Preferred Products	PA Criteria	Non-Preferred Products
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® 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	**PA required for Fentanyl Patch** **General PA Form:** https://www.medicaid.nv.gov/Downloads/provider/FA-59.pdf	AVINZA® QL BUTRANS® 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® OXYCONTIN® QL
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral (NEW CLASS)		
DICLOFENAC POTASSIUM NEW		CAMBIA® POWDER NEW
DICLOFENAC SODIUM TAB DR NEW		CELECOXIB CAP NEW
FLURBIPROFEN TAB NEW		DICLOFENAC SODIUM TAB ER NEW
IBUPROFEN SUSP NEW		DICLOFENAC WITH MISOPROSTOL TAB NEW

Preferred Products	PA Criteria	Non-Preferred Products
IBUPROFEN TAB NEW		DUEXIS® TAB NEW
INDOMETHACIN CAP NEW		ETODOLAC CAP NEW
KETOROLAC TAB NEW		ETODOLAC TAB NEW
MELOXICAM TAB NEW		ETODOLAC ER TAB NEW
NABUMETONE TAB NEW		INDOMETHACIN CAP ER NEW
NAPROXEN SUSP NEW		KETOPROFEN CAP NEW
NAPROXEN TAB NEW		MEFENAMIC ACID CAP NEW
NAPROXEN DR TAB NEW		MELOXICAM SUSP NEW
PIROXICAM CAP NEW		NAPRELAN® TAB CR NEW
SULINDAC TAB NEW		NAPROXEN TAB CR NEW
		OXAPROZIN TAB NEW
		TIVORBEX® CAP NEW
		VIMOVO® TAB NEW
		ZIPSOR® CAP NEW
		ZORVOLEX® CAP NEW
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 SEMPREX® XYZAL®
Anti-infective Agents		
Aminoglycosides		
Inhaled Aminoglycosides		
BETHKIS® KITABIS® PAK TOBI PODHALER® TOBRAMYCIN NEBULIZER		
Antivirals		
Alpha Interferons		
PEGASYS® PEGASYS® CONVENIENT PACK PEG-INTRON® and REDIPEN		

Preferred Products	PA Criteria	Non-Preferred Products
Anti-hepatitis Agents		
Polymerase Inhibitors/Combination Products		
HARVONI® SOVALDI® VIEKIRA PAK®	**PA required: (see below)** http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSMCh1200Packet6-11-15(1).pdf https://www.medicaid.nv.gov/Downloads/provider/Pharmacy_Announcement_Viekira_2015-0721.pdf	
Protease Inhibitors		
INCIVEK® VICTRELIS® OLYSIO®	**PA required** https://www.medicaid.nv.gov/Downloads/provider/FA-75.pdf	
Ribavirins		
RIBAVIRIN		RIBASPHERE RIBAPAK® MODERIBA® REBETOL®
Anti-Herpetic Agents		
ACYCLOVIR FAMVIR® VALCYCLOVIR		
Influenza Agents		
AMANTADINE TAMIFLU® RIMANTADINE RELENZA®		
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 and SUSP CEFPODOXIME TABS and SUSP		CEDAX® CAPS and SUSP CEFDITOREN OMNICEF® SPECTRACEF® SUPRAX® VANTIN®

Preferred Products	PA Criteria	Non-Preferred Products
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		FLOXIN® OFLOXACIN
Quinolones - 3rd Generation		
AVELOX® AVELOX ABC PACK® LEVOFLOXACIN		LEVAQUIN®
Autonomic Agents		
Sympathomimetics		
Self-Injectable Epinephrine		
AUVI-Q® * EPINEPHRINE® EPIPEN® EPIPEN JR.®	* PA required	ADRENACLICK® QL
Biologic Response Modifiers		
Immunomodulators		
Disease-Modifying Antirheumatic Agents		
ENBREL® HUMIRA®	Prior authorization is required for all drugs in this class https://www.medicaid.nv.gov/Downloads/provider/FA-61.pdf	ACTEMRA® CIMZIA® KINERET® REMICADE® SIMPONI® ORENCIA®
Multiple Sclerosis Agents		
Injectable		
AVONEX® AVONEX® ADMIN PACK BETASERON® COPAXONE® QL EXTAVIA® REBIF® QL TYSABRI®	*Trial of only one agent is required before moving to a non-preferred agent*	GLATOPA® LEMTRADA® PLEGRIDY®
Oral		
AUBAGIO® TECFIDERA®		GILENYA®

