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Effective November 1, 2021

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<b>Analgesics</b>			
<b>Analgesic/Miscellaneous</b>			
<b>Neuropathic Pain/Fibromyalgia Agents</b>			
	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® *
<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® NUCYNTA® ER	PA required for Fentanyl Patch  General PA Form: <a href="#">Form FA-59</a>	AVINZA® QL BUPRENORPHINE PATCH DOLOPHINE® DURAGESIC® PATCHES QL EXALGO® HYDROCODONE BITARTRATE ER KADIAN® QL METHADONE METHADOSE® MS CONTIN® QL OPANA ER® OXYCODONE SR QL OXYMORPHONE SR XARTEMIS XR® QL ZOHYDRO ER® QL
<b>Opiate Agonists - Abuse Deterrent</b>			
	XTAMPZA ER®		HYDROCODONE BITARTRATE ER HYSINGLA ER® OXYCONTIN® QL
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral</b>			
	CELECOXIB CAP DICLOFENAC POTASSIUM		CAMBIA® POWDER

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	DICLOFENAC TAB DR 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
<b>Antihistamines</b>			
<b>H1 blockers</b>			
<b>Non-Sedating H1 Blockers</b>			
	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®
<b>Anti-infective Agents</b>			
<b>Aminoglycosides</b>			
<b>Inhaled Aminoglycosides</b>			
	BETHKIS® KITABIS® PAK TOBRAMYCIN NEBULIZER		TOBI PODHALER®
<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®  LEDIPASVIR/ SOFOSBUVIR MAVYRET® SOFOSBUVIR/ VELPATASVIR	PA required: (see below) <a href="http://dhcfp.nv.gov/uploadedFiles/dhcfp.nv.gov/content/Resources/AdminSupport/Manuals/MSMCh1200Packet6-11-15(1).pdf">http://dhcfp.nv.gov/uploadedFiles/dhcfp.nv.gov/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® SOVALDI® TECHNIVIE®  VIEKIRA® PAK VOSEVI®  ZEPATIER®
Ribavirins			
	RIBAVIRIN		RIBASPHERE RIBAPAK® MODERIBA® REBETOL®
<b>Anti-Herpetic Agents</b>			
	ACYCLOVIR FAMCICLOVIR VALCYCLOVIR		FAMVIR®
<b>Influenza Agents</b>			
	AMANTADINE OSELTAMIVIR CAP/SUSP RIMANTADINE RELENZA®		RAPIVAB TAMIFLU® XOFLUZA®
<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	PA Required	CEDAX® CAPS and SUSP CEFDITOREN CEFIXIME CAPS/SUSP OMNICEF® SPECTRACEF® SUPRAX® VANTIN®
<b>Macrolides</b>			
	AZITHROMYCIN TAB/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	PA Required	FLOXIN® OFLOXACIN
<b>Quinolones - 3rd Generation</b>			
	LEVOFLOXACIN MOXIFLOXACIN	PA Required	AVELOX® LEVAQUIN®
<b>Autonomic Agents</b>			
<b>Sympathomimetics</b>			
<b>Self-Injectable Epinephrine</b>			
	EPINEPHRINE AUTO INJ EPINEPHRINE®	* PA required	ADRENACLICK® QL AUVI-Q® * SYMJEPI®
<b>Biologic Response Modifiers</b>			
<b>Immunomodulators</b>			
<b>Targeted Immunomodulators</b>			
	ACTEMRA® AVSOLA® CIMZIA® COSENTYX® ENBREL® HUMIRA®  INFLECTRA®  KEVZARA® KINERET® OLUMIANT® ORENCIA® OTEZLA® RENFLEXIS® SILIQ® SIMPONI® STELARA® TALTZ® XELJANZ®	Prior authorization is required for all drugs in this class <a href="#">Form FA-61</a>	ILARIS® ENTYVIO® ILUMYA® REMICADE® RINVOQ® SKYRIZI® TREMIFYA

