

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
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Analgesics			
Analgesic/Miscellaneous			
Neuropathic Pain/Fibromyalgia Agents			
	DULOXETINE GABAPENTIN LYRICA® SAVELLA® *¥ (Fibromyalgia only)	* PA required ¥No PA required for drugs in this class if ICD-10 - M79.1; M60.0-M60.9, M61.1.	CYMBALTA® GRALISE® LIDOCAINE PATCH * LIDODERM® * LYRICA® CR HORIZANT® QUTENZA®
Tramadol and Related Drugs			
	TRAMADOL TRAMADOL/APAP		CONZIPR® NUCYNTA® RYZOLT® RYBIX® ODT TRAMADOL ER ULTRACET® ULTRAM® ULTRAM® ER
Opiate Agonists			
	MORPHINE SULFATE SA TABS (ALL GENERIC EXTENDED RELEASE) QL FENTANYL PATCH QL BUTRANS® NUCYNTA® ER	PA required for Fentanyl Patch General PA Form: https://www.medicaid.nv.gov/Downloads/provider/FA-59.pdf	AVINZA® QL BUPRENORPHINE PATCH DOLOPHINE® DURAGESIC® PATCHES QL EXALGO® KADIAN® QL METHADONE METHADOSE® MS CONTIN® QL OPANA ER® OXYCODONE SR QL OXYMORPHONE SR XARTEMIS XR® QL ZOHYDRO ER® QL
Opiate Agonists - Abuse Deterrent			
	EMBEDA® MORPHABOND® XTAMPZA ER®		ARYMO® ER HYSINGLA ER® OXYCONTIN® QL
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral			
	CELECOXIB CAP DICLOFENAC POTASSIUM DICLOFENAC TAB DR		CAMBIA® POWDER

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

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

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	TALTZ® NEW XELJANZ®		
Multiple Sclerosis Agents			
Injectable			
	AVONEX® AVONEX® ADMIN PACK BETASERON® COPAXONE® QL EXTAVIA® OCREVUS® REBIF® QL TYSABRI®	<i>Trial of only one agent is required before moving to a non-preferred agent PA required</i>	GLATOPA® GLATIRAMER LEMTRADA® PLEGRIDY®
Oral			
	AUBAGIO® GILENYA® TECFIDERA®	PA required	BAFIERTAM® NEW DIMETHYL FUMARATE NEW MAVENCLAD® MAYZENT® VUMERITY® ZEPOSIA® NEW
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	£ PREFERRED FOR AGES 10 AND UNDER	ACCURETIC® EPANED® † FOSINOPRIL MAVIK®

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	ENALAPRIL ENALAPRIL HCTZ EPANED® £ LISINOPRIL LISINOPRIL HCTZ RAMIPRIL	‡ NONPREFERRED FOR OVER 10 YEARS OLD	MOEXIPRIL PERINDOPRIL QUINAPRIL QUINARETIC® QBRELIS® TRANDOLAPRIL UNIVASC®
Beta-Blockers			
	ACEBUTOLOL ATENOLOL ATENOLOL/CHLORTH BETAXOLOL BISOPROLOL BISOPROLOL/HCTZ		KAPSPARGO® SOTYLIZE®
	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 AMLODIPINE/BENAZEPRIL NEW AMLODIPINE/VALSARTAN NEW AMLODIPINE/VALSARTAN /HCT NEW CARTIA XT® DILTIA XT® DILTIAZEM ER DILTIAZEM HCL FELODIPINE ER NICARDIPINE NIFEDIPINE ER TAZTIA XT® VERAPAMIL VERAPAMIL ER		EXFORGE® NEW EXFORGE HCT® NEW ISRADIPINE NEW KATERZIA® LOTREL® NEW MATZIM TAB LA NISOLDIPINE ER NEW NORVASC® NYMALIZE® SOLN NEW

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

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

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

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PHOSLYRA® NEW RENAGEL® RENVELA®			LANTHANUM CARBONATE NEW PHOSLO® SEVELAMER CARBONATE SEVELAMER HCL NEW VELPHORO®
Gastrointestinal Agents			
Antiemetics			
Pregnancy-induced Nausea and Vomiting Treatment			
BONJESTA® NEW OTC Doxylamine 25mg/Pyridoxine 10mg			DICLEGIS® NEW 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® ZOFRAN® QL 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	MOTEGRITY® NEW MOVANTIK® RELISTOR® SYMPROIC® TRULANCE® ZELNORM® NEW
Gastrointestinal Anti-inflammatory Agents			
APRISO® ASACOL®SUPP			BALSALAZIDE® ASACOL HD® NEW