	Preferred Products	PA Criteria	Non-Preferred Products
Specific Symptomatic Treatment			
	AMPYRA® QL	PA required	
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® TRANDOLAPRIL UNIVASC®

Preferred Products	PA Criteria	Non-Preferred Products
Beta-Blockers		
ACEBUTOLOL ATENOLOL ATENOLOL/CHLORTH BETAXOLOL BISOPROLOL BISOPROLOL/HCTZ BYSTOLIC®* CARVEDILOL LABETALOL METOPROLOL (Regular Release) NADOLOL PINDOLOL PROPRANOLOL PROPRANOLOL/HCTZ SOTALOL TIMOLOL	*Restricted to ICD-10 codes J40-J48	SOTYLIZE®
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		

Preferred Products	PA Criteria	Non-Preferred Products
Direct Renin Inhibitors		
TEKAMLO® TEKTURNA® TEKTURNA HCT® VALTURNA®		AMTURNIDE®
Vasodilators		
Inhaled		
VENTAVIS® TYVASO®		
Oral		
LETAIRIS® ORENITRAM® SILDENAFIL TRACLEER®		ADCIRCA® ADEMPAS® OPSUMIT® REVATIO ®
Antilipemics		
Bile Acid Sequestrants		
COLESTIPOL CHOLESTYRAMINE WELCHOL®		QUESTRAN®
Cholesterol Absorption Inhibitors		
ZETIA®		
Fibric Acid Derivatives		
FENOFIBRATE FENOFIBRIC GEMFIBROZIL LIPOFEN®		ANTARA® FENOGLIDE® FIBRICOR® LOFIBRA® TRICOR® TRIGLIDE® TRILIPIX®
HMG-CoA Reductase Inhibitors (Statins)		
ATORVASTATIN CRESTOR® QL FLUVASTATIN LOVASTATIN PRAVASTATIN SIMVASTATIN		ADVICOR® ALTOPREV® AMLODIPINE/ATORVASTATIN CADUET® LESCOL® LESCOL XL® LIPITOR® LIPTRUZET® LIVALO® MEVACOR® PRAVACHOL® SIMCOR® VYTORIN® ZOCOR®

Preferred Products	PA Criteria	Non-Preferred Products
Niacin Agents		
NIASPAN® (Brand only) NIACIN ER (ALL GENERICS)		NIACOR®
Omega-3 Fatty Acids		
LOVAZA® VASCEPA®		OMEGA-3-ACID OMTRYG®
Dermatological Agents		
Antipsoriatic Agents		
Topical Vitamin D Analogs		
CALCIPOTRIENE		CALCITENE® DOVONEX® CREAM SORILUX® TACLONEX® VECTICAL®
Topical Analgesics		
LIDOCAINE LIDOCAINE HC LIDOCAINE VISCOUS VOLTAREN® GEL		EMLA® FLECTOR® LIDODERM® QL LIDAMANTLE® PENNSAID®
Topical Anti-infectives		
Acne Agents: Topical, Benzoyl Peroxide, Antibiotics and Combination Products		
ACANYA® NEW AZELEX® 20% cream BENZACLIN® BENZOYL PEROXIDE (2.5, 5 and 10% only) CLINDAMYCIN ONEXTON GEL® NEW	PA required if over 21 years old	ACZONE GEL® NEW BENZOYL PEROXIDE AEROSOL NEW CLINDAMYCIN AEROSOL NEW CLINDAMYCIN/BENZOYL PEROXIDE GEL DUAC CS® ERYTHROMYCIN ERYTHROMYCIN/BENZOYL PEROXIDE SODIUM NEW SODIUM SULFACETAMIDE / SULFUR SULFACETAMIDE NEW
Impetigo Agents: Topical		
MUPIROCIN OINT		ALTABAX® CENTANY® MUPIROCIN CREAM

