

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)
Effective March 1, 2022

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Analgesics			
Analgesic/Miscellaneous			
Neuropathic Pain/Fibromyalgia Agents			
	DULOXETINE GABAPENTIN LYRICA® LIDODERM® * 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 * LYRICA® CR HORIZANT® PREGABALIN PREGABALIN ER 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: Form FA-59	AVINZA® QL BUPRENORPHINE PATCH DOLOPHINE® DURAGESIC® PATCHES QL EXALGO® HYDROCODONE BITARTRATE ER KADIAN® QL METHADONE METHADOSE® MS CONTIN® QL OPANA ER® OXYCODONE SR QL OXYMORPHONE SR XARTEMIS XR® QL ZOHYDRO ER® QL
Opiate Agonists - Abuse Deterrent			
	XTAMPZA ER®		HYDROCODONE BITARTRATE ER HYSINGLA ER® OXYCONTIN® QL

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Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral				
		CELECOXIB CAP DICLOFENAC POTASSIUM DICLOFENAC TAB DR FLURBIPROFEN TAB IBUPROFEN SUSP IBUPROFEN TAB INDOMETHACIN CAP KETOROLAC TAB QL ¥ MELOXICAM TAB NABUMETONE TAB NAPROXEN SUSP NAPROXEN TAB NAPROXEN DR TAB PIROXICAM CAP SULINDAC TAB	¥ PA Required	CAMBIA® POWDER 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 LORATADINE D OTC LORATADINE OTC	A two week trial of one of these drugs is required before a non-preferred drug will be authorized.	ALLEGRA® CETIRIZINE D OTC CLARITIN® CLARINEX® DESLORATADINE FEXOFENADINE SEMPREX® XYZAL®
Anti-infective Agents				
Aminoglycosides				
		Inhaled Aminoglycosides		
		BETHKIS® KITABIS® PAK TOBRAMYCIN NEBULIZER 300mg/5mL		TOBI PODHALER® TOBRAMYCIN NEBULIZER 300mg/4mL

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Antivirals			
Alpha Interferons			
	PEGASYS® PEGASYS® CONVENIENT PACK		
	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			
	CEFACLOL CAPS and SUSP CEFACLOL ER CEFUROXIME TABS and SUSP CEFPROZIL SUSP		CEFTIN® CECLOR® CECLOR CD® CEFZIL
Third-Generation Cephalosporins			
	CEFDINIR CAPS / SUSP	PA Required	CEDAX® CAPS and SUSP CEFDITOREN

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		CEFPODOXIME TABS and SUSP		CEFIXIME CAPS/SUSP OMNICEF® SPECTRACEF® SUPRAX® VANTIN®
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	PA Required	FLOXIN® OFLOXACIN
		Quinolones - 3rd Generation		
		LEVOFLOXACIN MOXIFLOXACIN	PA Required	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® AVSOLA® CIMZIA® COSENTYX® ENBREL® HUMIRA® INFLECTRA® KEVZARA® KINERET®	Prior authorization is required for all drugs in this class Form FA-61	ENSPRYNG® ILARIS® ENTYVIO® ILUMYA® REMICADE® RINVOQ® SKYRIZI® TREMIFYA XELJANZ XR®

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		OLUMIANT® ORENCIA® OTEZLA® RENFLEXIS® SILIQ® SIMPONI® STELARA® TALTZ® XELJANZ®		
Multiple Sclerosis Agents				
		Injectable		
		AVONEX® AVONEX® ADMIN PACK BETASERON® COPAXONE® QL TYSABRI®	<i>Trial of only one agent is required before moving to a non-preferred agent</i> PA required	EXTAVIA® GLATIRAMER GLATOPA® KESIMPTA® LEMTRADA® OCREVUS® PLEGRIDY® REBIF® QL
		Oral		
		AUBAGIO® GILENYA® TECFIDERA®	PA required	BAFIERTAM® DIMETHYL FUMARATE MAVENCLAD® MAYZENT® PONVORY® VUMERITY® ZEPOSIA®
		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®

