

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

Analgesics	3
Analgesic/Miscellaneous	3
Opiate Agonists	3
Opiate Agonists - Abuse Deterrent	3
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral	4
Antihistamines	4
H1 blockers	4
Anti-infective Agents	4
Aminoglycosides	4
Antivirals	4
Cephalosporins	5
Macrolides	5
Quinolones	6
Autonomic Agents	6
Sympathomimetics	6
Biologic Response Modifiers	6
Immunomodulators	6
Multiple Sclerosis Agents	6
Cardiovascular Agents	7
Antihypertensive Agents	7
Antilipemics	8
Dermatological Agents	9
Antipsoriatic Agents	9
Topical Analgesics	10
Topical Anti-infectives	10
Topical Anti-inflammatory Agents	11
Topical Antineoplastics	11
Electrolytic and Renal Agents	11
Phosphate Binding Agents	11
Gastrointestinal Agents	11
Antiemetics	11
Antiulcer Agents	11
Gastrointestinal Anti-inflammatory Agents	12
Gastrointestinal Enzymes	12
Genitourinary Agents	12
Benign Prostatic Hyperplasia (BPH) Agents	12
Bladder Antispasmodics	13
Hematological Agents	13
Anticoagulants	13
Erythropoiesis-Stimulating Agents	13
Platelet Inhibitors	13
Hormones and Hormone Modifiers	14
Androgens	14
Antidiabetic Agents	14
Pituitary Hormones	16

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

Progestins for Cachexia	16
Musculoskeletal Agents	16
Antigout Agents	16
Bone Resorption Inhibitors	16
Restless Leg Syndrome Agents	16
Skeletal Muscle Relaxants	16
Neurological Agents	17
Alzheimers Agents	17
Anticonvulsants	17
Anti-Migraine Agents	19
Antiparkinsonian Agents	19
Ophthalmic Agents	19
Antiglaucoma Agents	19
Ophthalmic Antihistamines	20
Ophthalmic Anti-infectives	20
Ophthalmic Anti-infective/Anti-inflammatory Combinations	20
Ophthalmic Anti-inflammatory Agents	20
Otic Agents	21
Otic Anti-infectives	21
Psychotropic Agents	21
ADHD Agents	21
Antidepressants	21
Antipsychotics	22
Anxiolytics, Sedatives, and Hypnotics	22
Psychostimulants	23
Respiratory Agents	23
Nasal Antihistamines	23
Respiratory Anti-inflammatory Agents	23
Respiratory Antimuscarinics	24
Respiratory Beta-Agonists	24
Respiratory Corticosteroid/Long-Acting Beta-Agonist Combinations	24
Respiratory Long-Acting Antimuscarinic/Long-Acting Beta-Agonist Combinations	24
Toxicology Agents	24
Antidotes	24
Substance Abuse Agents	24

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	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® * HORIZANT®
Tramadol and Related Drugs			
	TRAMADOL TRAMADOL/APAP		CONZIPR® NUCYNTA® RYZOLT® RYBIX® ODT TRAMADOL ER ULTRACET® ULTRAM® ULTRAM® ER
Opiate Agonists			
	MORPHINE SULFATE SA TABS (ALL GENERIC EXTENDED RELEASE) QL FENTANYL PATCH QL BUTRANS® NEW	PA required for Fentanyl Patch General PA Form: https://www.medicaid.nv.gov/Downloads/provider/FA-59.pdf	AVINZA® QL DOLOPHINE® DURAGESIC® PATCHES QL EXALGO® KADIAN® QL METHADONE METHADOSE® MS CONTIN® QL NUCYNTA® ER OPANA ER® OXYCODONE SR QL OXYMORPHONE SR XARTEMIS XR® QL ZOHYDRO ER® QL
Opiate Agonists - Abuse Deterrent			
	EMBEDA® HYSINGLA ER® NEW		OXYCONTIN® QL XTAMPZA ER® NEW