Preferred Products	PA Criteria	Non-Preferred Products
Topical Antifungals (onychomycosis)		
CICLOPIROX SOLN TERBINAFINE TABS	PA required	JUBLIA® KERYDIN® PENLAC® ITRACONAZOLE
Topical Antivirals		
ABREVA® DENAVIR® ZOVIRAX®, OINTMENT		
Topical Scabicides		
NATROBA® * NIX® PERMETHRIN RID® SKLICE®	* PA required	EURAX® LINDANE MALATHION OVIDE® ULESFIA®
Topical Antiinflammatory Agents		
Immunomodulators: Topical		
ELIDEL® QL 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 ELIPHOS® FOSRENOL® RENAGEL® RENVELA®		AURYXIA ® PHOSLO® PHOSLYRA® SEVELAMER CARBONATE VELPHORO®
Gastrointestinal Agents		
Antiemetics		
Miscellaneous		
Diclegis® Emend®		

Preferred Products	PA Criteria	Non-Preferred Products
Serotonin-receptor antagonists/Combo		
GRANISETRON QL ONDANSETRON QL	PA required for all medication in this class	AKYNZEO® 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® LANSOPRAZOLE OMEPRAZOLE OTC TABS PREVACID® PRILOSEC® PRILOSEC® OTC TABS PROTONIX®
Gastrointestinal Anti-inflammatory Agents		
ASACOL® SUPP BALSALAZIDE® CANASA® DELZICOL® MESALAMINE ENEMA SUSP PENTASA® SULFASALAZINE DR SULFASALAZINE IR		APRISO® ASACOL HD® COLAZAL® GIAZO® LIALDA ®
Gastrointestinal Enzymes		
CREON® ZENPEP®		PANCREAZE® PANCRELIPASE PERTZYE® ULTRESA® VIOKACE®
Genitourinary Agents		
Benign Prostatic Hyperplasia (BPH) Agents		
5-Alpha Reductase Inhibitors		
AVODART® FINASTERIDE		JALYN® PROSCAR®

Preferred Products	PA Criteria	Non-Preferred Products
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 Dx code transmitted on claim	SAVAYSA®
Injectable		
ARIXTRA® ENOXAPARIN FRAGMIN®		FONDAPARINUX INNOHEP® LOVENOX®
Erythropoiesis-Stimulating Agents		
ARANESP® QL PROCRIT® QL	PA required Quantity Limit	EPOGEN® QL OMONTYS® QL
Platelet Inhibitors		
AGGRENOX® ANAGRELIDE ASPIRIN BRILINTA® * QL CILOSTAZOL® CLOPIDOGREL DIPYRIDAMOLE	* PA required	ASPIRIN/DIPYRIDAMOLE DURLAZA® EFFIENT® * QL PLAVIX® ZONTIVITY®

Preferred Products	PA Criteria	Non-Preferred Products
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 (Precose®) GLYSET® PRECOSE® SYMLIN® (PA required)		CYCLOSET®
Biguanides		
FORTAMET® GLUCOPHAGE® GLUCOPHAGE XR® METFORMIN EXT-REL (Glucophage XR®) GLUMETZA® METFORMIN (Glucophage®) RIOMET®		
Dipeptidyl Peptidase-4 Inhibitors		
JANUMET® JANUMET XR® JANUVIA® JENTADUETO® JUVISYNC® KOMBIGLYZE XR® ONGLYZA® TRADJENTA®		KAZANO® NESINA® OSENI®
Incretin Mimetics		
BYDUREON® * BYETTA® * VICTOZA® *	* PA required	TANZEUM® TRULICITY®