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			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® ENALAPRIL SOLN EPANED® ‡ FOSINOPRIL MAVIK® MOEXIPRIL PERINDOPRIL QUINAPRIL QUINARETIC® QBRELIS® TRANDOLAPRIL UNIVASC®
	Beta-Blockers		
	ACEBUTOLOL ATENOLOL ATENOLOL/CHLORTH BISOPROLOL BISOPROLOL/HCTZ BYSTOLIC® CARVEDILOL LABETALOL METOPROLOL (Reg Release and Ext release) PINDOLOL PROPRANOLOL PROPRANOLOL/HCTZ SOTALOL		BETAXOLOL KAPSPARGO® NADOLOL SOTYLIZE® TIMOLOL
	Calcium-Channel Blockers		
	AFEDITAB CR® AMLODIPINE AMLODIPINE/BENAZEPRIL AMLODIPINE/VALSARTAN AMLODIPINE/VALSARTAN /HCT CARTIA XT®		EXFORGE® EXFORGE HCT® ISRADIPINE KATERZIA® LOTREL® MATZIM TAB LA

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		DILTIA XT® DILTIAZEM ER DILTIAZEM HCL FELODIPINE ER NICARDIPINE NIFEDIPINE ER TAZTIA XT® VERAPAMIL VERAPAMIL ER		NISOLDIPINE ER NORVASC® NYMALIZE® SOLN
		Vasodilators		
		Inhaled		
		VENTAVIS® TYVASO®		
		Oral		
		BOSENTAN ORENITRAM® REVATIO® TADALAFIL		ADCIRCA® ADEMPAS® ALYQ® AMBRISANTAN LETAIRIS® OPSUMIT® SILDENAFIL TRACLEER® UPTRAVI®
		Antilipemics		
		Bile Acid Sequestrants		
		COLESTIPOL CHOLESTYRAMINE WELCHOL®		COLESEVELAM QUESTRAN®
		Cholesterol Absorption Inhibitors		
		EZETIMIBE		ZETIA®
		Fibric Acid Derivatives		
		FENOFIBRATE FENOFIBRIC GEMFIBROZIL		ANTARA® FENOGLIDE® FIBRICOR® LIPOFEN® LOFIBRA® TRICOR® TRIGLIDE® TRILIPIX®
		HMG-CoA Reductase Inhibitors (Statins)		
		ATORVASTATIN EZETIMIBE-SIMVASTATIN		ALTOPREV® AMLODIPINE/ATORVASTATIN

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		LOVASTATIN PRAVASTATIN ROSUVASTATIN SIMVASTATIN		CADUET® CRESTOR® QL EZALLOR® FLUVASTATIN FLUVASTATIN XL LESCOL® LESCOL XL® LIPITOR® LIPTRUZET® LIVALO® MEVACOR® PRAVACHOL® SIMCOR® VYTORIN® ZOCOR® ZYPITAMAG®
		Niacin Agents		
		NIASPAN® (Brand only) NIACIN ER (ALL GENERICIS)		NIACOR®
		Omega-3 Fatty Acids		
		OMEGA-3-ACID VASCEPA®		LOVAZA®
		PCSK9 Inhibitors		
		PRALUENT® REPATHA®		
		Miscellaneous Heart Failure Agents (NEW)		
		CORLANOR® * ENTRESTO® *	* PA required	VERQUVO®
		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®		DICLOFENAC (gel/sol) EMLA®

