

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
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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® LIDOCAINE PATCH * LIDODERM® * LYRICA® CR HORIZANT® QUTENZA® *
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® NUCYNTA® ER	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 OPANA ER® OXYCODONE SR QL OXYMORPHONE SR XARTEMIS XR® QL ZOHYDRO ER® QL
Opiate Agonists - Abuse Deterrent			
	EMBEDA® MORPHABOND® XTAMPZA ER®		ARYMO® ER HYSINGLA ER® OXYCONTIN® QL
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral			
	CELECOXIB CAP DICLOFENAC POTASSIUM DICLOFENAC TAB DR		CAMBIA® POWDER

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	FLURBIPROFEN TAB IBUPROFEN SUSP IBUPROFEN TAB INDOMETHACIN CAP KETOROLAC TAB QL † MELOXICAM TAB NABUMETONE TAB NAPROXEN SUSP NAPROXEN TAB NAPROXEN DR TAB PIROXICAM CAP SULINDAC TAB	† PA Required	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 NAPROXEN TAB ER OXAPROZIN TAB SPRIX® SPR TIVORBEX CAP VIMOVO TAB ZIPSOR CAP ZORVOLEX CAP
Antihistamines			
H1 blockers			
Non-Sedating H1 Blockers			
	CETIRIZINE OTC LEVOCETIRIZINE 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® CETIRIZINE D OTC CLARITIN® CLARINEX® DESLORATADINE FEXOFENADINE SEMPREX® XYZAL®
Anti-infective Agents			
Aminoglycosides			
Inhaled Aminoglycosides			
	BETHKIS® KITABIS® PAK TOBRAMYCIN NEBULIZER		TOBI PODHALER®
Antivirals			
Alpha Interferons			
	PEGASYS® PEGASYS® CONVENIENT PACK		

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	PEG-INTRON® and REDIPEN		
Anti-hepatitis Agents			
Polymerase Inhibitors/Combination Products			
	EPCLUSA® HARVONI® LEDIPASVIR/ SOFOSBUVIR MAVYRET® SOFOSBUVIR/ VELPATASVIR	PA required: (see below) http://dhcfp.nv.gov/uploadedFiles/dhcfpnv.gov/content/Resources/AdminSupport/Manuals/MSMCh1200Packet6-11-15(1).pdf https://www.medicaid.nv.gov/Downloads/provider/Pharmacy_Announcement_Viekira_2015-0721.pdf	DAKLINZA® OLYSIO® SOVALDI® TECHNIVIE® VIEKIRA® PAK VOSEVI® ZEPATIER®
Ribavirins			
	RIBAVIRIN		RIBASPHERE RIBAPAK® MODERIBA® REBETOL®
Anti-Herpetic Agents			
	ACYCLOVIR FAMCICLOVIR VALCYCLOVIR		FAMVIR®
Influenza Agents			
	AMANTADINE OSELTAMIVIR CAP/SUSP RIMANTADINE RELENZA®		RAPIVAB TAMIFLU® XOFLUZA®
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	PA Required	CEDAX® CAPS and SUSP CEFDITOREN CEFIXIME CAPS/SUSP OMNICEF® SPECTRACEF® SUPRAX® VANTIN®

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Macrolides			
	AZITHROMYCIN TABS/SUSP CLARITHROMYCIN TABS/SUSP ERYTHROMYCIN BASE ERYTHROMYCIN ESTOLATE ERYTHROMYCIN ETHYLSUCCINATE ERYTHROMYCIN STEARATE		BIAXIN® DIFICID® ZITHROMAX® ZMAX®
Quinolones			
Quinolones - 2nd Generation			
	CIPROFLOXACIN TABS CIPRO® SUSP	PA Required	FLOXIN® OFLOXACIN
Quinolones - 3rd Generation			
	LEVOFLOXACIN MOXIFLOXACIN	PA Required	AVELOX® LEVAQUIN®
Autonomic Agents			
Sympathomimetics			
Self-Injectable Epinephrine			
	EPINEPHRINE AUTO INJ EPINEPHRINE®	* PA required	ADRENACLICK® QL AUVI-Q® * SYMJEPI®
Biologic Response Modifiers			
Immunomodulators			
Targeted Immunomodulators			
	ACTEMRA® AVSOLA® CIMZIA® COSENTYX® ENBREL® HUMIRA® INFLECTRA® KEVZARA® KINERET® OLUMIANT® ORENCIA® OTEZLA® RENFLEXIS® SILIQ® SIMPONI® STELARA®	<p>Prior authorization is required for all drugs in this class</p> <p>https://www.medicaid.nv.gov/Downloads/provider/FA-61.pdf</p>	ILARIS® ENTYVIO® ILUMYA® REMICADE® RINVOQ® SKYRIZI® TREMIFYA