Preferred Products	PA Criteria	Non-Preferred Products
Insulins (Vials, Pens and Inhaled)		
APIDRA® HUMALOG® HUMULIN® LANTUS® LEVEMIR ® NOVOLIN® NOVOLOG®		AFREZZA® HUMALOG® U-200 TOUJEO SOLO® 300 IU/ML
Meglitinides		
NATEGLINIDE (Starlix®) PRANDIMET® PRANDIN® STARLIX®		
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA® INVOKAMET® INVOKANA® XIGDUO XR®		GLYXAMBI® JARDIANCE® SYNJARDY®
Sulfonylureas		
AMARYL® CHLORPROPAMIDE DIABETA® GLIMEPIRIDE (Amaryl®) GLIPIZIDE (Glucotrol®) GLUCOTROL® GLUCOVANCE® GLIPIZIDE EXT-REL (Glucotrol XL®) GLIPIZIDE/METFORMIN (Metaglip®) GLYBURIDE MICRONIZED (Glynase®) GLYBURIDE/METFORMIN (Glucovance®) GLUCOTROL XL® GLYBURIDE (Diabeta®) GLYNASE® METAGLIP® TOLAZAMIDE TOLBUTAMIDE		

Preferred Products	PA Criteria	Non-Preferred Products
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®
Musculoskeletal Agents		
Antigout Agents		
ALLOPURINOL		
Bone Resorption Inhibitors		
Bisphosphonates		
ALENDRONATE TABS FOSAMAX PLUS D®		ACTONEL® ALENDRONATE SOLUTION ATELVIA® BINOSTO® BONIVA® DIDRONEL® ETIDRONATE IBANDRONATE SKELID®
Nasal Calcitonins		
MIACALCIN®		FORTICAL® CALCITONIN-SALMON
Restless Leg Syndrome Agents		
PRAMIPEXOLE REQUIP XL ROPINIROLE		HORIZANT® MIRAPEX® MIRAPEX® ER REQUIP

Preferred Products	PA Criteria	Non-Preferred Products
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 NAMENDA® XR TABS RIVASTIGMINE CAPS		ARICEPT® 23mg ARICEPT® GALANTAMINE GALANTAMINE ER NAMENDA® TABS NAMZARIC® RAZADYNE® RAZADYNE® ER
Anticonvulsants		
BANZEL® CARBAMAZEPINE CARBAMAZEPINE XR CARBATROL ER® CELONTIN® DEPAKENE® DEPAKOTE ER® DEPAKOTE® DIVALPROEX SODIUM DIVALPROEX SODIUM ER EPITOL® ETHOSUXIMIDE FELBATOL® GABAPENTIN GABITRIL® KEPPRA® KEPPRA XR® LAMACTAL ODT® LAMACTAL XR® LAMICTAL® LAMOTRIGINE LEVETIRACETAM LYRICA®	PA required for members under 18 years old	APTIOM® FYCOMPA® OXTELLAR XR® POTIGA® QUDEXY XR® TROKENDI XR®

	Preferred Products	PA Criteria	Non-Preferred Products
	NEURONTIN® OXCARBAZEPINE SABRIL® STAVZOR® DR TEGRETOL® TEGRETOL XR® TOPAMAX® TOPIRAGEN® TOPIRAMATE (IR AND ER) TRILEPTAL® VALPROATE ACID VIMPAT® ZARONTIN® ZONEGRAN® ZONISAMIDE		
Barbiturates			
	LUMINAL® MEBARAL® MEPHOBARBITAL SOLFOTON® PHENOBARBITAL MYSOLINE® PRIMIDONE	PA required for members under 18 years old	
Benzodiazepines			
	CLONAZEPAM CLORAZEPATE DIASTAT® 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	

