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Effective September 1, 2020

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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 <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®
<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	<b>PA required for Fentanyl Patch</b>  <b>General PA Form:</b> <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-59.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-59.pdf</a>	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
<b>Opiate Agonists - Abuse Deterrent</b>			
	EMBEDA® MORPHABOND® XTAMPZA ER®		ARYMO® ER HYSINGLA ER® OXYCONTIN® QL
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral</b>			
	CELECOXIB CAP DICLOFENAC POTASSIUM DICLOFENAC TAB DR FLURBIPROFEN TAB		CAMBIA® POWDER  DICLOFENAC SODIUM TAB ER

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	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 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 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®
<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 PEG-INTRON® and REDIPEN		

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<b>Anti-hepatitis Agents</b>			
Polymerase Inhibitors/Combination Products			
	EPCLUSA® HARVONI®  LEDIPASVIR/ SOFOSBUVIR MAVYRET® SOFOSBUVIR/ VELPATASVIR	<b>PA required: (see below)</b> <a href="http://dhcfp.nv.gov/uploadedFiles/dhcfpnv.gov/content/Resources/AdminSupport/Manuals/MSMCh1200Packet6-11-15(1).pdf">http://dhcfp.nv.gov/uploadedFiles/dhcfpnv.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		CEDAX® CAPS and SUSP CEFDITOREN OMNICEF® SPECTRACEF® SUPRAX® VANTIN®
<b>Macrolides</b>			
	AZITHROMYCIN TABS/SUSP CLARITHROMYCIN TABS/SUSP ERYTHROMYCIN BASE		BIAXIN®  DIFICID®  ZITHROMAX®

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	ERYTHROMYCIN ESTOLATE ERYTHROMYCIN ETHYLSUCCINATE ERYTHROMYCIN STEARATE		ZMAX®
<b>Quinolones</b>			
<b>Quinolones - 2nd Generation</b>			
	CIPROFLOXACIN TABS CIPRO® SUSP		FLOXIN® OFLOXACIN
<b>Quinolones - 3rd Generation</b>			
	LEVOFLOXACIN MOXIFLOXACIN		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® 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  <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-61.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-61.pdf</a>	ILARIS® REMICADE® RINVOQ® SKYRIZI® STELARA® TALTZ® TREMIFYA®
<b>Multiple Sclerosis Agents</b>			
<b>Injectable</b>			
	AVONEX® AVONEX® ADMIN PACK BETASERON® COPAXONE® QL	<i>Trial of only one agent is required before moving to a non-preferred agent PA required</i>	GLATOPA® GLATIRAMER LEMTRADA® PLEGRIDY®

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



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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		
<b>Calcium-Channel Blockers</b>			
	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®
<b>Vasodilators</b>			
	Inhaled		
	VENTAVIS® TYVASO®		
	Oral		
	ORENITRAM® SILDENAFIL TADALAFIL TRACLEER®		ADCIRCA® ADEMPAS® ALYQ® AMBRISENTAN LETAIRIS® OPSUMIT® REVATIO® TADALAFIL

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			UPTRAVI®
<b>Antilipemics</b>			
<b>Bile Acid Sequestrants</b>			
	COLESTIPOL CHOLESTYRAMINE WELCHOL®		QUESTRAN®
<b>Cholesterol Absorption Inhibitors</b>			
	ZETIA®		EZETIMIBE
<b>Fibric Acid Derivatives</b>			
	FENOFIBRATE FENOFIBRIC GEMFIBROZIL		ANTARA® FENOGLIDE® FIBRICOR® LIPOFEN® LOFIBRA® TRICOR® TRIGLIDE® TRILIPIX®
<b>HMG-CoA Reductase Inhibitors (Statins)</b>			
	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®
<b>Niacin Agents</b>			
	NIASPAN® (Brand only) NIACIN ER (ALL GENERICS)		NIACOR®
<b>Omega-3 Fatty Acids</b>			
	OMEGA-3-ACID VASCEPA®		LOVAZA®

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<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® 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
<b>Impetigo Agents: Topical</b>			
	MUPIROCIN OINT		ALTABAX® CENTANY® MUPIROCIN CREAM
<b>Topical Antivirals</b>			
	ABREVA®  DENA VIR®  XERESE® CREAM  ZOVIRAX®, OINTMENT		ACYCLOVIR OINT