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<b>Multiple Sclerosis Agents</b>			
<b>Injectable</b>			
	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</i> PA required	EXTAVIA® GLATIRAMER GLATOPA® KESIMPTA® LEMTRADA® OCREVUS® PLEGRIDY®
<b>Oral</b>			
	AUBAGIO® GILENYA® TECFIDERA®	PA required	BAFIERTAM® DIMETHYL FUMARATE MAVENCLAD® MAYZENT® VUMERITY® ZEPOSIA®
<b>Specific Symptomatic Treatment</b>			
	DALFAMPRIDINE <sub>QL</sub>	PA required	AMPYRA® QL
<b>Cardiovascular Agents</b>			
<b>Antihypertensive Agents</b>			
<b>Angiotensin II Receptor Antagonists</b>			
	LOSARTAN LOSARTAN HCTZ VALSARTAN VALSARTAN HCTZ		ATACAND® AVAPRO® BENICAR® CANDESARTAN COZAAR® DIOVAN® DIOVAN HCTZ® EDARBI® EDARBYCLOR® EPROSARTAN HYZAAR® IRBESARTAN MICARDIS® TELMISARTAN TEVETEN®
<b>Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors)</b>			
	BENAZEPRIL BENAZEPRIL HCTZ CAPTOPRIL CAPTOPRIL HCTZ ENALAPRIL ENALAPRIL HCTZ EPANED® £	£ PREFERRED FOR AGES 10 AND UNDER  ‡ NONPREFERRED FOR OVER 10 YEARS OLD	ACCURETIC® EPANED® ‡ FOSINOPRIL MAVIK® MOEXIPRIL PERINDOPRIL QUINAPRIL



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	LISINOPRIL LISINOPRIL HCTZ RAMIPRIL		QUINARETIC® QBRELIS® TRANDOLAPRIL UNIVASC®
<b>Beta-Blockers</b>			
	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
<b>Calcium-Channel Blockers</b>			
	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
<b>Vasodilators</b>			
	Inhaled		
	VENTAVIS® TYVASO®		
	Oral		
	BOSENTAN ORENITRAM® REVATIO®		ADCIRCA® ADEMPAS® ALYQ®

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	TADALAFIL		AMBRISENTAN LETAIRIS® OPSUMIT® SILDENAFIL TRACLEER® UPTRAVI®
<b>Antilipemics</b>			
<b>Bile Acid Sequestrants</b>			
	COLESTIPOL CHOLESTYRAMINE WELCHOL®		QUESTRAN®
<b>Cholesterol Absorption Inhibitors</b>			
	EZETIMIBE		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 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®
<b>Niacin Agents</b>			
	NIASPAN® (Brand only) NIACIN ER (ALL GENERICS)		NIACOR®

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<b>Omega-3 Fatty Acids</b>			
	OMEGA-3-ACID VASCEPA®		LOVAZA®
<b>PCSK9 Inhibitors</b>			
	PRALUENT®		
	REPATHA®		
<b>Dermatological Agents</b>			
<b>Antipsoriatic Agents</b>			
	DOVONEX® CREAM SORILUX® (FOAM) TACLONEX® SUSP  VECTICAL® (OINT)		CALCITENE® CALCIPOTRIENE CALCIPOTRIENE OINT/BETAMETHAZONE DUOBRII® LOTION ENSTILAR® (AER) TACLONEX OINT
<b>Topical Analgesics</b>			
	CAPSAICIN FLECTOR® LIDOCAINE LIDOCAINE HC LIDOCAINE VISCOUS LIDOCAINE/PRILOCAINE PENNSAID® VOLTAREN® GEL		DICLOFENAC (gel/sol) EMLA® LICART® LIDODERM® QL LIDAMANTLE® ZTLIDO®
<b>Topical Anti-infectives</b>			
<b>Acne Agents: Topical, Benzoyl Peroxide, Antibiotics and Combination Products</b>			
	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
<b>Impetigo Agents: Topical</b>			
	MUPIROCIN OINT		ALTABAX® CENTANY® MUPIROCIN CREAM

