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Effective February 5, 2018

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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 BUPRENORPHINE PATCH 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®		MORPHABOND® (NEW) 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® MAVYRET® (NEW) 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 VOSEVI® (NEW)
Ribavirins			
	RIBAVIRIN		RIBASPHERE RIBAPAK® MODERIBA® REBETOL®
<b>Anti-Herpetic Agents</b>			
	ACYCLOVIR FAMVIR® VALCYCLOVIR		
<b>Influenza Agents</b>			
	AMANTADINE TAMIFLU®  RIMANTADINE RELENZA®		OSELTAMIVIR CAP RAPIVAB
<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		BIAXIN®

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	CLARITHROMYCIN TABS/SUSP ERYTHROMYCIN BASE ERYTHROMYCIN ESTOLATE ERYTHROMYCIN ETHYLSUCCINATE ERYTHROMYCIN STEARATE		DIFICID®  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® MOXIFLOXACIN BAXDELA®
<b>Autonomic Agents</b>			
<b>Sympathomimetics</b>			
<b>Self-Injectable Epinephrine</b>			
	EPINEPHRINE AUTO INJ EPINEPHRINE®	* PA required	ADRENACLICK® QL AUVI-Q® *
<b>Biologic Response Modifiers</b>			
<b>Immunomodulators</b>			
<b>Targeted Immunomodulators</b>			
	ACTEMRA® (NEW) CIMZIA® COSENTYX® ENBREL® HUMIRA® INFLECTRA® (NEW) KINERET® ORENCIA® OTEZLA® SIMPONI® XELJANZ®	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>	DUPIXENT® (NEW) ENTYVIO® ILARIS® KEVZARA® REMICADE® RENFLEXIS® SILIQ® STELARA® TALTZ® TREMFYA®
<b>Multiple Sclerosis Agents</b>			
<b>Injectable</b>			
	AVONEX® AVONEX® ADMIN PACK BETASERON® COPAXONE® QL EXTAVIA® OCREVUS®	<i>Trial of only one agent is required before moving to a non-preferred agent</i>	GLATOPA® LEMTRADA® PLEGRIDY® ZINBRYTA®

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	REBIF® QL TYSABRI®		
	<b>Oral</b>		
	AUBAGIO® 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® TRANDOLAPRIL UNIVASC®
<b>Beta-Blockers</b>			
	ACEBUTOLOL ATENOLOL ATENOLOL/CHLORTH BETAXOLOL BISOPROLOL BISOPROLOL/HCTZ BYSTOLIC®*		SOTYLIZE®
		*Restricted to ICD-10 codes J40-J48	



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	CARVEDILOL LABETALOL METOPROLOL (Reg Release) 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® TEKTRNA® TEKTRNA HCT® VALTRNA®		AMTURNIDE®
<b>Vasodilators</b>			
Inhaled			
	VENTAVIS® TYVASO®		
Oral			
	ORENITRAM® SILDENAFIL TRACLEER®		ADCIRCA® ADEMPAS® LETAIRIS® OPSUMIT®

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			REVATIO® UPTRAVI®
<b>Antilipemics</b>			
<b>Bile Acid Sequestrants</b>			
	COLESTIPOL CHOLESTYRAMINE WELCHOL®		QUESTRAN®
<b>Cholesterol Absorption Inhibitors</b>			
	ZETIA®		EZETIMIBE
<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® <sup>QL</sup> FLUVASTATIN LOVASTATIN PRAVASTATIN SIMVASTATIN		ADVICOR® ALTOPREV® AMLODIPINE/ATORVASTATIN CADUET® EZETIMIBE-SIMVASTATIN LESCOL® LESCOL XL® LIPITOR® LIPTRUZET® LIVALO® MEVACOR® PRAVACHOL® ROSUVASTATIN 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®

