

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

Analgesics	4
Analgesic/Miscellaneous	4
Opiate Agonists	4
Opiate Agonists - Abuse Deterrent	4
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral	4
Antihistamines	5
H1 blockers	5
Anti-infective Agents	5
Aminoglycosides	5
Antivirals	5
Cephalosporins	6
Macrolides	6
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	13
Benign Prostatic Hyperplasia (BPH) Agents	13

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

Bladder Antispasmodics.....	14
Hematological Agents.....	14
Anticoagulants	14
Erythropoiesis-Stimulating Agents.....	14
Platelet Inhibitors.....	14
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.....	17
Restless Leg Syndrome Agents.....	18
Skeletal Muscle Relaxants.....	18
Neurological Agents.....	18
Alzheimers Agents	18
Anticonvulsants.....	18
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.....	24
Antipsychotics.....	24
Anxiolytics, Sedatives, and Hypnotics	25
Psychostimulants	25

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

Respiratory Agents..... 25
 Nasal Antihistamines 25
 Respiratory Anti-inflammatory Agents 25
 Long-acting/Maintenance Therapy 26
 Short-Acting/Rescue Therapy 26
Toxicology Agents..... 27
 Antidotes..... 27
 Substance Abuse Agents..... 27

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

	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® * 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 (NEW)	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 FLURBIPROFEN TAB		CAMBIA® POWDER DICLOFENAC SODIUM TAB ER

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

	Preferred Products	PA Criteria	Non-Preferred Products
	IBUPROFEN SUSP IBUPROFEN TAB INDOMETHACIN CAP KETOROLAC TAB MELOXICAM TAB NABUMETONE TAB NAPROXEN SUSP NAPROXEN TAB NAPROXEN DR TAB PIROXICAM CAP SULINDAC TAB		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 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 TOBRAMYCIN NEBULIZER		TOBI PODHALER®
Antivirals			
Alpha Interferons			
	PEGASYS® PEGASYS® CONVENIENT PACK PEG-INTRON® and REDIPEN		

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

Preferred Products	PA Criteria	Non-Preferred Products
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		CEDAX® CAPS and SUSP CEFDITOREN OMNICEF® SPECTRACEF® SUPRAX® VANTIN®
Macrolides		
AZITHROMYCIN TABS/SUSP CLARITHROMYCIN TABS/SUSP ERYTHROMYCIN BASE		BIAXIN® DIFICID® ZITHROMAX®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

Preferred Products		PA Criteria	Non-Preferred Products
ERYTHROMYCIN ESTOLATE ERYTHROMYCIN ETHYLSUCCINATE ERYTHROMYCIN STEARATE			ZMAX®
Quinolones			
Quinolones - 2nd Generation			
CIPROFLOXACIN TABS CIPRO® SUSP			FLOXIN® OFLOXACIN
Quinolones - 3rd Generation			
LEVOFLOXACIN MOXIFLOXACIN			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® CIMZIA® COSENTYX® ENBREL® ENTYVIO® HUMIRA® ILUMYA® INFLECTRA® KEVZARA® KINERET® OLUMIANT® ORENCIA® OTEZLA® RENFLEXIS® SILIQ® SIMPONI® XELJANZ®		Prior authorization is required for all drugs in this class https://www.medicaid.nv.gov/Downloads/provider/FA-61.pdf	ILARIS® REMICADE® RINVOQ® SKYRIZI® STELARA® TALTZ® TREMFYA®
Multiple Sclerosis Agents			
Injectable			
AVONEX® AVONEX® ADMIN PACK BETASERON® COPAXONE® QL		<i>Trial of only one agent is required before moving to a non-preferred agent</i>	GLATOPA® GLATIRAMER LEMTRADA® PLEGRIDY®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

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	EXTAVIA® OCREVUS® REBIF® QL TYSABRI®		
	Oral		
	AUBAGIO® GILENYA® TECFIDERA®		MAVENCLAD® MAYZENT®
	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 ENALAPRIL HCTZ EPANED® £ LISINOPRIL LISINOPRIL HCTZ RAMIPRIL	£ PREFERRED FOR AGES 10 AND UNDER ‡ NONPREFERRED FOR OVER 10 YEARS OLD	ACCURETIC® EPANED® ‡ FOSINOPRIL MAVIK® MOEXIPRIL PERINDOPRIL (NEW) QUINAPRIL QUINARETIC® QBRELIS® TRANDOLAPRIL UNIVASC®
Beta-Blockers			
	ACEBUTOLOL ATENOLOL ATENOLOL/CHLORTH		KAPSPARGO® SOTYLIZE®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

