

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

Analgesics	4
Analgesic/Miscellaneous	4
Opiate Agonists	4
Opiate Agonists - Abuse Deterrent	4
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral	5
Antihistamines	5
H1 blockers	5
Anti-infective Agents	5
Aminoglycosides	5
Antivirals	5
Cephalosporins	6
Macrolides	7
Quinolones	7
Autonomic Agents	7
Sympathomimetics	7
Biologic Response Modifiers	7
Immunomodulators	7
Multiple Sclerosis Agents	7
Cardiovascular Agents	8
Antihypertensive Agents	8
Antilipemics	10
Dermatological Agents	11
Antipsoriatic Agents	11
Topical Analgesics	11
Topical Anti-infectives	11
Topical Anti-inflammatory Agents	12
Topical Antineoplastics	12
Electrolytic and Renal Agents	12
Phosphate Binding Agents	12
Gastrointestinal Agents	12
Antiemetics	12
Antiulcer Agents	13
Gastrointestinal Anti-inflammatory Agents	13
Gastrointestinal Enzymes	13
Genitourinary Agents	14
Benign Prostatic Hyperplasia (BPH) Agents	14

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

Bladder Antispasmodics.....	14
Hematological Agents.....	14
Anticoagulants	14
Erythropoiesis-Stimulating Agents.....	15
Platelet Inhibitors.....	15
Hormones and Hormone Modifiers.....	15
Androgens	15
Antidiabetic Agents	15
Pituitary Hormones.....	17
Progestins for Cachexia	17
Monoclonal Antibodies for the treatment of Respiratory Conditions	17
Musculoskeletal Agents.....	17
Antigout Agents	17
Bone Resorption Inhibitors.....	18
Restless Leg Syndrome Agents.....	18
Skeletal Muscle Relaxants.....	18
Neurological Agents.....	18
Alzheimers Agents	18
Anticonvulsants.....	19
Anti-Migraine Agents	20
Antiparkinsonian Agents	21
Ophthalmic Agents.....	21
Antiglaucoma Agents.....	21
Ophthalmic Antihistamines	21
Ophthalmic Anti-infectives	22
Ophthalmic Anti-infective/Anti-inflammatory Combinations.....	22
Ophthalmic Anti-inflammatory Agents.....	22
Ophthalmics for Dry Eye Disease.....	22
Otic Agents.....	23
Otic Anti-infectives	23
Psychotropic Agents.....	23
ADHD Agents.....	23
Antidepressants.....	23
Antipsychotics	24
Anxiolytics, Sedatives, and Hypnotics	24
Psychostimulants	25

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

Respiratory Agents..... 25
 Nasal Antihistamines 25
 Respiratory Anti-inflammatory Agents 25
 Long-acting/Maintenance Therapy 25
 Short-Acting/Rescue Therapy 26
Toxicology Agents..... 26
 Antidotes..... 26
 Substance Abuse Agents..... 26

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	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 BUTRANS®	PA required for Fentanyl Patch General PA Form: https://www.medicaid.nv.gov/Downloads/provider/FA-59.pdf	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
Opiate Agonists - Abuse Deterrent			
	EMBEDA® HYSINGLA ER® MORPHABOND®		ARYMO® ER OXYCONTIN® QL XTAMPZA ER®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	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 LEVOCETIRIZINE SEMPREX® XYZAL®
Anti-infective Agents			
Aminoglycosides			
Inhaled Aminoglycosides			
	BETHKIS® KITABIS® PAK TOBI PODHALER® TOBRAMYCIN NEBULIZER		
Antivirals			
Alpha Interferons			
	PEGASYS®		