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	TALTZ® XELJANZ®		
Multiple Sclerosis Agents			
Injectable			
	AVONEX® AVONEX® ADMIN PACK BETASERON® COPAXONE® QL REBIF® QL TYSABRI®	<i>Trial of only one agent is required before moving to a non-preferred agent PA required</i>	EXTAVIA® GLATIRAMER GLATOPA® KESIMPTA® LEMTRADA® OCREVUS® PLEGRIDY®
Oral			
	AUBAGIO® GILENYA® TECFIDERA®	PA required	BAFIERTAM® DIMETHYL FUMARATE MAVENCLAD® MAYZENT® VUMERITY® ZEPOSIA®
Specific Symptomatic Treatment			
	DALFAMPRIDINE _{QL}	PA required	AMPYRA® _{QL}
Cardiovascular Agents			
Antihypertensive Agents			
Angiotensin II Receptor Antagonists			
	LOSARTAN LOSARTAN HCTZ VALSARTAN VALSARTAN HCTZ		ATACAND® AVAPRO® BENICAR® CANDESARTAN COZAAR® DIOVAN® DIOVAN HCTZ® EDARBI® EDARBYCLOR® EPROSARTAN HYZAAR® IRBESARTAN MICARDIS® TELMISARTAN TEVETEN®
Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors)			
	BENAZEPRIL BENAZEPRIL HCTZ CAPTOPRIL CAPTOPRIL HCTZ ENALAPRIL	£ PREFERRED FOR AGES 10 AND UNDER ‡ NONPREFERRED FOR OVER 10 YEARS OLD	ACCURETIC® EPANED® ‡ FOSINOPRIL MAVIK® MOEXIPRIL

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	ENALAPRIL HCTZ EPANED® £ LISINOPRIL LISINOPRIL HCTZ RAMIPRIL		PERINDOPRIL QUINAPRIL QUINARETIC® QBRELIS® TRANDOLAPRIL UNIVASC®
Beta-Blockers			
	ACEBUTOLOL ATENOLOL ATENOLOL/CHLORTH BISOPROLOL BISOPROLOL/HCTZ BYSTOLIC® CARVEDILOL LABETALOL METOPROLOL (Reg Release and Ext release) PINDOLOL PROPRANOLOL PROPRANOLOL/HCTZ SOTALOL		BETAXOLOL KAPSPARGO® NADOLOL SOTYLIZE® TIMOLOL
Calcium-Channel Blockers			
	AFEDITAB CR® AMLODIPINE AMLODIPINE/BENAZEPRIL AMLODIPINE/VALSARTAN AMLODIPINE/VALSARTAN /HCT CARTIA XT® DILTIA XT® DILTIAZEM ER DILTIAZEM HCL FELODIPINE ER NICARDIPINE NIFEDIPINE ER TAZTIA XT® VERAPAMIL VERAPAMIL ER		EXFORGE® EXFORGE HCT® ISRADIPINE KATERZIA® LOTREL® MATZIM TAB LA NISOLDIPINE ER NORVASC® NYMALIZE® SOLN
Vasodilators			
	Inhaled		
	VENTAVIS® TYVASO®		