Preferred Products	PA Criteria	Non-Preferred Products
Anti-Migraine Agents		
Serotonin-Receptor Agonists		
RELPAX® RIZATRIPTAN ODT SUMATRIPTAN NASAL SPRAY SUMATRIPTAN INJECTION SUMATRIPTAN TABLET	PA required for exceeding Quantity Limit	AMERGE® AXERT® FROVA® IMITREX® MAXALT® TABS MAXALT® MLT NARATRIPTAN SUMAVEL® TREXIMET® ZECUITY® TRANSDERMAL ZOMIG® ZOMIG® ZMT
Antiparkinsonian Agents		
Non-ergot Dopamine Agonists		
PRAMIPEXOLE ROPINIROLE ROPINIROLE ER		MIRAPEX® MIRAPEX® ER NEUPRO® REQUIP® REQUIP XL®
Ophthalmic Agents		
Antiglaucoma Agents		
Carbonic Anhydrase Inhibitors/Beta-Blockers		
ALPHAGAN P® AZOPT® BETAXOLOL BETOPTIC S® BRIMONIDINE CARTEOLOL COMBIGAN® DORZOLAM DORZOLAM / TIMOLOL LEVOBUNOLOL METIPRANOLOL SIMBRINZA® TIMOLOL DROPS/ GEL SOLN		ALPHAGAN® BETAGAN® BETOPTIC ® COSOPT® COSOPT PF® OCUPRESS® OPTIPRANOLOL® TIMOPTIC® TIMOPTIC XE® TRUSOPT®
Ophthalmic Prostaglandins		
LATANOPROST TRAVATAN® TRAVATAN Z® ZIOPTAN®		LUMIGAN® XALATAN®

Preferred Products	PA Criteria	Non-Preferred Products
Ophthalmic Antihistamines		
ALAWAY® BEPREVE® KETOTIFEN PAZEO® ZADITOR OTC®		AZELASTINE ALOMIDE ALOCRIL ELESTAT® EMADINE® EPINASTINE LASTACRAFT® OPTIVAR® PATADAY® PATANOL®
Ophthalmic Anti-infectives		
Ophthalmic Macrolides		
ERYTHROMYCIN OINTMENT		
Ophthalmic Quinolones		
BESIVANCE® CIPROFLOXACIN MOXEZA® OFLOXACIN® VIGAMOX®		CILOXAN® ZYMAXID®
Ophthalmic Anti-infective/Anti-inflammatory Combinations (NEW CLASS)		
NEO/POLY/DEX NEW PRED-G® NEW SULF/PRED NA PHOS SOLN NEW TOBRADEX® OINT NEW TOBRA/DEXAMETH SUSP NEW ZYLET® SUSP NEW		BLEPHAMIDE® NEW MAXITROL® NEW NEO/POLY/BAC/HC OINT NEW NEO/POLY/HC SUSP NEW TOBRADEX® SUSP NEW TOBRADEX® ST SUSP NEW
Ophthalmic Anti-inflammatory Agents		
Ophthalmic Corticosteroids		
ALREX® DEXAMETHASONE DUREZOL® FLUOROMETHOLONE LOTEMAX® PREDNISOLONE		FLAREX® FML® FML FORTE® MAXIDEX® OMNIPRED® PRED FORTE® PRED MILD® VEXOL®

Preferred Products	PA Criteria	Non-Preferred Products
Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)		
DICLOFENAC FLURBIPROFEN ILEVRO® KETOROLAC NEVANAC®		ACULAR® ACULAR LS® ACUVAIL® BROMDAY® BROMFENAC® PROLENSA®
Otic Agents		
Otic Anti-infectives		
Otic Quinolones		
CIPRODEX® OFLOXACIN		
Psychotropic Agents		
ADHD Agents		
ADDERALL XR® AMPHETAMINE SALT COMBO IR DEXMETHYLPHENIDATE DEXTROAMPHETAMINE SA TAB DEXTROAMPHETAMINE TAB DEXTROSTAT® FOCALIN XR® INTUNIV® METADATE CD® METHYLIN® METHYLIN ER® METHYLPHENIDATE METHYLPHENIDATE ER (All forms generic extended release) METHYLPHENIDATE SOL PROCENTRA® QUILLIVANT® XR SUSP RITALIN LA® STRATTERA® 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® AMPHETAMINE SALT COMBO XR CONCERTA® DAYTRANA® DESOXYN® DEXEDRINE® DEXTROAMPHETAMINE SOLUTION FOCALIN® KAPVAY® METADATE ER® RITALIN®