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<b>Topical Antivirals</b>			
	ABREVA® DENA VIR® XERESE® CREAM ZOVIRAX® CREAM ZOVIRAX®, OINTMENT		ACYCLOVIR OINT ACYCLOVIR CREAM
<b>Topical Scabicides</b>			
	LINDANE NATROBA® NIX® PERMETHRIN RID® ULESFIA®		EURAX® IVERMECTIN MALATHION OVIDE® SKLICE® SPINOSAD VANALICE® GEL
<b>Topical Anti-inflammatory Agents</b>			
<b>Immunomodulators: Topical</b>			
	ELIDEL® QL EUCRISA® PROTOPIC® QL	Prior authorization is required for all drugs in this class	PIMECROLIMUS TACROLIMUS
<b>Topical Antineoplastics</b>			
<b>Topical Retinoids</b>			
	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®
<b>Electrolytic and Renal Agents</b>			
<b>Phosphate Binding Agents</b>			
	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
<b>Gastrointestinal Agents</b>			
<b>Antiemetics</b>			
<b>Pregnancy-induced Nausea and Vomiting Treatment</b>			
	BONJESTA® OTC Doxylamine 25mg/Pyridoxine 10mg		DICLEGIS® DOXYLAMINE-PYRIDOXINE TAB 10-10
<b>Serotonin-receptor antagonists/Combo</b>			
	GRANISETRON QL ONDANSETRON QL	PA required for all medication in this class	AKYNZEO® ANZEMET® QL SANCUSO® ZOFRAN® QL ZUPLENZ® QL BARHEMSYS®
<b>Antiulcer Agents</b>			
<b>H2 blockers</b>			
	FAMOTIDINE RANITIDINE RANITIDINE SYRUP*	*PA not required for < 12 years	
<b>Proton Pump Inhibitors (PPIs)</b>			
	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
<b>Functional Gastrointestinal Disorder Drugs</b>			
	AMITIZA®  LINZESS®	PA required	LUBIPROSTONE MOTEGRITY® MOVANTIK® RELISTOR® SYMPROIC® TRULANCE® ZELNORM®
<b>Gastrointestinal Anti-inflammatory Agents</b>			
	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

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			MESALAMINE SUPP
<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>			
	DUTASTERIDE FINASTERIDE		AVODART® DUTASTERIDE/TAMSULOSIN JALYN® PROSCAR®
<b>Alpha-Blockers</b>			
	ALFUZOSIN DOXAZOSIN TAMSULOSIN TERAZOSIN		CARDURA® FLOMAX® MINIPRESS® PRAZOSIN RAPAFLO® SILODOSIN UROXATRAL®
<b>Bladder Antispasmodics</b>			
	BETHANECHOL OXYBUTYNIN TABS/SYRUP/ER SOLIFENACIN TOVIAZ®		DARIFENACIN DETROL®  DETROL LA® DITROPAN XL® ENABLEX® FLAVOXATE GELNIQUE® MYRBETRIQ® OXYTROL® SANCTURA® TOLTERODINE TROSPIUM VESICARE® VESICARE® LS
<b>Hematological Agents</b>			
<b>Anticoagulants</b>			
<b>Oral</b>			
	COUMADIN® ELIQUIS® * JANTOVEN® PRADAXA® * QL	* No PA required if approved diagnosis code transmitted on claim	SAVAYSA®*

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	WARFARIN XARELTO® *		
	<b>Injectable</b>		
	FONDAPARINUX ENOXAPARIN FRAGMIN®		ARIXTRA® INNOHEP® LOVENOX®
	<b>Erythropoiesis-Stimulating Agents</b>		
	ARANESP® QL RETACRIT®	PA required Quantity Limit	EPOGEN® QL MIRCERA® QL PROCRIT® QL
	<b>Platelet Inhibitors</b>		
	AGGRENOX® ASPIRIN BRILINTA® * QL CILOSTAZOL® CLOPIDOGREL DIPYRIDAMOLE PRASUGREL	* PA required	ANAGRELIDE ASPIRIN/DIPYRIDAMOLE DURLAZA® EFFIENT® * QL PLAVIX® YOSPRALA® ZONTIVITY®
	<b>Hormones and Hormone Modifiers</b>		
	<b>Androgens</b>		
	ANDRODERM®	PA required PA Form: <a href="#">Form FA-72</a>	ANDROGEL® AXIRON® FORTESTA® NATESTO® STRIANT® TESTIM® TESTOSTERONE GEL TESTOSTERONE SOL VOGELXO®
	<b>Antidiabetic Agents</b>		
	<b>Alpha-Glucosidase Inhibitors/Amylin analogs/Misc.</b>		
	ACARBOSE GLYSET® SYMLIN® (PA required)		CYCLOSET® PRECOSE®
	<b>Biguanides</b>		
	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®		
<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® 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®
<b>Insulins (Vials, Pens and Inhaled)</b>			
	APIDRA® HUMALOG® HUMULIN® 70/30 HUMULIN® U-500 INSULIN LISPRO INJ 100U/ML LANTUS® LEVEMIR® NOVOLIN® N NOVOLIN® R  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®
<b>Meglitinides</b>			
	REPAGLINIDE		NATEGLINIDE (Starlix®) PRANDIN® STARLIX®
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>			
	FARXIGA® GLYXAMBI® INVOKANA® INVOKAMET® JARDIANCE® SYNJARDY® SYNJARDY® XR XIGDUO XR®		INVOKAMET® XR QTERN® SEGLUROMET® STEGLATRO® STEGLUJAN™ TRIJARDY® XR