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	Oral		
	BOSENTAN ORENITRAM® REVATIO® TADALAFIL		ADCIRCA® ADEMPAS® ALYQ® AMBRISENTAN LETAIRIS® OPSUMIT® SILDENAFIL TRACLEER® UPTRAVI®
Antilipemics			
Bile Acid Sequestrants			
	COLESTIPOL CHOLESTYRAMINE WELCHOL®		QUESTRAN®
Cholesterol Absorption Inhibitors			
	EZETIMIBE		ZETIA®
Fibric Acid Derivatives			
	FENOFIBRATE FENOFIBRIC GEMFIBROZIL		ANTARA® FENOGLIDE® FIBRICOR® LIPOFEN® LOFIBRA® TRICOR® TRIGLIDE® TRILIPIX®
HMG-CoA Reductase Inhibitors (Statins)			
	ATORVASTATIN LOVASTATIN PRAVASTATIN ROSUVASTATIN SIMVASTATIN VYTORIN®		ALTOPREV® AMLODIPINE/ATORVASTATIN CADUET® CRESTOR® QL EZALLOR® EZETIMIBE-SIMVASTATIN FLUVASTATIN FLUVASTATIN XL LESCOL® LESCOL XL® LIPITOR® LIPTRUZET® LIVALO® MEVACOR® PRAVACHOL® SIMCOR® ZOCOR® ZYPITAMAG®

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Niacin Agents			
	NIASPAN® (Brand only) NIACIN ER (ALL GENERIC)		NIACOR®
Omega-3 Fatty Acids			
	OMEGA-3-ACID VASCEPA®		LOVAZA®
Dermatological Agents			
Antipsoriatic Agents			
	DOVONEX® CREAM SORILUX® (FOAM) TACLONEX® SUSP VECTICAL® (OINT)		CALCITENE® CALCIPOTRIENE CALCIPOTRIENE OINT/BETAMETHAZONE DUOBRII® LOTION ENSTILAR® (AER) TACLONEX OINT
Topical Analgesics			
	CAPSAICIN FLECTOR® LIDOCAINE LIDOCAINE HC LIDOCAINE VISCOUS LIDOCAINE/PRILOCAINE PENNSAID® VOLTAREN® GEL		DICLOFENAC (gel/sol) EMLA® LICART® LIDODERM® QL LIDAMANTLE® ZTLIDO®
Topical Anti-infectives			
Acne Agents: Topical, Benzoyl Peroxide, Antibiotics and Combination Products			
	ACANYA® ACZONE GEL® AZELEX® 20% cream BENZOYL PEROXIDE (2.5, 5 and 10% only) CLINDAMYCIN ERYTHROMYCIN/BENZOYL PEROXIDE SODIUM	PA required if over 21 years old	AMZEEQ® FOAM BENZACLIN® BENZOYL PER AEROSOL CLINDAMYCIN AEROSOL CLINDAMYCIN/BENZOYL PEROXIDE GEL DAPSONE GEL DUAC CS® ERYTHROMYCIN ONEXTON GEL® SODIUM SULFACETAMIDE/SULFUR SULFACETAMIDE
Impetigo Agents: Topical			
	MUPIROCIN OINT		ALTABAX® CENTANY® MUPIROCIN CREAM

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Topical Antivirals			
	ABREVA® DENA VIR® XERESE® CREAM ZOVIRAX® CREAM ZOVIRAX®, OINTMENT		ACYCLOVIR OINT ACYCLOVIR CREAM
Topical Scabicides			
	LINDANE NATROBA® NIX® PERMETHRIN RID® ULESFIA®		EURAX® MALATHION OVIDE® SKLICE® SPINOSAD VANALICE® GEL
Topical Anti-inflammatory Agents			
Immunomodulators: Topical			
	ELIDEL® QL EUCRISA® PROTOPIC® QL	Prior authorization is required for all drugs in this class	PIMECROLIMUS TACROLIMUS
Topical Antineoplastics			
Topical Retinoids			
	DIFFERIN® RETIN-A TAZORAC® ZIANA®	Payable only for recipients up to age 21.	ADAPALENE GEL AND CREAM ADAPALENE/BENZOYL PEROXIDE ATRALIN® AVITA® EPIDUO® RETIN-A MICRO®(Pump and Tube) TAZAROTENE TRETINOIN TRETIN-X® VELTIN®
Electrolytic and Renal Agents			
Phosphate Binding Agents			
	CALCIUM ACETATE CAP CALCIUM ACETATE TAB PHOSLYRA® RENAGEL® RENVELA®		AURYXIA® FOSRENOL® LANTHANUM CARBONATE PHOSLO® SEVELAMER CARBONATE SEVELAMER HCL VELPHORO®