	Preferred Products	PA Criteria	Non-Preferred Products
<b>Dermatological Agents</b>			
<b>Antipsoriatic Agents</b>			
<b>Topical Vitamin D Analogs</b>			
	SORILUX® (FOAM) TACLONEX® VECTICAL® (OINT)		CALCITENE® CALCIPOTRIENE CALCIPOTRIENE OINT/BETAMETHAZONE DOVONEX® CREAM ENSTILAR® (AER)
<b>Topical Analgesics</b>			
	CAPSAICIN (NEW) FLECTOR® (NEW) LIDOCAINE LIDOCAINE HC LIDOCAINE VISCOUS LIDOCAINE/PRILOCAINE (NEW) PENNSAID® (NEW) VOLTAREN® GEL		DICLOFENAC (gel/sol) (NEW) EMLA® LIDODERM® qL LIDAMANTLE®
<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

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<b>Topical Antivirals</b>			
	ABREVA® XERESE® CREAM ZOVIRAX®, OINTMENT		ACYCLOVIR OINT DENA VIR®
<b>Topical Scabicides</b>			
	NIX® PERMETHRIN RID® SKLICE® ULESFIA®	* PA required	EURAX® LINDANE MALATHION NATROBA® * OVIDE® SPINOSAD
<b>Topical Anti-inflammatory Agents</b>			
<b>Immunomodulators: Topical</b>			
	ELIDEL® QL EUCRISA® (NEW) 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		AKYNZEO®

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	ONDANSETRON QL	PA required for all medication in this class	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 NEXIUM® POWDER FOR SUSP*  PANTOPRAZOLE	PA required if exceeding 1 per day  *for children ≤ 12 yrs.	ACIPHEX® DEXILANT®  ESOMEPRAZOLE LANSOPRAZOLE OMEPRAZOLE OTC TABS PREVACID® PRILOSEC® PRILOSEC® OTC TABS PROTONIX®
<b>Functional Gastrointestinal Disorder Drugs</b>			
	AMITIZA® * LINZESS®	* PA required for Opioid Induced Constipation	MOVANTIK® * RELISTOR® * SYMPROIC® (NEW) TRULANCE® (NEW)
<b>Gastrointestinal Anti-inflammatory Agents</b>			
	APRISO® ASACOL HD® ASACOL®SUPP BALSALAZIDE® CANASA® DELZICOL® LIALDA ® MESALAMINE ENEMA SUSP PENTASA® SULFASALAZINE DR SULFASALAZINE IR		COLAZAL® GIAZO® MESALAMINE (GEN LIALDA) MESALAMINE (GEN ASACOL HD)
<b>Gastrointestinal Enzymes</b>			
	CREON® ZENPEP®		PANCREAZE® PANCRELIPASE PERTZYE®

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			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®
<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	BEVYXXA®
<b>Injectable</b>			
	ARIXTRA® ENOXAPARIN FRAGMIN®		FONDAPARINUX INNOHEP® LOVENOX®

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<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® PRASUGREL ZONTIVITY® YOSPRALA®
<b>Hormones and Hormone Modifiers</b>			
<b>Androgens</b>			
	ANDROGEL® ANDRODERM®	PA required PA Form:  <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®		METFORMIN (GEN GLUMETZA)
<b>Dipeptidyl Peptidase-4 Inhibitors</b>			
	JANUMET® JANUMET XR® JANUVIA® JENTADUETO® KOMBIGLYZE XR®		ALOGLIPTIN ALOGLIPTIN-METFORMIN ALOGLIPTIN-PIOGLITAZONE KAZANO® NESINA®

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	ONGLYZA® TRADJENTA®		OSENI®
<b>Incretin Mimetics</b>			
	BYDUREON® * BYETTA® * TANZEUM® TRULICITY® VICTOZA® *	* PA required	ADLYXIN® SOLIQUA® XULTOPHY®
<b>Insulins (Vials, Pens and Inhaled)</b>			
	APIDRA® HUMALOG® HUMULIN® LANTUS® LEVEMIR® NOVOLIN® NOVOLOG® TRESIBA FLEX INJ		AFREZZA® BASAGLAR® HUMALOG® U-200  TOUJEO SOLO® 300 IU/ML
<b>Meglitinides</b>			
	NATEGLINIDE (Starlix®) PRANDIMET® PRANDIN® STARLIX®		
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>			
	FARXIGA® INVOKANA® JARDIANCE®		GLYXAMBI® INVOKAMET® INVOKAMET® XR SYNJARDY® SYNJARDY® XR 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®)		