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	BETAXOLOL BISOPROLOL BISOPROLOL/HCTZ		
	BYSTOLIC®* CARVEDILOL LABETALOL	*Restricted to ICD-10 codes J40-J48	
	METOPROLOL (Reg Release) NADOLOL PINDOLOL PROPRANOLOL PROPRANOLOL/HCTZ SOTALOL TIMOLOL		
Calcium-Channel Blockers			
	AFEDITAB CR® AMLODIPINE CARTIA XT® DILTIA XT® DILTIAZEM ER DILTIAZEM HCL EXFORGE® EXFORGE HCT® FELODIPINE ER ISRADIPINE LOTREL® NICARDIPINE NIFEDIPINE ER NISOLDIPINE ER TAZTIA XT® VERAPAMIL VERAPAMIL ER		KATERZIA® MATZIM TAB LA NORVASC®
Vasodilators			
	Inhaled		
	VENTAVIS® TYVASO®		
	Oral		
	ORENITRAM® SILDENAFIL TADALAFIL TRACLEER®		ADCIRCA® ADEMPAS® ALYQ® AMBRISENTAN LETAIRIS® OPSUMIT® REVATIO® TADALAFIL

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

	Preferred Products	PA Criteria	Non-Preferred Products
			UPTRAVI®
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 LOVASTATIN PRAVASTATIN SIMVASTATIN		ALTOPREV® AMLODIPINE/ATORVASTATIN CADUET® EZALLOR® EZETIMIBE-SIMVASTATIN FLUVASTATIN FLUVASTATIN XL 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			
	OMEGA-3-ACID VASCEPA®		LOVAZA®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

	Preferred Products	PA Criteria	Non-Preferred Products
Dermatological Agents			
Antipsoriatic Agents			
	DOVONEX® CREAM SORILUX® (FOAM) TACLONEX® SUSP VECTICAL® (OINT)		CALCITENE® CALCIPOTRIENE CALCIPOTRIENE OINT/BETAMETHAZONE DUOBRII® LOTION (NEW) 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® 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 Antivirals			
	ABREVA® DENA VIR® XERESE® CREAM ZOVIRAX®, OINTMENT		ACYCLOVIR OINT

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

	Preferred Products	PA Criteria	Non-Preferred Products
Topical Scabicides			
	LINDANE NATROBA® * NIX® PERMETHRIN RID® ULESFIA®	* PA required	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			
	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® REVELA®		AURYXIA® CALCIUM ACETATE TAB FOSRENOL® PHOSLO® PHOSLYRA® SEVELAMER CARBONATE VELPHORO®
Gastrointestinal Agents			
Antiemetics			
Pregnancy-induced Nausea and Vomiting Treatment			
	Diclegis® OTC Doxylamine 25mg/Pyridoxine 10mg		BONJESTA® DOXYLAMINE-PYRIDOXINE TAB 10-10
Serotonin-receptor antagonists/Combo			
	GRANISETRON QL ONDANSETRON QL	PA required for all medication in this class	AKYNZEO® ANZEMET® QL KYTRIL® QL SANCUSO® ZOFTRAN® QL

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

Preferred Products		PA Criteria	Non-Preferred Products
			ZUPLENZ® QL
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 for Opioid Induced Constipation	MOVANTIK® * RELISTOR® * SYMPROIC® TRULANCE®
Gastrointestinal Anti-inflammatory Agents			
APRISO® ASACOL HD® ASACOL®SUPP CANASA® PENTASA® SULFASALAZINE DR SULFASALAZINE IR			BALSALAZIDE® COLAZAL® DELZICOL® LIALDA ® (MESALAMINE ENEMA SUSP MESALAMINE (GEN LIALDA) MESALAMINE (GEN ASACOL HD)
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®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

	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 diagnosis code transmitted on claim	SAVAYSA®*
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® ANAGRELIDE ASPIRIN BRILINTA® * QL CILOSTAZOL®	* PA required	ASPIRIN/DIPYRIDAMOLE DURLAZA® EFFIENT® * QL PLAVIX® PRASUGREL

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

	Preferred Products	PA Criteria	Non-Preferred Products
	CLOPIDOGREL DIPYRIDAMOLE		ZONTIVITY® YOSPRALA®
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) RIOMET®		GLUCOPHAGE® GLUCOPHAGE XR® GLUMETZA® METFORMIN (GEN FORTAMET)
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® * TRULICITY® VICTOZA® *	* PA required	ADLYXIN® BYDUREON® BCISE* OZEMPIC® RYBELSUS® (NEW) SOLIQUA®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