	Preferred Products	PA Criteria	Non-Preferred Products
Gastrointestinal Agents			
Antiemetics			
Pregnancy-induced Nausea and Vomiting Treatment			
	BONJESTA® OTC Doxylamine 25mg/Pyridoxine 10mg		DICLEGIS® DOXYLAMINE-PYRIDOXINE TAB 10-10
Serotonin-receptor antagonists/Combo			
	GRANISETRON QL ONDANSETRON QL	PA required for all medication in this class	AKYNZEO® ANZEMET® QL SANCUSO® ZOFRAN® QL ZUPLENZ® QL BARHEMSYS®
Antiulcer Agents			
H2 blockers			
	FAMOTIDINE RANITIDINE RANITIDINE SYRUP*	*PA not required for < 12 years	
Proton Pump Inhibitors (PPIs)			
	DEXILANT® NEXIUM® POWDER FOR SUSP* OMEPRAZOLE PANTOPRAZOLE	PA required if exceeding 1 per day *for children ≤ 12 yrs.	ACIPHEX® ESOMEPRAZOLE LANSOPRAZOLE NEXIUM® CAPSULES PREVACID® PRILOSEC® PRILOSEC® OTC TABS PROTONIX® RABEPRAZOLE SODIUM
Functional Gastrointestinal Disorder Drugs			
	AMITIZA® LINZESS®	PA required	MOTEGRITY® MOVANTIK® RELISTOR® SYMPROIC® TRULANCE® ZELNORM®
Gastrointestinal Anti-inflammatory Agents			
	APRISO® ASACOL®SUPP CANASA® COLAZAL® DELZICOL® PENTASA® SULFASALAZINE DR SULFASALAZINE IR		BALSALAZIDE® ASACOL HD® LIALDA ® MESALAMINE (GEN APRISO) MESALAMINE (GEN ASACOL HD) MESALAMINE (GEN DELZICOL) MESALAMINE (GEN LIALDA) MESALAMINE ENEMA SUSP MESALAMINE SUPP

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Gastrointestinal Enzymes			
	CREON® ZENPEP®		PANCREAZE® PANCRELIPASE PERTZYE® ULTRESA® VIOKACE®
Genitourinary Agents			
Benign Prostatic Hyperplasia (BPH) Agents			
5-Alpha Reductase Inhibitors			
	DUTASTERIDE FINASTERIDE		AVODART® DUTASTERIDE/TAMSULOSIN JALYN® PROSCAR®
Alpha-Blockers			
	ALFUZOSIN DOXAZOSIN TAMSULOSIN TERAZOSIN		CARDURA® FLOMAX® MINIPRESS® PRAZOSIN RAPAFLO® SILODOSIN UROXATRAL®
Bladder Antispasmodics			
	BETHANECHOL OXYBUTYNIN TABS/SYRUP/ER SOLIFENACIN TOVIAZ®		DARIFENACIN DETROL® DETROL LA® DITROPAN XL® ENABLEX® FLAVOXATE GELNIQUE® MYRBETRIQ® OXYTROL® SANCTURA® TOLTERODINE TROSPIUM VESICARE® VESICARE® LS
Hematological Agents			
Anticoagulants			
Oral			
	COUMADIN® ELIQUIS® * JANTOVEN® PRADAXA® * QL	* No PA required if approved diagnosis code transmitted on claim	SAVAYSA®*