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		LIDOCAINE LIDOCAINE HC LIDOCAINE VISCOUS LIDOCAINE/PRILOCAINE LIDODERM® QL PENNSAID® VOLTAREN® GEL		LENZAPRO® LICART® LIDOCAINE 5% PATCH LIDAMANTLE® ZTLIDO®
		Topical Anti-infectives		
		Acne Agents: Topical, Benzoyl Peroxide, Antibiotics and Combination Products		
		ACANYA® ACZONE GEL® AZELEX® 20% cream BENZOYL PEROXIDE (2.5, 5 and 10% only) CLINDAMYCIN ERYTHROMYCIN/BENZOYL PEROXIDE SODIUM	PA required if over 21 years old	AMZEEQ® FOAM BENZACLIN® BENZOYL PER AEROSOL CLINDAMYCIN AEROSOL CLINDAMYCIN/BENZOYL PEROXIDE GEL DAPSONE GEL DUAC CS® ERYTHROMYCIN ONEXTON GEL® SODIUM SULFACETAMIDE/SULFUR SULFACETAMIDE
		Impetigo Agents: Topical		
		MUPIROCIN OINT		ALTABAX® CENTANY® MUPIROCIN CREAM
		Topical Antivirals		
		ABREVA® DENA VIR® XERESE® CREAM ZOVIRAX® CREAM ZOVIRAX®, OINTMENT		ACYCLOVIR OINT ACYCLOVIR CREAM
		Topical Scabicides		
		LINDANE NATROBA® NIX® PERMETHRIN RID® ULESFIA®		EURAX® IVERMECTIN MALATHION OVIDE® SKLICE® SPINOSAD VANALICE® GEL

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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® EPIDUO® RETIN-A TAZORAC® ZIANA®	Payable only for recipients up to age 21.	ARAZLO® ADAPALENE GEL AND CREAM ADAPALENE/BENZOYL PEROXIDE ATRALIN® AVITA® RETIN-A MICRO® (Pump and Tube) TAZAROTENE TRETINOIN TRETIN-X® VELTIN®
Electrolytic and Renal Agents			
Phosphate Binding Agents			
	CALCIUM ACETATE CAP CALCIUM ACETATE TAB PHOSLYRA® RENAGEL® REVELA®		AURYXIA® FOSRENOL® LANTHANUM CARBONATE PHOSLO® SEVELAMER CARBONATE SEVELAMER HCL VELPHORO®
Potassium Removing Agents (NEW)			
	LOKELMA® SODIUM POLYSTYRENE SULFONATE SPS®		VELTASSA®
Gastrointestinal Agents			
Antiemetics			
Pregnancy-induced Nausea and Vomiting Treatment			
	BONJESTA® OTC Doxylamine 25mg/Pyridoxine 10mg		DICLEGIS® DOXYLAMINE-PYRIDOXINE TAB 10-10
Serotonin-receptor antagonists/Combo			
	GRANISETRON QL ONDANSETRON QL	PA required for all medication in this class	AKYNZEO® ANZEMET® QL

PDL Exception PA: <https://www.medicaid.nv.gov/Downloads/provider/FA-63.pdf>

Chapter 1200 PA Criteria: <https://dhcfp.nv.gov/>

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			SANCUSO® ZOFTRAN® QL ZUPLENZ® QL BARHEMSYS®
Antulcer 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 for > 12 years	ACIPHEX® ESOMEPRazole LANSOPRAZOLE NEXIUM® CAPSULES PREVACID® PRILOSEC® PRILOSEC® OTC TABS PROTONIX® RABEPRazole SODIUM
Functional Gastrointestinal Disorder Drugs			
	AMITIZA® LINZESS®	PA required	LUBIPROSTONE MOTEGRITY® MOVANTIK® RELISTOR® SYMPROIC® TRULANCE® ZELNORM®
Gastrointestinal Anti-inflammatory Agents			
	APRISO® ASACOL®SUPP CANASA® COLAZAL® DELZICOL® PENTASA® SULFASALAZINE DR SULFASALAZINE IR		BALSALAZIDE® ASACOL HD® LIALDA ® MESALAMINE (GEN APRISO) MESALAMINE (GEN ASACOL HD) MESALAMINE (GEN DELZICOL) MESALAMINE (GEN LIALDA) MESALAMINE ENEMA SUSP MESALAMINE SUPP
Gastrointestinal Enzymes			
	CREON® PANCREAZE® ZENPEP®		PANCRELIPASE PERTZYE® ULTRESA®