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	GLYBURIDE/METFORMIN (Glucovance®) GLUCOTROL XL® GLYBURIDE (Diabeta®) GLYNASE® METAGLIP® TOLAZAMIDE TOLBUTAMIDE		
<b>Thiazolidinediones</b>			
	ACTOPLUS MET XR® ACTOS® ACTOPLUS MET® AVANDAMET® 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 PROBENECID PROBENECID/COLCHICINE ULORIC®		COLCRYS® TAB MITIGARE® CAP ZURAMPIC® ZYLOPRIM®
<b>Bone Resorption Inhibitors</b>			
<b>Bisphosphonates</b>			
	ALENDRONATE TABS FOSAMAX PLUS D®		ACTONEL® ALENDRONATE SOLUTION ATELVIA® BINOSTO® BONIVA®

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			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
<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® BRIVIACT® CARBAMAZEPINE CARBAMAZEPINE XR CARBATROL ER® CELONTIN® DEPAKENE® DEPAKOTE ER® DEPAKOTE® DIVALPROEX SODIUM	PA required for members under 18 years old	APTIOM®   OXTELLAR XR® POTIGA® QUDEXY XR® TROKENDI XR® SPRITAM®

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	DIVALPROEX SODIUM ER EPITOL® ETHOSUXIMIDE FELBATOL® FYCOMPA® GABAPENTIN GABITRIL® KEPPRA® 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		
	<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	PA required for members under 18 years old	ONFI®

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	KLONOPIN® TRANXENE T-TAB® VALIUM®		
<b>Hydantoins</b>			
	CEREBYX® DILANTIN® ETHOTOIN FOSPHENYTOIN PEGANONE® PHENYTEK® PHENYTOIN PRODUCTS	PA required for members under 18 years old	
<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®  ELETRIPTAN 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		ALPHAGAN® BETAGAN® BETOPTIC® COSOPT® COSOPT PF® OCUPRESS®

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	COMBIGAN® DORZOLAM DORZOLAM / TIMOLOL LEVOBUNOLOL METIPRANOLOL SIMBRINZA® TIMOLOL DROPS/ GEL SOLN		OPTIPRANOLOL® TIMOPTIC® TIMOPTIC XE® TRUSOPT®
<b>Ophthalmic Prostaglandins</b>			
	LATANOPROST LUMIGAN® TRAVATAN® TRAVATAN Z®		TRAVOPROST XALATAN® ZIOPTAN®
<b>Ophthalmic Antihistamines</b>			
	ALAWAY® BEPREVE® KETOTIFEN PAZEO® ZADITOR OTC®		AZELASTINE ALOMIDE ALOCRIL ELESTAT® EMADINE® EPINASTINE LASTACRAFT® OLOPATADINE (drop/sol) <b>(NEW)</b> OPTIVAR® PATADAY® PATANOL®
<b>Ophthalmic Anti-infectives</b>			
<b>Ophthalmic Macrolides</b>			
	ERYTHROMYCIN OINTMENT		
<b>Ophthalmic Quinolones</b>			
	BESIVANCE® CIPROFLOXACIN LEVOFLOXACIN MOXEZA® VIGAMOX®		CILOXAN® MOXIFLOXACIN OFLOXACIN® ZYMAXID®
<b>Ophthalmic Anti-infective/Anti-inflammatory Combinations</b>			
	NEO/POLY/DEX PRED-G SULF/PRED NA SOL OP TOBRADEX OIN TOBRADEX SUS  ZYLET SUS		BLEPHAMIDE MAXITROL NEO/POLY/BAC OIN /HC NEO/POLY/HC SUS OP TOBRA/DEXAME SUS TOBRADEX SUS TOBRADEX ST SUS