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	WARFARIN XARELTO® *		
	Injectable		
	FONDAPARINUX ENOXAPARIN FRAGMIN®		ARIXTRA® INNOHEP® LOVENOX®
	Erythropoiesis-Stimulating Agents		
	ARANESP® QL RETACRIT®	PA required Quantity Limit	EPOGEN® QL MIRCERA® QL PROCRIT® QL
	Platelet Inhibitors		
	AGGRENOX® ASPIRIN BRILINTA® * QL CILOSTAZOL® CLOPIDOGREL DIPYRIDAMOLE PRASUGREL	* PA required	ANAGRELIDE ASPIRIN/DIPYRIDAMOLE DURLAZA® EFFIENT® * QL PLAVIX® YOSPRALA® ZONTIVITY®
	Hormones and Hormone Modifiers		
	Androgens		
	ANDRODERM®	PA required PA Form: https://www.medicaid.nv.gov/Downloads/provider/FA-72.pdf	ANDROGEL® AXIRON® FORTESTA® NATESTO® STRIANT® TESTIM® TESTOSTERONE GEL TESTOSTERONE SOL VOGELXO®
	Antidiabetic Agents		
	Alpha-Glucosidase Inhibitors/Amylin analogs/Misc.		
	ACARBOSE GLYSET® SYMLIN® (PA required)		CYCLOSET® PRECOSE®
	Biguanides		
	FORTAMET® METFORMIN EXT-REL (Glucophage XR®) METFORMIN EXT-REL (Glucophage XR®) METFORMIN (Glucophage®) METFORMIN ER (GEN GLUMETZA)		GLUCOPHAGE® GLUCOPHAGE XR® GLUMETZA® METFORMIN (GEN FORTAMET)

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	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® BYDUREON® PEN BYETTA® OZEMPIC® TRULICITY® VICTOZA®	No PA required if Dx of Type 2 Diabetes transmitted on claim	ADLYXIN® BYDUREON® BCISE RYBELSUS® SOLIQUA® TANZEUM® XULTOPHY®
Insulins (Vials, Pens and Inhaled)			
	APIDRA® HUMALOG® HUMULIN® 70/30 HUMULIN® U-500 INSULIN LISPRO INJ 100U/ML LANTUS® LEVEMIR® NOVOLIN® N NOVOLIN® R NOVOLIN® 70/30 NOVOLOG® INSULIN ASPART TOUJEO SOLO® 300 IU/ML TRESIBA FLEX INJ		ADMELOG® AFREZZA® BASAGLAR® FIASP® HUMULIN® N HUMULIN® R HUMALOG® U-200 INSULIN ASPART MIX INSULIN LISPRO MIX LYUMJEV® NOVOLIN® 70/30 SEMGLEE®
Meglitinides			
	REPAGLINIDE		NATEGLINIDE (Starlix®) PRANDIN® STARLIX®
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			
	FARXIGA® GLYXAMBI® INVOKANA® INVOKAMET® JARDIANCE® SYNJARDY® SYNJARDY® XR XIGDUO XR®		INVOKAMET® XR QTERN® SEGLUROMET® STEGLATRO® STEGLUJAN™ TRIJARDY® XR

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Sulfonylureas			
	DIABETA® GLIMEPIRIDE (Amaryl®) GLIPIZIDE (Glucotrol®) GLIPIZIDE EXT-REL (Glucotrol XL®) GLYBURIDE MICRONIZED (Glynase®) GLYBURIDE (Diabeta®) METAGLIP®		AMARYL® CHLORPROPAMIDE GLYNASE® GLUCOTROL® GLUCOTROL XL® GLYBURIDE/METFORMIN (Glucovance®) GLUCOVANCE® GLIPIZIDE/METFORMIN (Metaglip®) TOLAZAMIDE TOLBUTAMIDE
Thiazolidinediones			
	PIOGLITAZONE		ACTOPLUS MET XR® ACTOPLUS MET® ACTOS® AVANDAMET® AVANDARYL® AVANDIA® DUETACT® PIOGLITAZONE/METFORMIN PIOGLITAZONE/GLIMEPR
Anti-Hypoglycemic Agents			
	GLUCAGON EMERGENCY KIT		BAQSIMI® GVOKE®
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			
	DUPIXENT® FASENRA®	PA Required	CINQAIR®