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<b>Sulfonylureas</b>			
	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
<b>Thiazolidinediones</b>			
	PIOGLITAZONE		ACTOPLUS MET XR® ACTOPLUS MET® ACTOS® AVANDAMET® AVANDARYL® AVANDIA® DUETACT® PIOGLITAZONE/METFORMIN PIOGLITAZONE/GLIMEPR
<b>Anti-Hypoglycemic Agents</b>			
	GLUCAGON EMERGENCY KIT		BAQSIMI®  GVOKE®
<b>Pituitary Hormones</b>			
<b>Growth hormone modifiers</b>			
	GENOTROPIN® NORDITROPIN®	PA required for entire class <a href="#">Form FA-67</a>	HUMATROPE® NUTROPIN AQ® OMNITROPE® NUTROPIN® SAIZEN® SEROSTIM® SOMAVERT® TEV-TROPIN® ZORBTIVE®
<b>Progestins for Cachexia</b>			
	MEGESTROL ACETATE, SUSP		MEGACE ES®
<b>Monoclonal Antibodies for the treatment of Respiratory Conditions</b>			
	DUPIXENT® FASENRA®	PA Required	CINQAIR®

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	NUCALA® XOLAIR®		
<b>Musculoskeletal Agents</b>			
<b>Antigout Agents</b>			
	ALLOPURINOL COLCRYS® TAB PROBENECID PROBENECID/COLCHICINE ULORIC®		COLCHICINE TAB/CAP FEBUXOSTAT MITIGARE® CAP ZURAMPIC® ZYLOPRIM®
<b>Bone Resorption Inhibitors</b>			
<b>Bisphosphonates</b>			
	ALENDRONATE TABS		ACTONEL® ALENDRONATE SOLUTION ATELVIA® BINOSTO® BONIVA® DIDRONEL® ETIDRONATE FOSAMAX PLUS D® IBANDRONATE SKELID®
<b>Nasal Calcitonins</b>			
	CALCITONIN-SALMON		MIACALCIN®
<b>Restless Leg Syndrome Agents</b>			
	PRAMIPEXOLE  ROPINIROLE		HORIZANT® MIRAPEX® MIRAPEX® ER REQUIP XL 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		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
<b>Anticonvulsants</b>			
	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® KEPRA XR® KEPRA® OXTELLAR XR® POTIGA® SABRIL® SPRITAM® TOPIRAMATE ER TROKENDI XR® VIGABATRIN XCOPRI®

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	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>			
	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
<b>Hydantoins</b>			
	CEREBYX® DILANTIN® ETHOTOIN FOSPHENYTOIN PEGANONE® PHENYTEK® PHENYTOIN PRODUCTS		
<b>Anti-Migraine Agents</b>			
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>			
	AJOVY® EMGALITY® NURTEC® ODT UBRELVY®	PA required for all products	AIMOVIG® VYEPTI®
<b>Serotonin-Receptor Agonists</b>			
	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
<b>Antiparkinsonian Agents</b>			
<b>Dopamine Precursors</b>			
	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™
<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>			
	ALPHAGAN P® AZOPT® BETAXOLOL  BETOPTIC S®		ALPHAGAN® BETAGAN® BETOPTIC® BIMATOPROST BRIMONIDINE BRINZOLAMIDE COSOPT PF®