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			TANZEUM® XULTOPHY®
Insulins (Vials, Pens and Inhaled)			
	APIDRA® HUMALOG® HUMULIN® LANTUS® LEVEMIR® NOVOLIN® NOVOLOG® TOUJEO SOLO® 300 IU/ML TRESIBA FLEX INJ		ADMELOG® AFREZZA® BASAGLAR® FIASP® INSULIN LISPRO INJ 100U/ML HUMALOG® U-200
Meglitinides			
	REPAGLINIDE		NATEGLINIDE (Starlix®) PRANDIN® STARLIX®
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			
	FARXIGA® INVOKANA® INVOKAMET® JARDIANCE® XIGDUO XR®		GLYXAMBI® INVOKAMET® XR QTERN® SEGLUROMET® STEGLATRO® STEGLUJAN™ SYNJARDY® SYNJARDY® XR
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®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

	Preferred Products	PA Criteria	Non-Preferred Products
			AVANDARYL® AVANDIA® DUETACT® PIOGLITAZONE/METFORMIN PIOGLITAZONE/GLIMEPR
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® (NEW) NUCALA® XOLAIR®		CINQAIR® FASENRA®
Musculoskeletal Agents			
Antigout Agents			
	ALLOPURINOL COLCHICINE TAB/CAP PROBENECID PROBENECID/COLCHICINE ULORIC®		COLCRYS® TAB 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®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

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

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

	Preferred Products	PA Criteria	Non-Preferred Products
	DIVALPROEX SODIUM ER EPIDIOLEX® EPITOL® ETHOSUXIMIDE FELBATOL® FYCOMPA® GABAPENTIN GABITRIL® KEPPRA® KEPPRA XR® LAMACTAL ODT® LAMACTAL XR® LAMICTAL® LAMOTRIGINE LEVETIRACETAM LYRICA® NEURONTIN® OXCARBAZEPINE SABRIL® STAVZOR® DR TEGRETOL® TEGRETOL XR® TOPAMAX® TOPIRAGEN® TOPIRAMATE (IR AND ER) TRILEPTAL® VALPROATE ACID VIMPAT® ZARONTIN® ZONEGRAN® ZONISAMIDE		
	Barbiturates		
	LUMINAL® MEBARAL® MEPHOBARBITAL SOLFOTON® PHENOBARBITAL MYSOLINE® PRIMIDONE	PA required for members under 18 years old	
	Benzodiazepines		
	CLOBAZAM CLONAZEPAM CLORAZEPATE	PA required for members under 18 years old	DIASTAT® (NEW) KLONOPIN® (NEW) ONFI® SYMPAZAN® FILM (NEW)

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

	Preferred Products	PA Criteria	Non-Preferred Products
	DIAZEPAM DIAZEPAM rectal soln NAYZILAM® SPRAY (NEW) TRANXENE T-TAB® VALIUM®		
Hydantoins			
	CEREBYX® DILANTIN® ETHOTOIN FOSPHENYTOIN PEGANONE® PHENYTEK® PHENYTOIN PRODUCTS	PA required for members under 18 years old	
Anti-Migraine Agents			
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists			
	AIMOVIG® AJOVY®	PA required for all products	EMGALITY®
Serotonin-Receptor Agonists			
	RIZATRIPTAN ODT SUMATRIPTAN NASAL SPRAY 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® RELPAK® RIZATRIPTAN BENZOATE SUMATRIPTAN INJECTION SUMATRIPTAN/NAPROXEN SUMAVEL® TOSYMRA® TREMIMET® ZEMBRACE SYMTOUCH ZOLMITRIPTAN ZOMIG® ZOMIG® ZMT

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

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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® DORZOLAM DORZOLAM / TIMOLOL LATANOPROST LEVOBUNOLOL LUMIGAN® METIPRANOLOL RHOPRESSA® ROCKLATAN® SIMBRINZA® TIMOLOL DROPS/ GEL SOLN TRAVATAN Z® TRAVATAN®		ALPHAGAN® BETAGAN® BETOPTIC® BIMATOPROST COSOPT PF® COSOPT® DORZOL/TIMOL SOL PF OCUPRESS® OPTIPRANOLOL® TIMOPTIC XE® TIMOPTIC® TRAVOPROST TRUSOPT® VYZULTA® XALATAN® XELPROS® ZIOPTAN®
Ophthalmic Antihistamines			
	BEPREVE® KETOTIFEN PAZEO® ZADITOR OTC®		ALAWAY® AZELASTINE ALOMIDE ALOCRIL ELESTAT® EMADINE®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

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			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		CEQUA®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