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	NUCALA® XOLAIR®		
Musculoskeletal Agents			
Antigout Agents			
	ALLOPURINOL COLCRYS® TAB PROBENECID PROBENECID/COLCHICINE ULORIC®		COLCHICINE TAB/CAP FEBUXOSTAT MITIGARE® CAP ZURAMPIC® 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 ROPINIROLE		HORIZANT® MIRAPEX® MIRAPEX® ER REQUIP XL REQUIP
Skeletal Muscle Relaxants			
	BACLOFEN CHLORZOXAZONE CYCLOBENZAPRINE DANTROLENE METHOCARBAMOL METHOCARBAMOL/ASPIRIN ORPHENADRINE CITRATE ORPHENADRINE COMPOUND TIZANIDINE		
Neurological Agents			
Alzheimers Agents			
	DONEPEZIL DONEPEZIL ODT		ARICEPT® 23mg ARICEPT®

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	EXELON® PATCH EXELON® SOLN MEMANTINE TABS		GALANTAMINE GALANTAMINE ER MEMANTINE SOL MEMANTINE XR NAMENDA® TABS NAMENDA® XR TABS NAMZARIC® RAZADYNE® RAZADYNE® ER RIVASTIGMINE CAPS RIVASTIGMINE TRANSDERMAL
Anticonvulsants			
	CARBAMAZEPINE CARBAMAZEPINE XR CARBATROL ER® CELONTIN® DEPAKENE® DEPAKOTE ER® DEPAKOTE® DIVALPROEX SODIUM DIVALPROEX SODIUM ER EPIDIOLEX® EPITOL® ETHOSUXIMIDE FELBATOL® FINTEPLA® * FYCOMPA® GABAPENTIN GABITRIL® LAMACTAL ODT® LAMACTAL XR® LAMICTAL® LAMOTRIGINE LEVETIRACETAM LYRICA® NEURONTIN® OXCARBAZEPINE QUDEXY XR® STAVZOR® DR TEGRETOL® TEGRETOL XR® TOPAMAX® TOPIRAGEN® TOPIRAMATE IR	PA required for members under 18 years old *PA Required for all ages	APTIOM® BANZEL® BRIVIACT® DIACOMIT® KEPBRA XR® KEPBRA® OXTELLAR XR® POTIGA® SABRIL® SPRITAM® TOPIRAMATE ER TROKENDI XR® VIGABATRIN XCOPRI®

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	Preferred Products	PA Criteria	Non-Preferred Products
	TRILEPTAL® VALPROATE ACID VIMPAT® ZARONTIN® ZONEGRAN® ZONISAMIDE		
Barbiturates			
	LUMINAL® MEBARAL® MEPHOBARBITAL SOLFOTON® PHENOBARBITAL MYSOLINE® PRIMIDONE	PA required for members under 18 years old	
Benzodiazepines			
	CLOBAZAM CLONAZEPAM CLORAZEPATE DIASSTAT® DIAZEPAM NAYZILAM® SPRAY* TRANXENE T-TAB® VALIUM® VALTOCO® SPRAY*	*PA Required for all ages	DIAZEPAM rectal soln KLONOPIN® ONFI® SYMPAZAN® FILM
Hydantoins			
	CEREBYX® DILANTIN® ETHOTOIN FOSPHENYTOIN PEGANONE® PHENYTEK® PHENYTOIN PRODUCTS		
Anti-Migraine Agents			
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists			
	AJOVY® EMGALITY® NURTEC® ODT UBRELVY®	PA required for all products	AIMOVIG®
Serotonin-Receptor Agonists			
	RIZATRIPTAN ODT SUMATRIPTAN TABLET ZOLMITRIPTAN ODT ZOMIG® SPRAY	PA required for exceeding Quantity Limit	ALMOTRIPTAN AMERGE® AXERT® FROVA® ELETRIPTAN