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	CANASA® COLAZAL® NEW DELZICOL® NEW PENTASA® SULFASALAZINE DR SULFASALAZINE IR		LIALDA® MESALAMINE (GEN APRISO) NEW MESALAMINE (GEN ASACOL HD) MESALAMINE (GEN DELZICOL) NEW MESALAMINE (GEN LIALDA) MESALAMINE ENEMA SUSP MESALAMINE SUPP NEW
Gastrointestinal Enzymes			
	CREON® ZENPEP®		PANCREAZE® PANCRELIPASE PERTZYE® ULTRESA® VIOKACE®
Genitourinary Agents			
Benign Prostatic Hyperplasia (BPH) Agents			
5-Alpha Reductase Inhibitors			
	DUTASTERIDE FINASTERIDE		AVODART® DUTASTERIDE/TAMSULOSIN JALYN® PROSCAR®
Alpha-Blockers			
	ALFUZOSIN NEW DOXAZOSIN TAMSULOSIN TERAZOSIN		CARDURA® FLOMAX® MINIPRESS® PRAZOSIN RAPAFLO® SILODOSIN NEW UROXATRAL®
Bladder Antispasmodics			
	BETHANECHOL OXYBUTYNIN TABS/SYRUP/ER SOLIFENACIN NEW TOVIAZ®		DARIFENACIN NEW DETROL® DETROL LA® DITROPAN XL® ENABLEX® FLAVOXATE GELNIQUE® MYRBETRIQ® OXYTROL® SANCTURA® TOLTERODINE TROSPIUM VESICARE® NEW

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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® ASPIRIN BRILINTA® * QL CILOSTAZOL® CLOPIDOGREL DIPYRIDAMOLE PRASUGREL NEW	* PA required	ANAGRELIDE NEW ASPIRIN/DIPYRIDAMOLE DURLAZA® EFFIENT® * QL PLAVIX® YOSPRALA® ZONTIVITY®
Hormones and Hormone Modifiers			
Androgens			
	ANDRODERM®	PA required PA Form: https://www.medicaid.nv.gov/Downloads/provider/FA-72.pdf	ANDROGEL® AXIRON® FORTESTA® NATESTO® STRIANT® TESTIM® TESTOSTERONE GEL TESTOSTERONE SOL VOGELXO®
Antidiabetic Agents			
Alpha-Glucosidase Inhibitors/Amylin analogs/Misc.			
	ACARBOSE GLYSET® SYMLIN® (PA required)		CYCLOSET® PRECOSE®
Biguanides			
	FORTAMET®		GLUCOPHAGE®

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	METFORMIN EXT-REL (Glucophage XR®) METFORMIN EXT-REL (Glucophage XR®) METFORMIN (Glucophage®) METFORMIN ER (GEN GLUMETZA) RIOMET®		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® OSENİ®
Incretin Mimetics			
	BYDUREON® BYDUREON® PEN BYETTA® OZEMPIC® NEW TRULICITY® VICTOZA®	No PA required if Dx of Type 2 Diabetes transmitted on claim	ADLYXIN® BYDUREON® BCISE RYBELSUS® SOLIQUA® TANZEUM® XULTOPHY®
Insulins (Vials, Pens and Inhaled)			
	APIDRA® HUMALOG® HUMULIN® 70/30 HUMULIN® U-500 INSULIN LISPRO INJ 100U/ML LANTUS® LEVEMIR® NOVOLIN® N NOVOLIN® R NOVOLIN® 70/30 NOVOLOG® TOUJEO SOLO® 300 IU/ML TRESIBA FLEX INJ		ADMELOG® AFREZZA® BASAGLAR® FIASP® HUMULIN® N HUMULIN® R HUMALOG® U-200 INSULIN ASPART INSULIN ASPART MIX INSULIN LISPRO MIX NEW LYUMJEV® NEW
Meglitinides			
	REPAGLINIDE		NATEGLINIDE (Starlix®) PRANDIN® STARLIX®
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			