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				VIOKACE®
Genitourinary Agents				
Benign Prostatic Hyperplasia (BPH) Agents				
		5-Alpha Reductase Inhibitors		
		DUTASTERIDE FINASTERIDE		AVODART® DUTASTERIDE/TAMSULOSIN JALYN® PROSCAR®
		Alpha-Blockers		
		ALFUZOSIN DOXAZOSIN TAMSULOSIN TERAZOSIN		CARDURA® FLOMAX® MINIPRESS® PRAZOSIN RAPAFLO® SILODOSIN UROXATRAL®
Bladder Antispasmodics				
		BETHANECHOL DETROL® DETROL LA® OXYBUTYNIN TABS/SYRUP/ER SOLIFENACIN TOVIAZ®		DARIFENACIN DITROPAN XL® ENABLEX® FLAVOXATE GELNIQUE® GEMTESA® MYRBETRIQ® OXYTROL® SANCTURA® TOLTERODINE TROSPIMUM VESICARE® VESICARE® LS
Hematological Agents				
Anticoagulants				
		Oral		
		COUMADIN® ELIQUIS® * JANTOVEN® PRADAXA® * QL WARFARIN XARELTO ® *	* No PA required if approved diagnosis code transmitted on claim	SAVAYSA®*

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	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	* PA required	ANAGRELIDE ASPIRIN/DIPYRIDAMOLE DURLAZA® EFFIENT® * QL PLAVIX® YOSPRALA® ZONTIVITY®
	Hormones and Hormone Modifiers		
	Androgens		
	ANDRODERM®	PA required PA Form: Form FA-72	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)		GLUCOPHAGE® GLUCOPHAGE XR® GLUMETZA® METFORMIN (GEN FORTAMET)

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	RIOMET®		
	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® OZEMPIC® RYBELSUS® TRULICITY® VICTOZA®	No PA required if Dx of Type 2 Diabetes transmitted on claim	ADLYXIN® BYDUREON® BCISE SOLIQUA® TANZEUM® XULTOPHY®
	Insulins (Vials, Pens and Inhaled)		
	APIDRA® HUMALOG® HUMULIN® 70/30 HUMULIN® U-500 INSULIN ASPART MIX INSULIN LISPRO INJ 100U/ML INSULIN LISPRO MIX LANTUS® LEVEMIR® NOVOLIN® N NOVOLIN® R NOVOLOG® INSULIN ASPART TOUJEO SOLO® 300 IU/ML TRESIBA FLEX INJ		ADMELOG® AFREZZA® BASAGLAR® FIASP® HUMULIN® N HUMULIN® R HUMALOG® U-200 LYUMJEV® NOVOLIN® 70/30 SEMGLEE® LYUMJEV®
	Meglitinides		
	REPAGLINIDE		NATEGLINIDE PRANDIN® STARLIX®
	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
	FARXIGA® GLYXAMBI® INVOKANA®		INVOKAMET® XR QTERN® SEGLUROMET®

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	INVOKAMET® JARDIANCE® SYNJARDY® SYNJARDY® XR XIGDUO XR®		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		
	BAQSIMI® GLUCAGEN® ZEGALOGUE®		GLUCAGON EMERGENCY KIT GVOKE®
	Pituitary Hormones		
	Growth hormone modifiers		
	GENOTROPIN® NORDITROPIN®	PA required for entire class Form FA-67	HUMATROPE® NUTROPIN AQ® OMNITROPE® NUTROPIN® SAIZEN®