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	CARTEOLOL COMBIGAN® DORZOLAM DORZOLAM / TIMOLOL LATANOPROST LEVOBUNOLOL LUMIGAN® METIPRANOLOL RHOPRESSA® ROCKLATAN® SIMBRINZA® TIMOLOL DROPS/ GEL SOLN TRAVATAN Z® TRAVATAN®		COSOPT® DORZOL/TIMOL SOL PF OCUPRESS® OPTIPRANOLOL® TIMOPTIC XE® TIMOPTIC® TRAVOPROST BAK Free TRUSOPT® VYZULTA® XALATAN® XELPROS® ZIOPTAN®
<b>Ophthalmic Antihistamines</b>			
	BEPREVE® KETOTIFEN PAZEO® ZADITOR OTC®		ALAWAY® AZELASTINE ALOMIDE ALOCRIL ELESTAT® EMADINE® EPINASTINE LASTACRAFT® OLOPATADINE (drop/sol) OPTIVAR® PATADAY® PATANOL® ZERVIAE®
<b>Ophthalmic Anti-infectives</b>			
<b>Ophthalmic Macrolides</b>			
	ERYTHROMYCIN OINTMENT		
<b>Ophthalmic Quinolones</b>			
	BESIVANCE® CIPROFLOXACIN VIGAMOX® ZYMAXID®		CILOXAN® GATIFLOXACIN LEVOFLOXACIN MOXEZA® MOXIFLOXACIN OFLOXACIN®
<b>Ophthalmic Anti-infective/Anti-inflammatory Combinations</b>			
	NEO/POLY/DEX PRED-G SULF/PRED NA SOL OP		BLEPHAMIDE MAXITROL NEO/POLY/BAC OIN /HC

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	TOBRADEX OIN TOBRADEX SUS ZYLET SUS		NEO/POLY/HC SUS OP TOBRA/DEXAME SUS TOBRADEX ST SUS
<b>Ophthalmic Anti-inflammatory Agents</b>			
<b>Ophthalmic Corticosteroids</b>			
	ALREX® DUREZOL® FLAREX® FML® FML FORTE® MAXIDEX® PRED FORTE®		DEXAMETHASONE FLUOROMETHOLONE INVELTYS® LOTEMAX® LOTEPREDNOL OMNIPRED® PREDNISOLONE 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>			
	ARTIFICIAL TEARS RESTASIS®		CEQUA® RESTASIS® MULTIDOSE 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® OTIPRIO® OTOVEL® SOLN
<b>Psychotropic Agents</b>			
<b>ADHD Agents</b>			
	ADDERALL XR® AMPHETAMINE SALT COMBO IR CONCERTA® DAYTRANA® DESOXYN®  DEXMETHYLPHENIDATE DEXTROAMPHETAMINE SA TAB	PA required for entire class	ADDERALL® ADHANSIA® XR  ADZENYS® AMPHETAMINE ER SUSP AMPHETAMINE SALT COMBO XR APTENSIO XR® ATOMOXETINE

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	DEXTROAMPHETAMINE TAB FOCALIN XR® GUANFACINE ER JORNAY PM®  METADATE CD® METHYLIN® METHYLPHENIDATE METHYLPHENIDATE ER (All forms generic extended release) METHYLPHENIDATE SOL RITALIN LA® STRATTERA®  VYVANSE®	Children's Form: <a href="#">Form FA-69</a>  Adult Form: <a href="#">Form FA-68</a>	CLONIDINE HCL ER  COTEMPLA XR®-ODT 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®
<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  <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®
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>			
	CITALOPRAM ESCITALOPRAM FLUOXETINE PAROXETINE  PEXEVA®	PA required for members under 18 years old	CELEXA® FLUVOXAMINE QL LEXAPRO® LUVOX® PAROXETINE ER PAXIL®