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			FROVATRIPTAN SUCCINATE IMITREX® MAXALT® TABS MAXALT® MLT NARATRIPTAN ONZETRA XSAIL® RELPAX® REYVOW® RIZATRIPTAN BENZOATE SUMATRIPTAN INJECTION SUMATRIPTAN NASAL SPRAY SUMATRIPTAN/NAPROXEN SUMAVEL® TOSYMRA® TREXIMET® ZEMBRACE SYMTOUCH ZOLMITRIPTAN ZOMIG® TAB ZOMIG® ZMT
Antiparkinsonian Agents			
Dopamine Precursors			
	CARBIDOPA/LEVODOPA CARBIDOPA/LEVODOPA ER CARBIDOPA/LEVODOPA ODT STALEVO®	<i>Trial of only one agent is required before moving to a non-preferred agent</i>	CARBIDOPA/LEVODOPA/EN TACAPONE DUOPA™ INBRIJA™ (INH) LODOSYN® TAB RYTARY™
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®		ALPHAGAN® BETAGAN® BETOPTIC® BIMATOPROST COSOPT PF® COSOPT® DORZOL/TIMOL SOL PF

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	DORZOLAM DORZOLAM / TIMOLOL LATANOPROST LEVOBUNOLOL LUMIGAN® METIPRANOLOL RHOPRESSA® ROCKLATAN® SIMBRINZA® TIMOLOL DROPS/ GEL SOLN TRAVATAN Z® TRAVATAN®		OCUPRESS® OPTIPRANOLOL® TIMOPTIC XE® TIMOPTIC® TRAVOPROST BAK Free TRUSOPT® VYZULTA® XALATAN® XELPROS® ZIOPTAN®
Ophthalmic Antihistamines			
	BEPREVE® KETOTIFEN PAZEO® ZADITOR OTC®		ALAWAY® AZELASTINE ALOMIDE ALOCRIL ELESTAT® EMADINE® EPINASTINE LASTACRAFT® OLOPATADINE (drop/sol) OPTIVAR® PATADAY® PATANOL® ZERVIATE®
Ophthalmic Anti-infectives			
Ophthalmic Macrolides			
	ERYTHROMYCIN OINTMENT		
Ophthalmic Quinolones			
	BESIVANCE® CIPROFLOXACIN VIGAMOX® Zymaxid®		CILOXAN® GATIFLOXACIN LEVOFLOXACIN MOXEZA® MOXIFLOXACIN OFLOXACIN®
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

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			TOBRADEX ST SUS
Ophthalmic Anti-inflammatory Agents			
Ophthalmic Corticosteroids			
	ALREX® DUREZOL® FLAREX® FML® FML FORTE® MAXIDEX® PRED FORTE®		DEXAMETHASONE FLUROMETHOLONE INVELTYS® LOTEMAX® LOTEPREDNOL OMNIPRED® PREDNISOLONE 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®		CEQUA® RESTASIS® MULTIDOSE XIIDRA®
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 CONCERTA® DAYTRANA® DESOXYN® DEXMETHYLPHENIDATE DEXTROAMPHETAMINE SA TAB DEXTROAMPHETAMINE TAB FOCALIN XR®	PA required for entire class	ADDERALL® ADHANSIA® XR ADZENYS® AMPHETAMINE ER SUSP AMPHETAMINE SALT COMBO XR APTENSIO XR® ATOMOXETINE CLONIDINE HCL ER COTEMPLA XR®-ODT

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	Preferred Products	PA Criteria	Non-Preferred Products
	GUANFACINE ER JORNAY PM® METADATE CD® METHYLIN® METHYLPHENIDATE METHYLPHENIDATE ER (All forms generic extended release) METHYLPHENIDATE SOL RITALIN LA® STRATTERA® VYVANSE®	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	DEXEDRINE® DEXTROAMPHETAMINE SOLUTION DYANAVEL® EVEKEO® EVEKEO® ODT FOCALIN® INTUNIV® METADATE ER® METHYLPHENIDATE TAB ER (RELEXXII) METHYLPHENIDATE CHEW MYDAYIS® PROCENTRA® QUILLICHEW® QUILLIVANT® XR SUSP RELEXXII® RITALIN® ZENZEDI®
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 <i>No PA required if ICD-10 - M79.1; M60.0-M60.9, M61.1.</i>	APLENZIN® BRINTELLIX® (Discontinued) CYMBALTA® DESVENLAFAXINE FUMARATE 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® PAROXETINE ER PAXIL® PROZAC® SARAFEM® ZOLOFT®