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral			
	DICLOFENAC POTASSIUM DICLOFENAC TAB DR FLURBIPROFEN TAB IBUPROFEN SUSP IBUPROFEN TAB INDOMETHACIN CAP KETOROLAC TAB MELOXICAM TAB NABUMETONE TAB NAPROXEN SUSP NAPROXEN TAB NAPROXEN DR TAB PIROXICAM CAP SULINDAC TAB		CAMBIA® POWDER CELECOXIB CAP 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 OXAPROZIN TAB 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 SEMPREX® XYZAL®
Anti-infective Agents			
Aminoglycosides			
Inhaled Aminoglycosides			
	BETHKIS® KITABIS® PAK TOBI PODHALER® TOBRAMYCIN NEBULIZER		
Antivirals			
Alpha Interferons			
	PEGASYS®		

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

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

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

Preferred Products		PA Criteria	Non-Preferred Products
	CLARITHROMYCIN TABS/SUSP ERYTHROMYCIN BASE ERYTHROMYCIN ESTOLATE ERYTHROMYCIN ETHYLSUCCINATE ERYTHROMYCIN STEARATE		DIFICID® ZITHROMAX® ZMAX®
Quinolones			
Quinolones - 2nd Generation			
	CIPROFLOXACIN TABS CIPRO® SUSP		FLOXIN® OFLOXACIN
Quinolones - 3rd Generation			
	AVELOX® AVELOX ABC PACK® LEVOFLOXACIN		LEVAQUIN®
Autonomic Agents			
Sympathomimetics			
Self-Injectable Epinephrine			
	AUVI-Q® * EPINEPHRINE® EPIPEN® EPIPEN JR.®	* PA required	ADRENALIN® QL
Biologic Response Modifiers			
Immunomodulators			
Disease-Modifying Antirheumatic Agents			
	ENBREL® HUMIRA®	Prior authorization is required for all drugs in this class https://www.medicaid.nv.gov/Downloads/provider/FA-61.pdf	ACTEMRA® CIMZIA® KINERET® REMICADE® SIMPONI® ORENCIA®
Multiple Sclerosis Agents			
Injectable			
	AVONEX® AVONEX® ADMIN PACK BETASERON® COPAXONE® QL EXTAVIA® REBIF® QL TYSABRI®	<i>Trial of only one agent is required before moving to a non-preferred agent</i>	GLATOPA® LEMRADA® PLEGRIDY® ZINBRYTA® NEW
Oral			
	AUBAGIO® GILENYA® NEW		