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				SEROSTIM® SOMAVERT® TEV-TROPIN® ZORBTIVE®
		Progestins for Cachexia		
		MEGESTROL ACETATE, SUSP		MEGACE ES®
		Monoclonal Antibodies for the treatment of Respiratory Conditions		
		DUPIXENT® FASENRA® NUCALA® XOLAIR®	PA Required	CINQAIR®
		Musculoskeletal Agents		
		Antigout Agents		
		ALLOPURINOL COLCRYS® TAB FEBUXOSTAT PROBENECID PROBENECID/COLCHICINE		COLCHICINE TAB/CAP MITIGARE® CAP ULORIC® 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 REQUIP
		Skeletal Muscle Relaxants		
		BACLOFEN		

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			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					
			CARBAMAZEPINE CARBAMAZEPINE XR CARBATROL ER® CELONTIN® DEPAKENE® DEPAKOTE ER® DEPAKOTE® DIVALPROEX SODIUM DIVALPROEX SODIUM ER EPIDIOLEX® EPITOL® ETHOSUXIMIDE FELBATOL® FINTEPLA® * FYCOMPA® GABAPENTIN	PA required for members under 18 years old *PA Required for all ages	APTiom® BANZEL® BRIVIACT® DIACOMIT® KEPPRA XR® KEPPRA® OXTELLAR XR® POTIGA® SABRIL® SPRITAM® TOPIRAMATE ER TROKENDI XR® VIGABATRIN XCOPRI®

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		GABITRIL® LAMACTAL ODT® LAMACTAL XR® LAMICTAL® LAMOTRIGINE LEVETIRACETAM LYRICA® NEURONTIN® OXCARBAZEPINE QUDEXY XR® 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® DIAZEPAM NAYZILAM® SPRAY* TRANXENE T-TAB® VALIUM® VALTOCO® SPRAY*	*PA Required for all ages	DIAZEPAM rectal soln KLONOPIN® ONFI® SYMPAZAN® FILM

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	Hydantoins		
	CEREBYX® DILANTIN® ETHOTOIN FOSPHENYTOIN PEGANONE® PHENYTEK® PHENYTOIN PRODUCTS		
	Anti-Migraine Agents		
	Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
	AIMOVIG® AJOVY® EMGALITY® NURTEC® ODT QULIPTA®	PA required for all products	UBRELVY® VYEPTI®
	Serotonin-Receptor Agonists		
	FROVA® RELPAX® RIZATRIPTAN ODT SUMATRIPTAN TABLET ZOLMITRIPTAN NASAL SPRAY ZOLMITRIPTAN ODT	PA required for exceeding Quantity Limit	ALMOTRIPTAN AMERGE® AXERT® ELETRIPTAN FROVATRIPTAN SUCCINATE IMITREX® MAXALT® TABS MAXALT® MLT NARATRIPTAN ONZETRA XSAIL® REYVOW® RIZATRIPTAN BENZOATE SUMATRIPTAN INJECTION SUMATRIPTAN NASAL SPRAY SUMATRIPTAN/NAPROXEN SUMAVEL® TOSYMRA® TREXIMET® ZEMBRACE SYMTOUCH ZOLMITRIPTAN ZOMIG® SPRAY ZOMIG® TAB ZOMIG® ZMT