Preferred Products	PA Criteria	Non-Preferred Products
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 * PA required *No PA required if ICD-10 - M79.1; M60.0-M60.9; M61.1.*	APLENZIN® BRINTELLIX® CYMBALTA®* DESVENLAFAXINE FUMARATE EFFEXOR® (ALL FORMS) FETZIMA® FORFIVO XL® KHEDEZLA® 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		
ABILIFY® CLOZAPINE FANAPT® LATUDA® OLANZAPINE QUETIAPINE RISPERIDONE SAPHRIS® SEROQUEL XR® ZIPRASIDONE	**PA required for Ages under 18 years old** **PA Form:** https://www.medicaid.nv.gov/Downloads/provider/FA-70.pdf	ARIPIPRAZOLE CLOZARIL® FAZACLO® GEODON® INVEGA® PALIPERIDONE REXULTI® RISPERDAL® SEROQUEL® ZYPREXA®
Anxiolytics, Sedatives, and Hypnotics		
ESTAZOLAM FLURAZEPAM ROZEREM® * TEMAZEPAM TRIAZOLAM ZOLPIDEM	*(PA not required for ICD-10 code G47.0 and F51.0)	AMBIEN® AMBIEN CR® BELSOMRA® DORAL® ESZOPICLONE EDLUAR® HETLIOZ® INTERMEZZO® LUNESTA® SILENOR®

Preferred Products	PA Criteria	Non-Preferred Products
		SOMNOTE® SONATA® ZALEPLON 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		
ASTEPRO® DYMISTA® PATANASE®		AZELASTINE OLOPATADINE
Respiratory Anti-inflammatory Agents		
Leukotriene Receptor Antagonists		
MONTELUKAST ZAFIRLUKAST		ACCOLATE® SINGULAIR®
Respiratory Corticosteroids		
AEROSPAN HFA® ASMANEX® BUDESONIDE NEBS* FLOVENT DISKUS® QL FLOVENT HFA® QL PULMICORT FLEXHALER® QVAR®	*No PA required if < 4 years old	ALVESCO® ARNUITY ELLIPTA® PULMICORT RESPULES®*
Nasal Corticosteroids		
FLUTICASONE NASONEX®		BECONASE AQ® FLONASE® FLUNISOLIDE NASACORT AQ® OMNARIS® QNASL® RHINOCORT AQUA® TRIAMCINOLONE ACETONIDE VERAMYST® ZETONNA®
Phosphodiesterase Type 4 Inhibitors		
DALIRESP® QL	PA required	

Preferred Products	PA Criteria	Non-Preferred Products
Respiratory Antimuscarinics		
COMBIVENT RESPIMAT® IPRATROPIUM/ALBUTEROL NEBS QL IPRATROPIUM NEBS SPIRIVA®	Only one agent per 30 days is allowed	INCRUSE ELLIPTA ® SPIRIVA RESPIMAT® TUDORZA®
Respiratory Beta-Agonists		
Long-Acting Respiratory Beta-Agonist		
ARCAPTA NEOHALER® FORADIL® SEREVENT DISKUS® QL		BROVANA® PERFOROMIST NEBULIZER® STRIVERDI RESPIMAT®
Short-Acting Respiratory Beta-Agonist		
ALBUTEROL NEB/SOLN PROVENTIL® HFA PROAIR® HFA XOPENEX® HFA* QL XOPENEX® Solution* QL	* PA required	LEVALBUTEROL MAXAIR AUTOHALER® PROAIR RESPICLICK® VENTOLIN HFA®
Respiratory Corticosteriod/Long-Acting Beta-Agonist Combinations		
ADVAIR DISKUS® ADVAIR HFA® DULERA® SYMBICORT®		BREO ELLIPTA®
Respiratory Long-Acting Antimuscarinic/Long-Acting Beta-Agonist Combinations		
ANORO ELLIPTA® STIOLTO RESPIMAT®		
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