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	FARXIGA® GLYXAMBI® NEW INVOKANA® INVOKAMET® JARDIANCE® SYNJARDY® NEW SYNJARDY® XR NEW XIGDUO XR®		INVOKAMET® XR QTERN® SEGLUROMET® STEGLATRO® STEGLUJAN™ TRIJARDY® 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® AVANDARYL® AVANDIA® DUETACT® PIOGLITAZONE/METFORMIN PIOGLITAZONE/GLIMEPR
Anti-Hypoglycemic Agents NEW			
	GLUCAGON EMERGENCY KIT		BAQSIMI® GVOKE®
Pituitary Hormones			
Growth hormone modifiers			
	GENOTROPIN® NORDITROPIN®	PA required for entire class https://www.medicaid.nv.gov/Downloads/provider/FA-67.pdf	HUMATROPE® NUTROPIN AQ® OMNITROPE® NUTROPIN® SAIZEN® SEROSTIM®

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			SOMAVERT® TEV-TROPIN® ZORBTIVE®
Progestins for Cachexia			
	MEGESTROL ACETATE, SUSP		MEGACE ES®
Monoclonal Antibodies for the treatment of Respiratory Conditions			
	DUPIXENT® FASENRA® NEW NUCALA® XOLAIR®	PA Required	CINQAIR®
Musculoskeletal Agents			
Antigout Agents			
	ALLOPURINOL COLCRYS® TAB NEW PROBENECID PROBENECID/COLCHICINE ULORIC®		COLCHICINE TAB/CAP NEW FEBUXOSTAT NEW MITIGARE® CAP ZURAMPIC® ZYLOPRIM®
Bone Resorption Inhibitors			
Bisphosphonates			
	ALENDRONATE TABS		ACTONEL® ALENDRONATE SOLUTION ATELVIA® BINOSTO® BONIVA® DIDRONEL® ETIDRONATE FOSAMAX PLUS D® IBANDRONATE SKELID®
Nasal Calcitonins			
	CALCITONIN-SALMON		MIACALCIN®
Restless Leg Syndrome Agents			
	PRAMIPEXOLE ROPINIROLE		HORIZANT® MIRAPEX® MIRAPEX® ER REQUIP XL NEW REQUIP
Skeletal Muscle Relaxants			
	BACLOFEN CHLORZOXAZONE CYCLOBENZAPRINE DANTROLENE METHOCARBAMOL		

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	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 DIVALPROEX SODIUM ER EPIDIOLEX® EPITOL® ETHOSUXIMIDE FELBATOL® FYCOMPA® GABAPENTIN GABITRIL® KEPPRA® KEPPRA XR® LAMACTAL ODT®	PA required for members under 18 years old	DIACOMIT® OXTELLAR XR® POTIGA® SPRITAM® TOPIRAMATE ER NEW TROKENDI XR® VIGABATRIN NEW XCOPRI® NEW

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	LAMACTAL XR® LAMICTAL® LAMOTRIGINE LEVETIRACETAM LYRICA® NEURONTIN® OXCARBAZEPINE QUDEXY XR® NEW SABRIL® STAVZOR® DR TEGRETOL® TEGRETOL XR® TOPAMAX® TOPIRAGEN® TOPIRAMATE IR 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 DIASTAT® NEW DIAZEPAM NAYZILAM® SPRAY* TRANXENE T-TAB® VALIUM® VALTOCO® SPRAY* NEW	PA required for members under 18 years old *PA Required for all ages	DIAZEPAM rectal soln NEW KLONOPIN® ONFI® SYMPAZAN® FILM
Hydantoins			
	CEREBYX® DILANTIN® ETHOTOIN FOSPHENYTOIN	PA required for members under 18 years old	