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
	PEGASYS® CONVENIENT PACK PEG-INTRON® and REDIPEN		
Anti-hepatitis Agents			
Polymerase Inhibitors/Combination Products			
	EPCLUSA® HARVONI® MAVYRET® SOVALDI® ZEPATIER®	PA required: (see below) http://dhcfp.nv.gov/uploadedFiles/dhcfp.nv.gov/content/Resources/AdmissionSupport/Manuals/MSMCh1200Packet6-11-15(1).pdf https://www.medicaid.nv.gov/Downloads/provider/Pharmacy_Announcement_Viekira_2015-0721.pdf	DAKLINZA® OLYSIO® TECHNIVIE® VIEKIRA® PAK VOSEVI®
Ribavirins			
	RIBAVIRIN		RIBASPHERE RIBAPAK® MODERIBA® REBETOL®
Anti-Herpetic Agents			
	ACYCLOVIR FAMCICLOVIR VALCYCLOVIR		FAMVIR®
Influenza Agents			
	AMANTADINE TAMIFLU® RIMANTADINE RELENZA®		OSELTAMIVIR CAP OSELTAMIVIR SUSP RAPIVAB
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®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
	COPAXONE® QL EXTAVIA® OCREVUS® REBIF® QL TYSABRI®		ZINBRYTA®
Oral			
	AUBAGIO® GILENYA® TECFIDERA®		
Specific Symptomatic Treatment			
	DALFAMPRIDINE _{QL} (NEW)	PA required	AMPYRA® _{QL} (NEW)
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® TRANDOLAPRIL UNIVASC®
Beta-Blockers			
	ACEBUTOLOL ATENOLOL ATENOLOL/CHLORTH BETAXOLOL		KAPSPARGO® SOTYLIZE®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
	BISOPROLOL BISOPROLOL/HCTZ BYSTOLIC®* CARVEDILOL LABETALOL METOPROLOL (Reg Release) NADOLOL PINDOLOL PROPRANOLOL PROPRANOLOL/HCTZ SOTALOL TIMOLOL	*Restricted to ICD-10 codes J40-J48	
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		
Vasodilators			
	Inhaled		
	VENTAVIS® TYVASO®		
	Oral		
	ADCIRCA® ORENITRAM® SILDENAFIL TRACLEER®		ADEMPAS® LETAIRIS® OPSUMIT® REVATIO® TADALAFIL UPTRAVI®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
Antilipemics			
Bile Acid Sequestrants			
	COLESTIPOL CHOLESTYRAMINE WELCHOL®		QUESTRAN®
Cholesterol Absorption Inhibitors			
	ZETIA®		EZETIMIBE
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® EZETIMIBE-SIMVASTATIN LESCOL® LESCOL XL® LIPITOR® LIPTRUZET® LIVALO® MEVACOR® PRAVACHOL® ROSUVASTATIN SIMCOR® VYTORIN® ZOCOR® ZYPITAMAG®
Niacin Agents			
	NIASPAN® (Brand only) NIACIN ER (ALL GENERICS)		NIACOR®
Omega-3 Fatty Acids			
	LOVAZA® VASCEPA®		OMEGA-3-ACID OMTRYG®

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

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
Topical Antivirals			
	ABREVA® XERESE® CREAM ZOVIRAX®, OINTMENT		ACYCLOVIR OINT DENA VIR®
Topical Scabicides			
	NIX® PERMETHRIN RID® SKLICE® ULESFIA®	* PA required	EURAX® LINDANE MALATHION NATROBA® * OVIDE® SPINOSAD
Topical Anti-inflammatory Agents			
Immunomodulators: Topical			
	ELIDEL® QL EUCRISA® 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 CAP ELIPHOS® RENAGEL® RENVELA®		AURYXIA ® CALCIUM ACETATE TAB FOSRENOL® PHOSLO® PHOSLYRA® SEVELAMER CARBONATE VELPHORO®
Gastrointestinal Agents			
Antiemetics			
Miscellaneous			
	Diclegis® OTC Doxylamine 25mg/Pyridoxine 10mg		BONJESTA®
Serotonin-receptor antagonists/Combo			
	GRANISETRON QL		AKYNZEO®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