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	SERTRALINE		PROZAC® SARAFEM® ZOLOFT®
<b>Antipsychotics</b>			
<b>Atypical Antipsychotics – Oral/Topical</b>			
	ARIPIPRAZOLE CLOZAPINE FANAPT® INVEGA® LATUDA® NUPLAZID®* OLANZAPINE QUETIAPINE QUETIAPINE XR REXULTI® RISPERIDONE SAPHRIS® VRAYLAR® ZIPRASIDONE	PA required for Ages under 18 years old PA Forms: <a href="#">Form FA-70A</a> (ages 0-5) <a href="#">Form FA-70B</a> (ages 6-18) *(No PA required Parkinson's related psychosis ICD code on claim)	ABILIFY® ABILIFY MYCITE® ASENAPINE CAPLYTA® CLOZARIL® FAZACLO® GEODON® PALIPERIDONE RISPERDAL® SECUADO® SEROQUEL® SEROQUEL XR® ZYPREXA®
<b>Atypical Antipsychotics – Long Acting Injectable</b>			
	ABILIFY® MAINTENA ARISTADA® ARISTADA® INITIO INVEGA® SUSTENNA INVEGA® TRINZA* RISPERDAL® CONSTA PERSERIS® ZYPREXA® RELPREVV	*PA Required	
<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®

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			ZOLPIDEM CR ZOLPIMIST®
<b>Psychostimulants</b>			
<b>Narcolepsy Agents</b>			
	ARMODAFINIL * NUVIGIL® * PROVIGIL® * WAKIX® **	* (No PA required for ICD-10 code G47.4) **PA Required for all ages	MODAFINIL * SUNOSI®** XYREM® **
<b>Respiratory Agents</b>			
<b>Nasal Antihistamines</b>			
	AZELASTINE DYMISTA® OLOPATADINE		ASTEPRO®  PATANASE®
<b>Respiratory Anti-inflammatory Agents</b>			
<b>Leukotriene Receptor Antagonists</b>			
	MONTELUKAST ZAFIRLUKAST ZYFLO® ZYFLO CR®		ACCOLATE® SINGULAIR® ZILEUTON ER
<b>Nasal Corticosteroids</b>			
	FLUTICASONE TRIAMCINOLONE ACETONIDE		BECONASE AQ® FLONASE® FLUNISOLIDE NASACORT AQ® NASONEX® OMNARIS® QNASL® RHINOCORT AQUA® VERAMYST® XHANCE™ ZETONNA®
<b>Phosphodiesterase Type 4 Inhibitors</b>			
	DALIRESP® QL	PA required	
<b>Long-acting/Maintenance Therapy</b>			
	ADVAIR® DISKUS ADVAIR HFA® ANORO ELLIPTA® ASMANEX®  BEVESPI® BREO ELLIPTA® BUDESONIDE NEBS* DULERA® FLOVENT DISKUS® QL		AEROSPAN HFA® AIRDUO® ALVESCO® ARCAPTA NEOHALER®  ARMONAIR® ARNUITY ELLIPTA® BREZTRI® BROVANA® BUDESONIDE / FORMOTEROL

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	FLOVENT HFA® QL INCRUSE ELLIPTA®  PULMICORT FLEXHALER® QVAR®  SEREVENT DISKUS® QL SPIRIVA® HANDIHALER SPIRIVA RESPIMAT® STIOLTO RESPIMAT® STRIVERDI RESPIMAT® SYMBICORT® TUDORZA®		DUAKLIR® PRESSAIR FLUTICASONE PROPIONATE / SALMETEROL POW LONHALA MAGNAIR® PERFORMIST NEBULIZER® QVAR® REDIHALER™ SEEBRI NEOHALER® TRELEGY ELLIPTA®  UTIBRON NEOHALER® WIXELA® YUPELRI®
<b>Short-Acting/Rescue Therapy</b>			
	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
<b>Toxicology Agents</b>			
<b>Antidotes</b>			
<b>Opiate Antagonists</b>			
	EVZIO® NALOXONE NARCAN® NASAL SPRAY		
<b>Substance Abuse Agents</b>			
	BUPRENORPHINE / NALOXONE TAB BUPRENORPHINE SUB TAB SUBLOCADE® SUBOXONE® VIVITROL®		BUNAVAIL®  BUPRENORPHINE / NALOXONE FILM ZUBSOLV®