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	Preferred Products	PA Criteria	Non-Preferred Products
	PEGANONE® PHENYTEK® PHENYTOIN PRODUCTS		
Anti-Migraine Agents			
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists			
	AJOVY® EMGALITY®	PA required for all products	AIMOVIG® NURTEC® ODT UBRELVY®
Serotonin-Receptor Agonists			
	RIZATRIPTAN ODT SUMATRIPTAN TABLET ZOLMITRIPTAN ODT ZOMIG® SPRAY	PA required for exceeding Quantity Limit	ALMOTRIPTAN AMERGE® AXERT® FROVA® ELETRIPTAN FROVATRIPTAN SUCCINATE IMITREX® MAXALT® TABS MAXALT® MLT NARATRIPTAN ONZETRA XSAIL® RELPAX® REYVOW® RIZATRIPTAN BENZOATE SUMATRIPTAN INJECTION SUMATRIPTAN NASAL SPRAY SUMATRIPTAN/NAPROXEN SUMAVEL® TOSYMRA® TREMIMET® ZEMBRACE SYMTOUCH ZOLMITRIPTAN ZOMIG® TAB ZOMIG® ZMT
Antiparkinsonian Agents			
Dopamine Precursors			
	CARBIDOPA/LEVODOPA CARBIDOPA/LEVODOPA ER CARBIDOPA/LEVODOPA ODT STALEVO®	<i>Trial of only one agent is required before moving to a non-preferred agent</i>	CARBIDOPA/LEVODOPA/EN TACAPONE DUOPA™ INBRIJA™ (INH) LODOSYN® TAB RYTARY™

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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 BAK Free TRUSOPT® VYZULTA® XALATAN® XELPROS® ZIOPTAN®
Ophthalmic Antihistamines			
	BEPREVE® KETOTIFEN PAZEO® ZADITOR OTC®		ALAWAY® AZELASTINE ALOMIDE ALOCRIL ELESTAT® EMADINE® EPINASTINE LASTACRAFT® OLOPATADINE (drop/sol) OPTIVAR® PATADAY® PATANOL® ZERVIATE®

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Ophthalmic Anti-infectives			
Ophthalmic Macrolides			
	ERYTHROMYCIN OINTMENT		
Ophthalmic Quinolones			
	BESIVANCE® CIPROFLOXACIN VIGAMOX® ZYMAXID® NEW		CILOXAN® GATIFLOXACIN NEW LEVOFLOXACIN NEW MOXEZA® NEW MOXIFLOXACIN OFLOXACIN®
Ophthalmic Anti-infective/Anti-inflammatory Combinations			
	NEO/POLY/DEX PRED-G SULF/PRED NA SOL OP TOBRADEX OIN TOBRADEX SUS ZYLET SUS		BLEPHAMIDE MAXITROL NEO/POLY/BAC OIN /HC NEO/POLY/HC SUS OP TOBRA/DEXAME SUS TOBRADEX SUS TOBRADEX ST SUS
Ophthalmic Anti-inflammatory Agents			
Ophthalmic Corticosteroids			
	ALREX® DUREZOL® FLAREX® NEW FML® NEW FML FORTE® NEW MAXIDEX® NEW PRED FORTE® NEW		DEXAMETHASONE NEW FLUOROMETHOLONE NEW INVELTYS® NEW LOTEMAX® NEW LOTEPREDNOL NEW OMNIPRED® PREDNISOLONE NEW PRED MILD® VEXOL®
Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)			
	DICLOFENAC FLURBIPROFEN ILEVRO® KETOROLAC NEVANAC®		ACULAR® ACULAR LS® ACUVAIL® BROMDAY® BROMFENAC® PROLENSA®
Ophthalmics for Dry Eye Disease			
	ARTIFICIAL TEARS RESTASIS®		CEQUA® RESTASIS® MULTIDOSE XIIDRA®

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Otic Agents			
Otic Anti-infectives			
Otic Quinolones			
	CIPRODEX® CIPRO HC® OTIC SUSP OFLOXACIN		CIPROFLOXACIN SOL 0.2% CETRAXAL® OTIPRIO® OTOVEL® SOLN
Psychotropic Agents			
ADHD Agents			
	ADDERALL XR® AMPHETAMINE SALT COMBO IR CONCERTA® DAYTRANA® DESOXYN® NEW DEXMETHYLPHENIDATE DEXTROAMPHETAMINE SA TAB DEXTROAMPHETAMINE TAB FOCALIN XR® GUANFACINE ER JORNAY PM® NEW METADATE CD® METHYLIN® METHYLPHENIDATE METHYLPHENIDATE ER (All forms generic extended release) METHYLPHENIDATE SOL 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® ADHANSIA® XR ADZENYS® AMPHETAMINE ER SUSP AMPHETAMINE SALT COMBO XR APTENSIO XR® ATOMOXETINE CLONIDINE HCL ER COTEMPLA XR®-ODT DEXEDRINE® DEXTROAMPHETAMINE SOLUTION DYANAVEL® NEW EVEKEO® EVEKEO® ODT FOCALIN® INTUNIV® METADATE ER® METHYLPHENIDATE TAB ER (RELEXXII) METHYLPHENIDATE CHEW MYDAYIS® PROCENTRA® NEW QUILLICHEW® NEW QUILLIVANT® XR SUSP NEW RELEXXII® RITALIN® ZENZEDI®