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<b>Topical Scabicides</b>			
	LINDANE NATROBA® * NIX® PERMETHRIN RID® ULESFIA®	* PA required	EURAX® 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>			
	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®
<b>Electrolytic and Renal Agents</b>			
<b>Phosphate Binding Agents</b>			
	CALCIUM ACETATE CAP ELIPHOS® RENAGEL® REVELA®		AURYXIA® CALCIUM ACETATE TAB FOSRENOL® PHOSLO® PHOSLYRA® SEVELAMER CARBONATE VELPHORO®
<b>Gastrointestinal Agents</b>			
<b>Antiemetics</b>			
<b>Pregnancy-induced Nausea and Vomiting Treatment</b>			
	Diclegis® OTC Doxylamine 25mg/Pyridoxine 10mg		BONJESTA® 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 KYTRIL® QL SANCUSO® ZOFTRAN® QL

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			ZUPLENZ® QL
<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 for Opioid Induced Constipation	MOVANTIK® * RELISTOR® * SYMPROIC® TRULANCE®
<b>Gastrointestinal Anti-inflammatory Agents</b>			
	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)
<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®

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<b>Alpha-Blockers</b>			
	DOXAZOSIN TAMSULOSIN TERAZOSIN		ALFUZOSIN CARDURA® FLOMAX® MINIPRESS® PRAZOSIN RAPAFLO® UROXATRAL®
<b>Bladder Antispasmodics</b>			
	BETHANECHOL OXYBUTYNIN TABS/SYRUP/ER TOVIAZ® VESICARE®		DETROL® DETROL LA®  DITROPAN XL® ENABLEX® FLAVOXATE GELNIQUE® MYRBETRIQ® OXYTROL® SANCTURA® TOLTERODINE TROSPIUM
<b>Hematological Agents</b>			
<b>Anticoagulants</b>			
<b>Oral</b>			
	COUMADIN® ELIQUIS® * JANTOVEN® PRADAXA® * QL WARFARIN XARELTO® *	* No PA required if approved diagnosis code transmitted on claim	SAVAYSA®*
<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® ANAGRELIDE ASPIRIN BRILINTA® * QL CILOSTAZOL®	* PA required	ASPIRIN/DIPYRIDAMOLE DURLAZA® EFFIENT® * QL PLAVIX® PRASUGREL

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	CLOPIDOGREL DIPYRIDAMOLE		ZONTIVITY® YOSPRALA®
<b>Hormones and Hormone Modifiers</b>			
<b>Androgens</b>			
	ANDRODERM®	<b>PA required</b> <b>PA Form:</b>  <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-72.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-72.pdf</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) RIOMET®		GLUCOPHAGE® GLUCOPHAGE XR®  GLUMETZA® METFORMIN (GEN FORTAMET)
<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® * TRULICITY® VICTOZA® *	* PA required	ADLYXIN® BYDUREON® BCISE* OZEMPIC® RYBELSUS® SOLIQUA®

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			TANZEUM® XULTOPHY®
<b>Insulins (Vials, Pens and Inhaled)</b>			
	APIDRA® HUMALOG® HUMULIN® 70/30 HUMULIN® U-500 INSULIN LISPRO INJ 100U/ML <b>NEW</b> LANTUS®  LEVEMIR ®  NOVOLIN® N NOVOLIN® R NOVOLIN® 70/30 NOVOLOG® TOUJEO SOLO® 300 IU/ML TRESIBA FLEX INJ		ADMELOG® AFREZZA® BASAGLAR® FIASP® HUMULIN ® N <b>NEW</b>  HUMULIN® R <b>NEW</b> HUMALOG® U-200 INSULIN ASPART <b>NEW</b>  INSULIN ASPART MIX <b>NEW</b>
<b>Meglitinides</b>			
	REPAGLINIDE		NATEGLINIDE (Starlix®) PRANDIN® STARLIX®
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>			
	FARXIGA® INVOKANA® INVOKAMET® JARDIANCE® XIGDUO XR®		GLYXAMBI® INVOKAMET® XR QTERN® SEGLUROMET® STEGLATRO® STEGLUJAN™ SYNJARDY® SYNJARDY® XR TRIJARDY® XR <b>NEW</b>
<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