Preferred Products		PA Criteria	Non-Preferred Products
	ONDANSETRON QL	PA required for all medication in this class	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® ESOMEPRAZOLE LANSOPRAZOLE OMEPRAZOLE OTC TABS PREVACID® PRILOSEC® PRILOSEC® OTC TABS PROTONIX®
Functional Gastrointestinal Disorder Drugs			
	AMITIZA® * LINZESS®	* PA required for Opioid Induced Constipation	MOVANTIK® * RELISTOR® * SYMPROIC® TRULANCE®
Gastrointestinal Anti-inflammatory Agents			
	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)
Gastrointestinal Enzymes			
	CREON® ZENPEP®		PANCREAZE® PANCRELIPASE PERTZYE®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
			ULTRESA® VIOKACE®
Genitourinary Agents			
Benign Prostatic Hyperplasia (BPH) Agents			
5-Alpha Reductase Inhibitors			
	DUTASTERIDE FINASTERIDE		AVODART® DUTASTERIDE/TAMSULOSIN JALYN® PROSCAR®
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 diagnosis code transmitted on claim	SAVAYSA®*
Injectable			
	FONDAPARINUX ENOXAPARIN FRAGMIN®		ARIXTRA® INNOHEP® LOVENOX®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
Erythropoiesis-Stimulating Agents			
	ARANESP® QL PROCRIT® QL	PA required Quantity Limit	EPOGEN® QL MIRCERA® QL RETACRIT®
Platelet Inhibitors			
	AGGRENOX® ANAGRELIDE ASPIRIN BRILINTA® * QL CILOSTAZOL® CLOPIDOGREL DIPYRIDAMOLE	* PA required	ASPIRIN/DIPYRIDAMOLE DURLAZA® EFFIENT® * QL PLAVIX® PRASUGREL ZONTIVITY® YOSPRALA®
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 GLYSET® SYMLIN® (PA required)		CYCLOSET® PRECOSE®
Biguanides			
	FORTAMET® GLUCOPHAGE® GLUCOPHAGE XR® METFORMIN EXT-REL (Glucophage XR®) GLUMETZA® METFORMIN (Glucophage®) RIOMET®		METFORMIN (GEN GLUMETZA)
Dipeptidyl Peptidase-4 Inhibitors			
	JANUMET® JANUMET XR® JANUVIA® JENTADUETO® KOMBIGLYZE XR®		ALOGLIPTIN ALOGLIPTIN-METFORMIN ALOGLIPTIN-PIOGLITAZONE KAZANO® NESINA®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
	ONGLYZA® TRADJENTA®		OSENI®
Incretin Mimetics			
	BYDUREON® * BYDUREON® PEN * BYETTA® * TRULICITY® VICTOZA® *	* PA required	ADLYXIN® BYDUREON® BCISE * OZEMPIC® SOLIQUA® TANZEUM® XULTOPHY®
Insulins (Vials, Pens and Inhaled)			
	APIDRA® HUMALOG® HUMULIN® LANTUS® LEVEMIR® NOVOLIN® NOVOLOG® TRESIBA FLEX INJ		ADMELOG® AFREZZA® BASAGLAR® FIASP® 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 QTERN® SEGLUROMET® STEGLATRO® STEGLUJAN™ SYNJARDY® SYNJARDY® XR XIGDUO XR®
Sulfonylureas			
	AMARYL® CHLORPROPAMIDE DIABETA® GLIMEPIRIDE (Amaryl®) GLIPIZIDE (Glucotrol®) GLUCOTROL® GLUCOVANCE®		