	Preferred Products	PA Criteria	Non-Preferred Products
	RESTASIS®		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			
	AMPHETAMINE SALT COMBO IR AMPHETAMINE SALT COMBO XR ATOMOXETINE CONCERTA® DEXMETHYLPHENIDATE DEXTROAMPHETAMINE SA TAB DEXTROAMPHETAMINE TAB DAYTRANA® DYANAVEL® FOCALIN XR® GUANFACINE ER METADATE CD® METHYLIN® 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® ADDERALL XR® ADZENYS® APTENSIO XR® CLONIDINE HCL ER COTEMPLA XR®-ODT DESOXYN® DEXEDRINE® DEXTROAMPHETAMINE SOLUTION EVEKEO® EVEKEO® ODT FOCALIN® INTUNIV® JORNAY PM® METADATE ER® METHYLPHENIDATE TAB ER (RELEXXII) METHYLPHENIDATE CHEW MYDAYIS® RELEXXII® MYDAYIS® RITALIN® STRATTERA® ZENZEDI®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

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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 <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®
Antipsychotics			
Atypical Antipsychotics - Oral			
	ARIPIRAZOLE CLOZAPINE FANAPT® LATUDA® NUPLAZID®* OLANZAPINE QUETIAPINE QUETIAPINE XR REXULTI® RISPERIDONE SAPHRIS®	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)	ABILIFY® ABILIFY MYCITE ® CLOZARIL® FAZACLO® GEODON® INVEGA® PALIPERIDONE RISPERDAL®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

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	VRAYLAR® ZIPRASIDONE	*(No PA required Parkinson's related psychosis ICD code on claim)	SEROQUEL® SEROQUEL XR® ZYPREXA®
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) PA required for members under 18 years old	AMBIEN® AMBIEN CR® BELSOMRA® DORAL® ESZOPICLONE EDLUAR® HETLIOZ® INTERMEZZO® LUNESTA® SILENOR® SOMNOTE® SONATA® ZOLPIDEM CR ZOLPIMIST®
Psychostimulants			
Narcolepsy Agents			
	NUVIGIL® Provigil® *	* (No PA required for ICD-10 code G47.4)	ARMODAFINIL MODAFINIL SUNOSI® XYREM®
Respiratory Agents			
Nasal Antihistamines			
	AZELASTINE (NEW) DYMISTA® OLOPATADINE (NEW)		ASTEPRO® PATANASE® (NEW)
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®

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

	Preferred Products	PA Criteria	Non-Preferred Products
			RHINOCORT AQUA® VERAMYST® XHANCE™ ZETONNA®
Phosphodiesterase Type 4 Inhibitors			
	DALIRESP® QL	PA required	
Long-acting/Maintenance Therapy			
	ADVAIR HFA® ANORO ELLIPTA® ARNUITY ELLIPTA® ASMANEX® BEVESPI® BUDESONIDE NEBS* DULERA® FLOVENT DISKUS® QL FLOVENT HFA® QL PULMICORT FLEXHALER® FLUTICASONE PROPIONATE/SALMETER OL POW PULMICORT FLEXHALER® RESPULES®* QVAR® SEREVENT DISKUS® QL SPIRIVA® HANDIHALER STIOLTO RESPIMAT® STRIVERDI RESPIMAT® TUDORZA® SYMBICORT®		ADVAIR® DISKUS AEROSPAN HFA® AIRDUO® ALVESCO® ARCAPTA NEOHALER® ARMONAIR® BREO ELLIPTA® BROVANA® INCRUSE ELLIPTA® LONHALA MAGNAIR® PERFORMIST NEBULIZER® PULMICORT NEBS QVAR® REDIHALER™ SEEBRI NEOHALER® SPIRIVA RESPIMAT® TRELEGY ELLIPTA® UTIBRON NEOHALER® WIXELA®
Short-Acting/Rescue Therapy			
	ALBUTEROL NEB/SOLN ATROVENT® COMBIVENT RESPIMAT® IPRATROPIUM NEBS IPRATROPIUM/ALBUTER OL NEBS QL LEVALBUTEROL* NEBS PROVENTIL® HFA XOPENEX® HFA* QL		ALBUTEROL AER HFA LEVALBUTEROL* HFA PROAIR RESPICLICK® PROAIR® HFA VENTOLIN HFA® XOPENEX® Solution* QL

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective June 1, 2020

	Preferred Products	PA Criteria	Non-Preferred Products
Toxicology Agents			
Antidotes			
Opiate Antagonists			
	EVZIO® NALOXONE NARCAN® NASAL SPRAY		
Substance Abuse Agents			
	BUPRENORPHINE SUB TAB (NEW) SUBLOCADE® SUBOXONE® VIVITROL®		BUNAVAIL® BUPRENORPHINE / NALOXONE FILM/TAB ZUBSOLV®