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<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 NEVANAC®		ACULAR® ACULAR LS® ACUVAIL® BROMDAY® BROMFENAC® PROLENSA®
<b>Ophthalmics for Dry Eye Disease</b>			
	RESTASIS®		XIIDRA®
<b>Otic Agents</b>			
<b>Otic Anti-infectives</b>			
<b>Otic Quinolones</b>			
	CIPRODEX® CIPRO HC® OTIC SUSP OFLOXACIN		CIPROFLOXACIN SOL 0.2% CETRAXAL® OTOVEL® SOLN
<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® GUANFACINE ER	<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>	ADDERALL® AMPHETAMINE SALT COMBO XR APTENSIO XR® ATOMOXETINE CONCERTA® COTEMPLA XR®-ODT DAYTRANA® DESOXYN® DEXEDRINE®  DEXTROAMPHETAMINE SOLUTION EVEKEO® FOCALIN® INTUNIV® KAPVAY® METADATE ER®

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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>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>	MYDAYIS® RITALIN® ZENZEDI®
<b>Antidepressants</b>			
<b>Other</b>			
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®
<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®		<b>PA required for Ages under 18 years old</b>	ABILIFY® CLOZARIL®  FAZACLO®

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	LATUDA® NUPLAZID®* OLANZAPINE QUETIAPINE  QUETIAPINE XR REXULTI®  RISPERIDONE SAPHRIS®  VRAYLAR® ZIPRASIDONE	<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)  <u><a href="#">*(No PA required Parkinson's related psychosis ICD code on claim)</a></u>	GEODON®  INVEGA® PALIPERIDONE  RISPERDAL®  SEROQUEL® SEROQUEL XR® ZYPREXA®
<b>Anxiolytics, Sedatives, and Hypnotics</b>			
	ESTAZOLAM FLURAZEPAM ROZEREM® TEMAZEPAM TRIAZOLAM ZALEPLON ZOLPIDEM	No PA required if approved diagnosis code transmitted on claim (All agents in this class)  PA required for members under 18 years old	AMBIEN® AMBIEN CR® BELSOMRA® DORAL® ESZOPICLONE EDLUAR® HETLIOZ® INTERMEZZO® LUNESTA® SILENOR® SOMNOTE® SONATA® ZOLPIDEM CR ZOLPIMIST®
<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>			
	DYMISTA® PATANASE®		ASTEPRO® AZELASTINE OLOPATADINE
<b>Respiratory Anti-inflammatory Agents</b>			
<b>Leukotriene Receptor Antagonists</b>			
	MONTELUKAST		ACCOLATE®



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	ZAFIRLUKAST ZYFLO® ZYFLO CR®		SINGULAIR® ZILEUTON ER
<b>Respiratory Corticosteroids</b>			
	ARNUIITY ELLIPTA® ASMANEX® FLOVENT DISKUS® QL FLOVENT HFA® QL PULMICORT FLEXHALER® PULMICORT RESPULES®* QVAR®	*No PA required if < 4 years old	ALVESCO® AEROSPAN HFA® ARMONAIR® (NEW) BUDESONIDE NEBS*
<b>Nasal Corticosteroids</b>			
	FLUTICASONE NASONEX®		BECONASE AQ® FLONASE® FLUNISOLIDE NASACORT AQ® OMNARIS® QNASL® RHINOCORT AQUA® TRIAMCINOLONE ACETONIDE VERAMYST® ZETONNA®
<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	LEVALBUTEROL* HFA PROAIR® HFA PROAIR RESPICLICK® VENTOLIN HFA® XOPENEX® Solution* QL

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<b>Respiratory Corticosteroid/Long-Acting Beta-Agonist Combinations</b>			
	ADVAIR DISKUS® ADVAIR HFA® DULERA® SYMBICORT®		AIRDUO® BREO ELLIPTA® FLUTICASONE PROPIONATE/SALMETEROL
<b>Respiratory Long-Acting Antimuscarinic/Long-Acting Beta-Agonist Combinations</b>			
	ANORO ELLIPTA® BEVESPI® (NEW) 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 / NALOXONE