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
	GLIPIZIDE EXT-REL (Glucotrol XL®) GLIPIZIDE/METFORMIN (Metaglip®) GLYBURIDE MICRONIZED (Glynase®) GLYBURIDE/METFORMIN (Glucovance®) GLUCOTROL XL® GLYBURIDE (Diabeta®) GLYNASE® METAGLIP® TOLAZAMIDE TOLBUTAMIDE		
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®
Monoclonal Antibodies for the treatment of Respiratory Conditions			
	NUCALA® XOLAIR®		CINQAIR® FASENRA®
Musculoskeletal Agents			
Antigout Agents			
	ALLOPURINOL COLCHICINE TAB/CAP PROBENECID		COLCRYS® TAB MITIGARE® CAP ZURAMPIC®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
	PROBENECID/COLCHICINE ULORIC®		ZYLOPRIM®
Bone Resorption Inhibitors			
Bisphosphonates			
	ALENDRONATE TABS		ACTONEL® ALENDRONATE SOLUTION ATELVIA® BINOSTO® BONIVA® DIDRONEL® ETIDRONATE FOSAMAX PLUS D® IBANDRONATE SKELID®
Nasal Calcitonins			
	CALCITONIN-SALMON		MIACALCIN®
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 TABS		ARICEPT® 23mg ARICEPT® GALANTAMINE GALANTAMINE ER MEMANTINE SOL MEMANTINE XR NAMENDA® TABS NAMENDA® XR TABS NAMZARIC®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
			RAZADYNE® RAZADYNE® ER RIVASTIGMINE CAPS RIVASTIGMINE TRANSDERMAL
Anticonvulsants			
	APTIOM® (NEW) BANZEL® BRIVIACT® CARBAMAZEPINE CARBAMAZEPINE XR CARBATROL ER® CELONTIN® DEPAKENE® DEPAKOTE ER® DEPAKOTE® DIVALPROEX SODIUM DIVALPROEX SODIUM ER EPIDIOLEX® (NEW) 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®	PA required for members under 18 years old	OXTELLAR XR® POTIGA® QUDEXY XR® TROKENDI XR® SPRITAM®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
	ZARONTIN® ZONEGRAN® ZONISAMIDE		
Barbiturates			
	LUMINAL® MEBARAL® MEPHOBARBITAL SOLFOTON® PHENOBARBITAL MYSOLINE® PRIMIDONE	PA required for members under 18 years old	
Benzodiazepines			
	CLOBAZAM (NEW) CLONAZEPAM CLORAZEPATE DIASSTAT® 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	
Anti-Migraine Agents			
Serotonin-Receptor Agonists			
	RELPAK® RIZATRIPTAN ODT SUMATRIPTAN TABLET ZOLMITRIPTAN ODT	PA required for exceeding Quantity Limit	ALMOTRIPTAN AMERGE® AXERT® FROVA® ELETRIPTAN FROVATRIPTAN SUCCINATE IMITREX® MAXALT® TABS MAXALT® MLT NARATRIPTAN ONZETRA XSAIL® RIZATRIPTAN BENZOATE