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	Preferred Products	PA Criteria	Non-Preferred Products
			TOLBUTAMIDE
	<b>Thiazolidinediones</b>		
	PIOGLITAZONE		ACTOPLUS MET XR® ACTOPLUS MET® ACTOS® AVANDAMET® AVANDARYL® AVANDIA® DUETACT® PIOGLITAZONE/METFORMIN PIOGLITAZONE/GLIMEPR
	<b>Anti-Hypoglycemic Agents NEW</b>		
	GLUCAGON EMERGENCY KIT NEW		BAQSIMI® NEW GVOKE® NEW
	<b>Pituitary Hormones</b>		
	<b>Growth hormone modifiers</b>		
	GENOTROPIN® NORDITROPIN®	PA required for entire class <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-67.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-67.pdf</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® NUCALA® XOLAIR®	PA Required	CINQAIR® FASENRA®
	<b>Musculoskeletal Agents</b>		
	<b>Antigout Agents</b>		
	ALLOPURINOL COLCHICINE TAB/CAP PROBENECID PROBENECID/COLCHICINE ULORIC®		COLCRYS® TAB MITIGARE® CAP ZURAMPIC® ZYLOPRIM®
	<b>Bone Resorption Inhibitors</b>		
	<b>Bisphosphonates</b>		
	ALENDRONATE TABS		ACTONEL® ALENDRONATE SOLUTION

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			ATELVIA® BINOSTO® BONIVA® DIDRONEL® ETIDRONATE FOSAMAX PLUS D® IBANDRONATE SKELID®
<b>Nasal Calcitonins</b>			
	CALCITONIN-SALMON		MIACALCIN®
<b>Restless Leg Syndrome Agents</b>			
	PRAMIPEXOLE REQUIP XL ROPINIROLE		HORIZANT® MIRAPEX® MIRAPEX® ER 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 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
<b>Anticonvulsants</b>			
	APTIOM®		DIACOMIT®

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	BANZEL® BRIVIACT® CARBAMAZEPINE CARBAMAZEPINE XR CARBATROL ER® CELONTIN® DEPAKENE® DEPAKOTE ER® DEPAKOTE® DIVALPROEX SODIUM 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	PA required for members under 18 years old	OXTELLAR XR® POTIGA® QUDEXY XR® TROKENDI XR® SPRITAM®
	<b>Barbiturates</b>		
	LUMINAL® MEBARAL®	PA required for members under 18 years old	

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	MEPHOBARBITAL SOLFOTON® PHENOBARBITAL MYSOLINE® PRIMIDONE		
<b>Benzodiazepines</b>			
	CLOBAZAM CLONAZEPAM CLORAZEPATE  DIAZEPAM DIAZEPAM rectal soln NAYZILAM® SPRAY* TRANXENE T-TAB® VALIUM®	PA required for members under 18 years old      *PA Required for all ages	DIASTAT® KLONOPIN® ONFI® SYMPAZAN® FILM
<b>Hydantoins</b>			
	CEREBYX® DILANTIN® ETHOTOIN FOSPHENYTOIN PEGANONE® PHENYTEK® PHENYTOIN PRODUCTS	PA required for members under 18 years old	
<b>Anti-Migraine Agents</b>			
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>			
	AJOVY® EMGALITY® NEW	PA required for all products	AIMOVIG® NEW NURTEC® ODT NEW  UBRELVY® NEW
<b>Serotonin-Receptor Agonists</b>			
	RIZATRIPTAN ODT SUMATRIPTAN TABLET ZOLMITRIPTAN ODT ZOMIG® SPRAY NEW	PA required for exceeding Quantity Limit	ALMOTRIPTAN AMERGE®  AXERT® FROVA® ELETRIPTAN FROVATRIPTAN SUCCINATE IMITREX® MAXALT® TABS MAXALT® MLT NARATRIPTAN ONZETRA XSAIL® RELPAX® REYVOW® NEW RIZATRIPTAN BENZOATE