	Preferred Products	PA Criteria	Non-Preferred Products
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) *(No PA required Parkinson's related psychosis ICD code on claim)	ABILIFY® ABILIFY MYCITE ® CAPLYTA® CLOZARIL® FAZACLO® GEODON® INVEGA® PALIPERIDONE RISPERDAL® SECUADO® SEROQUEL® SEROQUEL XR® ZYPREXA®
Atypical Antipsychotics – Long Acting Injectable			
	ABILIFY® MAINTENA ARISTADA® ARISTADA® INITIO INVEGA® SUSTENNA INVEGA® TRINZA* RISPERDAL® CONSTA PERSERIS® ZYPREXA® RELPREVV	*PA Required	
Anxiolytics, Sedatives, and Hypnotics			
	ESTAZOLAM FLURAZEPAM ROZEREM® TEMAZEPAM TRIAZOLAM ZALEPLON ZOLPIDEM	No PA required if approved diagnosis code transmitted on claim (All agents in this class)	AMBIEN® AMBIEN CR® BELSOMRA® DORAL® ESZOPICLONE EDLUAR® HETLIOZ® INTERMEZZO® LUNESTA® SILENOR® SOMNOTE®

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		PA required for members under 18 years old	SONATA® ZOLPIDEM CR ZOLPIMIST®
Psychostimulants			
Narcolepsy Agents			
	ARMODAFINIL * NUVIGIL® * PROVIGIL® * WAKIX® **	* (No PA required for ICD-10 code G47.4) **PA Required for all ages	MODAFINIL * SUNOSI®** XYREM® **
Respiratory Agents			
Nasal Antihistamines			
	AZELASTINE DYMISTA® OLOPATADINE		ASTEPRO® PATANASE®
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® ANORO ELLIPTA® ASMANEX® BEVESPI® BREO ELLIPTA® BUDESONIDE NEBS* DULERA®		AEROSPAN HFA® AIRDUO® ALVESCO® ARCAPTA NEOHALER® ARMONAIR® ARNUITY ELLIPTA® BREZTRI® BROVANA®

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	FLOVENT DISKUS® QL FLOVENT HFA® QL INCRUSE ELLIPTA® PULMICORT FLEXHALER® QVAR® SEREVENT DISKUS® QL SPIRIVA® HANDIHALER SPIRIVA RESPIMAT® STIOLTO RESPIMAT® STRIVERDI RESPIMAT® SYMBICORT® TUDORZA®		BUDESONIDE / FORMOTEROL DUAKLIR® PRESSAIR FLUTICASONE PROPIONATE / SALMETEROL POW LONHALA MAGNAIR® PERFORMIST NEBULIZER® QVAR® REDIHALER™ SEEBRI NEOHALER® TRELEGY ELLIPTA® UTIBRON NEOHALER® WIXELA® YUPELRI®
Short-Acting/Rescue Therapy			
	ALBUTEROL NEB/SOLN ATROVENT® COMBIVENT RESPIMAT® IPRATROPIUM NEBS IPRATROPIUM/ALBUTER OL NEBS QL PROAIR® HFA VENTOLIN HFA® XOPENEX® HFA* QL XOPENEX® Solution* QL		ALBUTEROL AER HFA LEVALBUTEROL* HFA LEVALBUTEROL* NEBS PROAIR RESPICLICK® PROVENTIL® HFA
Toxicology Agents			
Antidotes			
Opiate Antagonists			
	EVZIO® NALOXONE NARCAN® NASAL SPRAY		
Substance Abuse Agents			
	BUPRENORPHINE / NALOXONE TAB BUPRENORPHINE SUB TAB SUBLOCADE® SUBOXONE® VIVITROL®		BUNAVAIL® BUPRENORPHINE / NALOXONE FILM ZUBSOLV®