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Antiparkinsonian Agents			
Dopamine Precursors			
	CARBIDOPA/LEVODOPA CARBIDOPA/LEVODOPA ER CARBIDOPA/LEVODOPA ODT CARBIDOPA/LEVODOPA/ENTACAPONE	<i>Trial of only one agent is required before moving to a non-preferred agent</i>	DUOPA™ INBRIJA™ (INH) LODOSYN® TAB RYTARY™ STALEVO®
Non-ergot Dopamine Agonists			
	PRAMIPEXOLE ROPINIROLE ROPINIROLE ER		MIRAPEX® MIRAPEX® ER NEUPRO® REQUIP® REQUIP XL®
Movement Disorders (NEW)			
	AUSTEDOR® * INGREZZA® * TETRABENAZINE	* PA required	XENAZINE®
Ophthalmic Agents			
Antiglaucoma Agents			
	ALPHAGAN P® AZOPT® BETAXOLOL BETOPTIC S® CARTEOLOL COMBIGAN® DORZOLAM DORZOLAM / TIMOLOL LATANOPROST LEVOBUNOLOL LUMIGAN® METIPRANOLOL RHOPRESSA® ROCKLATAN® SIMBRINZA® TIMOLOL DROPS/ GEL SOLN TRAVATAN Z® TRAVATAN®		ALPHAGAN® BETAGAN® BETOPTIC® BIMATOPROST BRIMONIDINE BRINZOLAMIDE COSOPT PF® COSOPT® DORZOL/TIMOL SOL PF OCUPRESS® OPTIPRANOLOL® TIMOPTIC XE® TIMOPTIC® TRAVOPROST BAK Free TRUSOPT® VYZULTA® XALATAN® XELPROS® ZIOPTAN®

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Ophthalmic Antihistamines			
	AZELASTINE BEPREVE® KETOTIFEN LASTACRAFT® OLOPATADINE (drop/sol) ZADITOR OTC®		ALAWAY® ALOMIDE ALOCRIL ELESTAT® EMADINE® OPTIVAR® PATADAY® PATANOL® PAZEO® ZERViate®
Ophthalmic Anti-infectives			
Ophthalmic Macrolides			
	ERYTHROMYCIN OINTMENT		
Ophthalmic Quinolones			
	BESIVANCE® CIPROFLOXACIN VIGAMOX® ZYMADID®		CILOXAN® GATIFLOXACIN LEVOFLOXACIN MOXEZA® 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 ST SUS
Ophthalmic Anti-inflammatory Agents			
Ophthalmic Corticosteroids			
	ALREX® DUREZOL® FLAREX® FML® FML FORTE® MAXIDEX® PRED FORTE®		DEXAMETHASONE FLUOROMETHOLONE INVELTYS® LOTEMAX® LOTEPREDNOL OMNIPRED® PREDNISOLONE PRED MILD® VEXOL®

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	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® XIIDRA®		CEQUA® EYSUVIS® RESTASIS® MULTIDOSE
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 ATOMOXETINE CONCERTA® DAYTRANA® DESOXYN® DEXMETHYLPHENIDATE DEXTROAMPHETAMINE SA TAB DEXTROAMPHETAMINE TAB FOCALIN XR® GUANFACINE ER JORNAY PM® METADATE CD® METHYLIN® METHYLPHENIDATE METHYLPHENIDATE ER METHYLPHENIDATE SOL QELBREE®	PA required for entire class Children's Form: Form FA-69 Adult Form:	ADDERALL® ADHANSIA® XR ADZENYS® AMPHETAMINE ER SUSP AMPHETAMINE SALT COMBO XR APTENSIO XR® CLONIDINE HCL ER COTEMPLA XR®-ODT DEXEDRINE® DEXTROAMPHETAMINE SOLUTION DYANAVEL® EVEKEO® EVEKEO® ODT FOCALIN® INTUNIV® METADATE ER® METHYLPHENIDATE TAB ER (RELEXXII) METHYLPHENIDATE CHEW

PDL Exception PA: <https://www.medicaid.nv.gov/Downloads/provider/FA-63.pdf>

Chapter 1200 PA Criteria: <https://dhcfp.nv.gov/>

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	RITALIN LA® STRATTERA® VYVANSE®	Form FA-68	MYDAYIS® PROCENTRA® QUILLICHEW® QUILLIVANT® XR SUSP RELEXXII® RITALIN® ZENZEDI®
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 <i>No PA required if ICD-10 - M79.1; M60.0-M60.9, M61.1.</i>	APLENZIN® BRINTELLIX® (Discontinued) CYMBALTA® DESVENLAFAXINE 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/Topical		
	ARIPIPRAZOLE CLOZAPINE FANAPT® GEODON® INVEGA® LATUDA® NUPLAZID®* OLANZAPINE	PA required for Ages under 18 years old PA Forms: Form FA-70A (ages 0-5)	ABILIFY® ABILIFY MYCITE ® ASENAPINE CAPLYTA® CLOZARIL® FAZACLO® LYBALVI® PALIPERIDONE