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
			SUMATRIPTAN INJECTION SUMATRIPTAN/NAPROXEN SUMATRIPTAN NASAL SPRAY SUMAVEL® TREXIMET® ZEMBRACE SYMTOUCH ZOLMITRIPTAN ZOMIG® ZOMIG® ZMT
Antiparkinsonian Agents			
Non-ergot Dopamine Agonists			
	PRAMIPEXOLE ROPINIROLE ROPINIROLE ER		MIRAPEX® MIRAPEX® ER NEUPRO® REQUIP® REQUIP XL®
Ophthalmic Agents			
Antiglaucoma Agents			
	ALPHAGAN P® AZOPT® BETAXOLOL BETOPTIC S® BRIMONIDINE CARTEOLOL COMBIGAN® DORZOLAM DORZOLAM / TIMOLOL LATANOPROST LEVOBUNOLOL LUMIGAN® METIPRANOLOL RHOPRESSA® SIMBRINZA® TIMOLOL DROPS/ GEL SOLN TRAVATAN Z® TRAVATAN®		ALPHAGAN® BETAGAN® BETOPTIC® BIMATOPROST COSOPT PF® COSOPT® OCUPRESS® OPTIPRANOLOL® TIMOPTIC XE® TIMOPTIC® TRAVOPROST TRUSOPT® VYZULTA® XALATAN® ZIOPTAN®
Ophthalmic Antihistamines			
	BEPREVE® KETOTIFEN PAZEO® ZADITOR OTC®		ALAWAY® AZELASTINE ALOMIDE ALOCIL ELESTAT® EMADINE®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
			EPINASTINE LASTACRAFT® OLOPATADINE (drop/sol) OPTIVAR® PATADAY® PATANOL®
Ophthalmic Anti-infectives			
Ophthalmic Macrolides			
	ERYTHROMYCIN OINTMENT		
Ophthalmic Quinolones			
	BESIVANCE® CIPROFLOXACIN LEVOFLOXACIN MOXEZA® VIGAMOX®		CILOXAN® MOXIFLOXACIN OFLOXACIN® ZYMAXID®
Ophthalmic Anti-infective/Anti-inflammatory Combinations			
	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
Ophthalmic Anti-inflammatory Agents			
Ophthalmic Corticosteroids			
	ALREX® DEXAMETHASONE DUREZOL® FLUOROMETHOLONE LOTEMAX® PREDNISOLONE		FLAREX® FML® FML FORTE® MAXIDEX® OMNIPRED® PRED FORTE® PRED MILD® VEXOL®
Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)			
	DICLOFENAC FLURBIPROFEN ILEVRO® KETOROLAC NEVANAC®		ACULAR® ACULAR LS® ACUVAIL® BROMDAY® BROMFENAC® PROLENSA®
Ophthalmics for Dry Eye Disease			
	ARTIFICIAL TEARS RESTASIS®		RESTASIS® MULTIDOSE XIIDRA®

	Preferred Products	PA Criteria	Non-Preferred Products
Otic Agents			
Otic Anti-infectives			
Otic Quinolones			
	CIPRODEX® CIPRO HC® OTIC SUSP OFLOXACIN		CIPROFLOXACIN SOL 0.2% CETRAXAL® OTIPRIO® OTOVEL® SOLN
Psychotropic Agents			
ADHD Agents			
	ADDERALL XR® AMPHETAMINE SALT COMBO IR ATOMOXETINE (NEW) DEXMETHYLPHENIDATE DEXTROAMPHETAMINE SA TAB DEXTROAMPHETAMINE TAB DEXTROSTAT® DYANAVEL® FOCALIN XR® GUANFACINE ER METADATE CD® METHYLIN® METHYLIN ER® METHYLPHENIDATE METHYLPHENIDATE ER (All forms generic extended release) METHYLPHENIDATE SOL PROCENTRA® QUILLICHEW® QUILLIVANT® XR SUSP RITALIN LA® 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® ADZENYS® (NEW) AMPHETAMINE SALT COMBO XR APTENSIO XR® CLONIDINE HCL ER (NEW) CONCERTA® COTEMPLA XR®-ODT DAYTRANA® DESOXYN® DEXEDRINE® DEXTROAMPHETAMINE SOLUTION EVEKEO® FOCALIN® INTUNIV® KAPVAY® METADATE ER® MYDAYIS® RITALIN® STRATTERA® (NEW) ZENZEDI®
Antidepressants			
Other			
	BUPROPION BUPROPION SR BUPROPION XL DULOXETINE *	PA required for members under 18 years old * PA required	APLENZIN® BRINTELLIX® (Discontinued) CYMBALTA® * DESVENLAFAXINE FUMARATE