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			SUMATRIPTAN INJECTION SUMATRIPTAN NASAL SPRAY <b>NEW</b> 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® BRIMONIDINE CARTEOLOL COMBIGAN® DORZOLAM DORZOLAM / TIMOLOL LATANOPROST LEVOBUNOLOL  LUMIGAN® METIPRANOLOL		ALPHAGAN® BETAGAN® BETOPTIC® BIMATOPROST COSOPT PF® COSOPT® DORZOL/TIMOL SOL PF OCUPRESS® OPTIPRANOLOL® TIMOPTIC XE® TIMOPTIC® TRAVOPROST BAK Free <b>NEW</b> TRUSOPT®

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	RHOPRESSA® ROCKLATAN® SIMBRINZA® TIMOLOL DROPS/ GEL SOLN TRAVATAN Z® TRAVATAN®		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>NEW</b>
<b>Ophthalmic Anti-infectives</b>			
<b>Ophthalmic Macrolides</b>			
	ERYTHROMYCIN OINTMENT		
<b>Ophthalmic Quinolones</b>			
	BESIVANCE® CIPROFLOXACIN LEVOFLOXACIN MOXEZA® VIGAMOX®		CILOXAN® MOXIFLOXACIN OFLOXACIN® ZYMAXID®
<b>Ophthalmic Anti-infective/Anti-inflammatory Combinations</b>			
	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
<b>Ophthalmic Anti-inflammatory Agents</b>			
<b>Ophthalmic Corticosteroids</b>			
	ALREX® DEXAMETHASONE DUREZOL®		FLAREX® FML® FML FORTE®

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	FLUOROMETHOLONE LOTEMAX® PREDNISOLONE		MAXIDEX® OMNIPRED® PRED FORTE® 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® <b>NEW</b> AMPHETAMINE SALT COMBO IR CONCERTA® DEXMETHYLPHENIDATE  DEXTROAMPHETAMINE SA TAB DEXTROAMPHETAMINE TAB DAYTRANA® DYANAVEL®  FOCALIN XR®  GUANFACINE ER  METADATE CD®  METHYLIN®	<b>PA required for entire class</b>                <b>Children's Form:</b>  <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-69.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-69.pdf</a>	ADDERALL® ADHANSIA® XR <b>NEW</b>  ADZENYS® AMPHETAMINE ER SUSP <b>NEW</b> AMPHETAMINE SALT COMBO XR <b>NEW</b> APTENSIO XR®  ATOMOXETINE <b>NEW</b> CLONIDINE HCL ER  COTEMPLA XR®-ODT  DESOXYN®  DEXEDRINE®

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	<p>METHYLPHENIDATE</p> <p>METHYLPHENIDATE ER (All forms generic extended release)</p> <p>METHYLPHENIDATE SOL</p> <p>PROCENTRA®</p> <p>QUILLICHEW®</p> <p>QUILLIVANT® XR SUSP</p> <p>RITALIN LA®</p> <p>STRATTERA® <b>NEW</b></p> <p>VYVANSE®</p>	<p><b>Adult Form:</b></p> <p><a href="https://www.medicaid.nv.gov/Downloads/provider/FA-68.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-68.pdf</a></p>	<p>DEXTROAMPHETAMINE SOLUTION</p> <p>EVEKEO®</p> <p>EVEKEO® ODT</p> <p>FOCALIN®</p> <p>INTUNIV®</p> <p>JORNAY PM®</p> <p>METADATE ER®</p> <p>METHYLPHENIDATE TAB ER (RELEXXII)</p> <p>METHYLPHENIDATE CHEW</p> <p>MYDAYIS®</p> <p>RELEXXII®</p> <p>RITALIN®</p> <p>ZENZEDI®</p>
<b>Antidepressants</b>			
<b>Other</b>			
	<p>BUPROPION</p> <p>BUPROPION SR</p> <p>BUPROPION XL</p> <p>DULOXETINE *</p> <p>MIRTAZAPINE</p> <p>MIRTAZAPINE RAPID TABS</p> <p>PRISTIQ®</p> <p>TRAZODONE</p> <p>VENLAFAXINE (ALL FORMS)</p>	<p>PA required for members under 18 years old</p> <p>* PA required</p> <p><i>No PA required if ICD-10 - M79.1; M60.0-M60.9, M61.1.</i></p>	<p>APLENZIN®</p> <p>BRINTELLIX® (Discontinued)</p> <p>CYMBALTA® *</p> <p>DESVENLAFAXINE FUMARATE</p> <p>EFFEXOR® (ALL FORMS)</p> <p>FETZIMA®</p> <p>FORFIVO XL®</p> <p>KHEDEZLA®</p> <p>TRINTELLIX®</p> <p>VIIBRYD®</p> <p>WELLBUTRIN®</p>
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>			
	<p>CITALOPRAM</p> <p>ESCITALOPRAM</p> <p>FLUOXETINE</p> <p>PAROXETINE</p> <p>PEXEVA®</p> <p>SERTRALINE</p>	<p>PA required for members under 18 years old</p>	<p>CELEXA®</p> <p>FLUVOXAMINE QL</p> <p>LEXAPRO®</p> <p>LUVOX®</p> <p>PAROXETINE ER</p> <p>PAXIL®</p> <p>PROZAC®</p>