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	SAPHRIS® VRAYLAR® ZIPRASIDONE		SEROQUEL® SEROQUEL XR® ZYPREXA®
Atypical Antipsychotics – Long Acting Injectable			
	ABILIFY® MAINTENA ARISTADA® ARISTADA® INITIO INVEGA® SUSTENNA INVEGA® TRINZA* RISPERDAL® CONSTA PERSERIS® ZYPREXA® RELPREVV	*PA Required	
Anxiolytics, Sedatives, and Hypnotics			
	ESTAZOLAM FLURAZEPAM ROZEREM® TEMAZEPAM TRIAZOLAM ZALEPLON ZOLPIDEM	No PA required if approved diagnosis code transmitted on claim (All agents in this class) 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			
	ARMODAFINIL * NUVIGIL® * PROVIGIL® * WAKIX® **	* (No PA required for ICD-10 code G47.4) **PA Required for all ages	MODAFINIL * SUNOSI®** XYREM® **
Respiratory Agents			
Nasal Antihistamines			
	AZELASTINE DYMISTA® OLOPATADINE		ASTEPRO® PATANASE®
Respiratory Anti-inflammatory Agents			
Leukotriene Receptor Antagonists			
	MONTELUKAST ZAFIRLUKAST ZYFLO® ZYFLO CR®		ACCOLATE® SINGULAIR® ZILEUTON ER

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Nasal Corticosteroids			
	FLUTICASONE TRIAMCINOLONE ACETONIDE		BECONASE AQ® FLONASE® FLUNISOLIDE NASACORT AQ® NASONEX® OMNARIS® QNASL® RHINOCORT AQUA® VERAMYST® XHANCE™ ZETONNA®
Phosphodiesterase Type 4 Inhibitors			
	DALIRESP® QL	PA required	
Long-acting/Maintenance Therapy			
	ADVAIR® DISKUS NEW ADVAIR HFA® ANORO ELLIPTA® ARNUITY ELLIPTA® ASMANEX® BEVESPI® BREO ELLIPTA® NEW BUDESONIDE NEBS* DULERA® FLOVENT DISKUS® QL FLOVENT HFA® QL INCRUSE ELLIPTA® NEW PULMICORT FLEXHALER® QVAR® QVAR® REDIHALER™ NEW SEREVENT DISKUS® QL SPIRIVA® HANDIHALER SPIRIVA RESPIMAT® NEW STIOLTO RESPIMAT® STRIVERDI RESPIMAT®		AEROSPAN HFA® AIRDUO® ALVESCO® ARCAPTA NEOHALER® ARMONAIR® BROVANA® BUDESONIDE / FORMOTEROL NEW DUAKLIR® PRESSAIR NEW FLUTICASONE PROPIONATE/SALMETEROL POW NEW LONHALA MAGNAIR® PERFORMIST NEBULIZER® SEEBRI NEOHALER® TRELEGY ELLIPTA® UTIBRON NEOHALER® WIXELA® YUPELRI® NEW

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	SYMBICORT® TUDORZA®		
Short-Acting/Rescue Therapy			
	ALBUTEROL NEB/SOLN ATROVENT® COMBIVENT RESPIMAT® IPRATROPIUM NEBS IPRATROPIUM/ALBUTER OL NEBS QL PROAIR® HFA NEW VENTOLIN HFA® NEW XOPENEX® HFA* QL XOPENEX® Solution* QL NEW		ALBUTEROL AER HFA LEVALBUTEROL* HFA LEVALBUTEROL* NEBS NEW PROAIR RESPICLICK® PROVENTIL® HFA NEW
Toxicology Agents			
Antidotes			
Opiate Antagonists			
	EVZIO® NALOXONE NARCAN® NASAL SPRAY		
Substance Abuse Agents			
	BUPRENORPHINE / NALOXONE TAB NEW BUPRENORPHINE SUB TAB SUBLOCADE® SUBOXONE® VIVITROL®		BUNAVAIL® BUPRENORPHINE / NALOXONE FILM ZUBSOLV®