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
	MIRTAZAPINE MIRTAZAPINE RAPID TABS PRISTIQ® TRAZODONE VENLAFAXINE (ALL FORMS)	<i>No PA required if ICD-10 - M79.1; M60.0-M60.9, M61.1.</i>	EFFEXOR® (ALL FORMS) FETZIMA® FORFIVO XL® KHEDEZLA® TRINTELLIX® 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®* OLANZAPINE QUETIAPINE QUETIAPINE XR REXULTI® RISPERIDONE SAPHRIS® VRAYLAR® ZIPRASIDONE	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) <i>*(No PA required Parkinson's related psychosis ICD code on claim)</i>	ABILIFY® CLOZARIL® FAZACLO® GEODON® INVEGA® PALIPERIDONE RISPERDAL® SEROQUEL® SEROQUEL XR® ZYPREXA®
Anxiolytics, Sedatives, and Hypnotics			
	ESTAZOLAM FLURAZEPAM ROZEREM®	No PA required if approved diagnosis code transmitted on claim (All agents in this class)	AMBIEN® AMBIEN CR® BELSOMRA®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
	TEMAZEPAM TRIAZOLAM ZALEPLON ZOLPIDEM		DORAL® ESZOPICLONE EDLUAR® HETLIOZ® INTERMEZZO® LUNESTA® SILENOR® SOMNOTE® SONATA® ZOLPIDEM CR ZOLPIMIST®
		PA required for members under 18 years old	
Psychostimulants			
Narcolepsy Agents			
	Provigil® *	* (No PA required for ICD-10 code G47.4)	MODAFINIL NUVIGIL® XYREM®
Respiratory Agents			
Nasal Antihistamines			
	DYMISTA® PATANASE®		ASTEPRO® AZELASTINE OLOPATADINE
Respiratory Anti-inflammatory Agents			
Leukotriene Receptor Antagonists			
	MONTELUKAST ZAFIRLUKAST ZYFLO® ZYFLO CR®		ACCOLATE® SINGULAIR® ZILEUTON ER
Nasal Corticosteroids			
	FLUTICASONE TRIAMCINOLONE ACETONIDE		BECONASE AQ® FLONASE® FLUNISOLIDE NASACORT AQ® NASONEX® OMNARIS® QNASL® RHINOCORT AQUA® VERAMYST® XHANCE™ ZETONNA®
Phosphodiesterase Type 4 Inhibitors			
	DALIRESP® QL	PA required	
Long-acting/Maintenance Therapy			
	ADVAIR DISKUS® ADVAIR HFA®		AEROSPAN HFA® AIRDUO®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective May 2, 2019

	Preferred Products	PA Criteria	Non-Preferred Products
	ANORO ELLIPTA® ARNUITY ELLIPTA® ASMANEX® BEVESPI® DULERA® FLOVENT DISKUS® QL FLOVENT HFA® QL FORADIL® PULMICORT FLEXHALER® PULMICORT RESPULES®* QVAR® SEREVENT DISKUS® QL		ALVESCO® ARCAPTA NEOHALER® ARMONAIR® BREO ELLIPTA® BROVANA® BUDESONIDE NEBS* FLUTICASONE PROPIONATE/SALMETEROL INCRUSE ELLIPTA® LONHALA MAGNAIR® PERFORMIST NEBULIZER® QVAR® REDIHALER™ SEEBRI NEOHALER® SPIRIVA RESPIMAT® TRELEGY ELLIPTA®
	SPIRIVA® HANDIHALER STIOLTO RESPIMAT® STRIVERDI RESPIMAT® TUDORZA® SYMBICORT®		UTIBRON NEOHALER®
Short-Acting/Rescue Therapy			
	ALBUTEROL NEB/SOLN ATROVENT® COMBIVENT RESPIMAT® IPRATROPIUM NEBS IPRATROPIUM/ALBUTEROL NEBS QL LEVALBUTEROL* NEBS PROVENTIL® HFA XOPENEX® HFA* QL		LEVALBUTEROL* HFA PROAIR RESPICLICK® PROAIR® HFA VENTOLIN HFA® XOPENEX® Solution* QL
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