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		QUETIAPINE QUETIAPINE XR REXULTI® RISPERIDONE SAPHRIS® VRAYLAR®	Form FA-70B (ages 6-18) *(No PA required Parkinson's related psychosis ICD code on claim)	RISPERDAL® SECUADO® SEROQUEL® SEROQUEL XR® ZIPRASIDONE ZYPREXA®
Atypical Antipsychotics – Long Acting Injectable				
		ABILIFY® MAINTENA ARISTADA® ARISTADA® INITIO INVEGA® HAFYERA 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				
		NUVIGIL® * PROVIGIL® * WAKIX® **	* (No PA required for ICD-10 code G47.4) **PA Required for all ages	ARMODAFINIL * MODAFINIL * SUNOSI®** XYREM® ** XYWAV® **
Respiratory Agents				
Nasal Antihistamines				
		AZELASTINE DYMISTA®		ASTEPRO®

PDL Exception PA: <https://www.medicaid.nv.gov/Downloads/provider/FA-63.pdf>

Chapter 1200 PA Criteria: <https://dhcfp.nv.gov/>

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OLOPATADINE			PATANASE®
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® RHINOCORT AQUA® VERAMYST® XHANCE™ ZETONNA®
Phosphodiesterase Type 4 Inhibitors			
DALIRESP® QL		PA required	
Long-acting/Maintenance Therapy			
ADVAIR® DISKUS ADVAIR HFA® ANORO ELLIPTA® BREO ELLIPTA® BUDESONIDE NEBS* DULERA® FLOVENT DISKUS® QL FLOVENT HFA® QL INCRUSE ELLIPTA® PULMICORT FLEXHALER® QVAR® SEREVENT DISKUS® QL SPIRIVA® HANDIHALER SPIRIVA RESPIMAT® STIOLTO RESPIMAT® STRIVERDI RESPIMAT® SYMBICORT®			AEROSPAN HFA® AIRDUO® ALVESCO® ARCAPTA NEOHALER® ARMONAIR® ARNUITY ELLIPTA® ASMANEX® BEVESPI® BREZTRI® BROVANA® BUDESONIDE / FORMOTEROL DUAKLIR® PRESSAIR FLUTICASONE PROPIONATE / SALMETEROL POW LONHALA MAGNAIR® PERFORMIST NEBULIZER® QVAR® REDIHALER™ SEEBRI NEOHALER®

PDL Exception PA: <https://www.medicaid.nv.gov/Downloads/provider/FA-63.pdf>

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		TUDORZA®		TRELEGY ELLIPTA® UTIBRON NEOHALER® WIXELA® YUPELRI®
		Short-Acting/Rescue Therapy		
		ALBUTEROL NEB/SOLN ATROVENT® COMBIVENT RESPIMAT® IPRATROPIUM NEBS IPRATROPIUM/ALBUTEROL NEBS QL PROAIR® HFA VENTOLIN HFA® XOPENEX® HFA* QL XOPENEX® Solution* QL		ALBUTEROL AER HFA LEVALBUTEROL* HFA LEVALBUTEROL* NEBS PROAIR DIGIHALER® PROAIR RESPICLICK® PROVENTIL® HFA
		Toxicology Agents		
		Antidotes		
		Opiate Antagonists		
		KLOXXADO® NALOXONE NARCAN® NASAL SPRAY		
		Substance Abuse Agents		
		BUPRENORPHINE / NALOXONE TAB BUPRENORPHINE SUB TAB SUBLOCADE® SUBOXONE® VIVITROL®		BUNAVAIL® BUPRENORPHINE / NALOXONE FILM ZUBSOLV®