>NEW</b> ZOLPIDEM ZOLPIMIST® <b>NEW</b>	          PA required for members under 18 years old	ESZOPICLONE EDLUAR® HETLIOZ® INTERMEZZO® LUNESTA® SILENOR® SOMNOTE® SONATA® ZOLPIDEM CR
<b>Psychostimulants</b>			
<b>Narcolepsy Agents</b>			
	Provigil® *	* (No PA required for ICD-10 code G47.4)	MODAFINIL NUVIGIL® XYREM®
<b>Respiratory Agents</b>			
<b>Nasal Antihistamines</b>			
	ASTEPRO® DYMISTA® PATANASE®		AZELASTINE OLOPATADINE
<b>Respiratory Anti-inflammatory Agents</b>			
<b>Leukotriene Receptor Antagonists</b>			
	MONTELUKAST ZAFIRLUKAST		ACCOLATE® SINGULAIR®
<b>Respiratory Corticosteroids</b>			
	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*
<b>Nasal Corticosteroids</b>			
	FLUTICASONE NASONEX®		BECONASE AQ® FLONASE® FLUNISOLIDE NASACORT AQ® OMNARIS® QNASL® RHINOCORT AQUA® TRIAMCINOLONE ACETONIDE VERAMYST® ZETONNA®

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<b>Phosphodiesterase Type 4 Inhibitors</b>			
	DALIRESP® QL	PA required	
<b>Respiratory Antimuscarinics</b>			
	ATROVENT® COMBIVENT RESPIMAT® IPRATROPIUM/ALBUTER OL NEBS QL IPRATROPIUM NEBS SPIRIVA®	Only one agent per 30 days is allowed	INCRUSE ELLIPTA® SEEBRI NEOHALER® SPIRIVA RESPIMAT® TUDORZA®
<b>Respiratory Beta-Agonists</b>			
<b>Long-Acting Respiratory Beta-Agonist</b>			
	FORADIL® SEREVENT DISKUS® QL STRIVERDI RESPIMAT®		ARCAPTA NEOHALER® BROVANA® PERFOROMIST NEBULIZER®
<b>Short-Acting Respiratory Beta-Agonist</b>			
	ALBUTEROL NEB/SOLN LEVALBUTEROL NEBS PROVENTIL® HFA XOPENEX® HFA* QL	* PA required	PROAIR® HFA PROAIR RESPICLICK® VENTOLIN HFA® XOPENEX® Solution* QL
<b>Respiratory Corticosteriod/Long-Acting Beta-Agonist Combinations</b>			
	ADVAIR DISKUS® ADVAIR HFA® DULERA® SYMBICORT®		BREO ELLIPTA®
<b>Respiratory Long-Acting Antimuscarinic/Long-Acting Beta-Agonist Combinations</b>			
	ANORO ELLIPTA® STIOLTO RESPIMAT®		UTIBRON NEOHALER®
<b>Toxicology Agents</b>			
<b>Antidotes</b>			
<b>Opiate Antagonists</b>			
	EVZIO® NALOXONE NARCAN® NASAL SPRAY		
<b>Substance Abuse Agents</b>			
<b>Mixed Opiate Agonists/Antagonists</b>			
	BUNAVAIL® SUBOXONE® ZUBSOLV®	PA required for class	BUPRENORPHINE/NALOXO NE