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			SARAFEM® ZOLOFT®
<b>Antipsychotics</b>			
<b>Atypical Antipsychotics - Oral</b>			
	ARIPIPRAZOLE CLOZAPINE FANAPT® LATUDA® NUPLAZID®*  OLANZAPINE QUETIAPINE  QUETIAPINE XR REXULTI®  RISPERIDONE SAPHRIS® VRAYLAR® ZIPRASIDONE	<b>PA required for Ages under 18 years old</b>  <b>PA Forms:</b> <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-70A.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-70A.pdf</a> (ages 0-5)  <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-70B.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-70B.pdf</a> (ages 6-18)  *(No PA required Parkinson's related psychosis ICD code on claim)	ABILIFY® ABILIFY MYCITE ® CAPLYTA® <b>NEW</b> CLOZARIL® FAZACLO®  GEODON® INVEGA®  PALIPERIDONE RISPERDAL®  SECUADO® <b>NEW</b> SEROQUEL® SEROQUEL XR® ZYPREXA®
<b>Atypical Antipsychotics – Long Acting Injectable <b>NEW</b></b>			
	ABILIFY® MAINTENA <b>NEW</b> ARISTADA® <b>NEW</b> ARISTADA® INITIO <b>NEW</b> INVEGA® SUSTENNA <b>NEW</b> INVEGA® TRINZA* <b>NEW</b> RISPERDAL® CONSTA <b>NEW</b> PERSERIS® <b>NEW</b> ZYPREXA® RELPREVV <b>NEW</b>	*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)	AMBIEN® AMBIEN CR® BELSOMRA® DORAL® ESZOPICLONE EDLUAR® HETLIOZ® INTERMEZZO®

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			LUNESTA® SILENOR® SOMNOTE® SONATA® ZOLPIDEM CR ZOLPIMIST®
		PA required for members under 18 years old	
<b>Psychostimulants</b>			
<b>Narcolepsy Agents</b>			
	ARMODAFINIL * <b>NEW</b> NUVIGIL® PROVIGIL® * WAKIX® ** <b>NEW</b>	* (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 HFA® ANORO ELLIPTA® ARNUITY ELLIPTA® ASMANEX®		ADVAIR® DISKUS AEROSPAN HFA® AIRDUO® ALVESCO® ARCAPTA NEOHALER® ARMONAIR®

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	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®		BREO ELLIPTA®  BROVANA®  INCRUSE ELLIPTA® LONHALA MAGNAIR® PERFORMIST NEBULIZER® PULMICORT NEBS  QVAR® REDIHALER™ SEEBRI NEOHALER® SPIRIVA RESPIMAT® TRELEGY ELLIPTA® UTIBRON NEOHALER® WIXELA®
<b>Short-Acting/Rescue Therapy</b>			
	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
<b>Toxicology Agents</b>			
<b>Antidotes</b>			
<b>Opiate Antagonists</b>			
	EVZIO® NALOXONE NARCAN® NASAL SPRAY		
<b>Substance Abuse Agents</b>			
	BUPRENORPHINE SUB TAB SUBLOCADE®  SUBOXONE® VIVITROL®		BUNAVAIL®  BUPRENORPHINE / NALOXONE FILM/TAB  ZUBSOLV®