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
	TECFIDERA®		
	Specific Symptomatic Treatment		
	AMPYRA® QL	PA required	
Cardiovascular Agents			
Antihypertensive Agents			
Angiotensin II Receptor Antagonists			
	DIOVAN® DIOVAN HCTZ® LOSARTAN LOSARTAN HCTZ		ATACAND® AVAPRO® BENICAR® CANDESARTAN COZAAR® EDARBI® EDARBYCLOR® EPROSARTAN HYZAAR® IRBESARTAN MICARDIS® TELMISARTAN TEVETEN® VALSARTAN
Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors)			
	BENAZEPRIL BENAZEPRIL HCTZ CAPTOPRIL CAPTOPRIL HCTZ ENALAPRIL ENALAPRIL HCTZ EPANED® £ LISINOPRIL LISINOPRIL HCTZ RAMIPRIL	£ PREFERRED FOR AGES 10 AND UNDER ‡ NONPREFERRED FOR OVER 10 YEARS OLD	ACCURETIC® EPANED® ‡ FOSINOPRIL MAVIK® MOEXIPRIL QUINAPRIL QUINARETIC® TRANDOLAPRIL UNIVASC®
Beta-Blockers			
	ACEBUTOLOL ATENOLOL ATENOLOL/CHLORTH BETAXOLOL BISOPROLOL BISOPROLOL/HCTZ BYSTOLIC®* CARVEDILOL LABETALOL METOPROLOL (Regular Release)	*Restricted to ICD-10 codes J40- J48	SOTYLIZE®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
	NADOLOL PINDOLOL PROPRANOLOL PROPRANOLOL/HCTZ SOTALOL TIMOLOL		
Calcium-Channel Blockers			
	AFEDITAB CR® AMLODIPINE CARTIA XT® DILTIA XT® DILTIAZEM ER DILTIAZEM HCL DYNACIRC CR® EXFORGE® EXFORGE HCT® FELODIPINE ER ISRADIPINE LOTREL® NICARDIPINE NIFEDIAC CC NIFEDICAL XL NIFEDIPINE ER NISOLDIPINE ER TAZTIA XT® VERAPAMIL VERAPAMIL ER		
Direct Renin Inhibitors			
	TEKAMLO® TEKTURNA® TEKTURNA HCT® VALTURNA®		AMTURNIDE®
Vasodilators			
	Inhaled		
	VENTAVIS® TYVASO®		
	Oral		
	LETAIRIS® ORENITRAM® SILDENAFIL TRACLEER®		ADCIRCA® ADEMPAS® OPSUMIT® REVATIO®
Antilipemics			
Bile Acid Sequestrants			
	COLESTIPOL		QUESTRAN®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
	CHOLESTYRAMINE WELCHOL®		
Cholesterol Absorption Inhibitors			
	ZETIA®		
Fibric Acid Derivatives			
	FENOFIBRATE FENOFIBRIC GEMFIBROZIL		ANTARA® FENOGLIDE® FIBRICOR® LIPOFEN® NEW LOFIBRA® TRICOR® TRIGLIDE® TRILIPIX®
HMG-CoA Reductase Inhibitors (Statins)			
	ATORVASTATIN CRESTOR® QL FLUVASTATIN LOVASTATIN PRAVASTATIN SIMVASTATIN		ADVICOR® ALTOPREV® AMLODIPINE/ATORVASTATIN CADUET® LESCOL® LESCOL XL® LIPITOR® LIPTRUZET® LIVALO® MEVACOR® PRAVACHOL® SIMCOR® VYTORIN® ZOCOR®
Niacin Agents			
	NIASPAN® (Brand only) NIACIN ER (ALL GENERICS)		NIACOR®
Omega-3 Fatty Acids			
	LOVAZA® VASCEPA®		OMEGA-3-ACID OMTRYG®
Dermatological Agents			
Antipsoriatic Agents			
Topical Vitamin D Analogs			
	CALCIPOTRIENE		CALCITENE® DOVONEX® CREAM SORILUX® TACLONEX® VECTICAL®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
Topical Analgesics			
	LIDOCAINE LIDOCAINE HC LIDOCAINE VISCOUS VOLTAREN® GEL		EMLA® FLECTOR® LIDODERM® QL LIDAMANTLE® PENNSAID®
Topical Anti-infectives			
Acne Agents: Topical, Benzoyl Peroxide, Antibiotics and Combination Products			
	ACANYA® 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 Antifungals (onychomycosis)			
	CICLOPIROX SOLN TERBINAFINE TABS	PA required	JUBLIA® KERYDIN® PENLAC® ITRACONAZOLE
Topical Antivirals			
	ABREVA® DENA VIR® ZOVIRAX®, OINTMENT		
Topical Scabicides			
	NIX® PERMETHRIN RID® SKLICE®	* PA required	EURAX® LINDANE MALATHION NATROBA® * NEW OVIDE® ULESFIA®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
Topical Anti-inflammatory Agents			
Immunomodulators: Topical			
	ELIDEL® QL PROTOPIC® QL	Prior authorization is required for all drugs in this class	TACROLIMUS
Topical Antineoplastics			
Topical Retinoids			
	RETIN-A MICRO®(Pump and Tube) TAZORAC® ZIANA®	Payable only for recipients up to age 21.	ADAPALENE GEL AND CREAM ATRALIN® AVITA® DIFFERIN® EPIDUO® TRETINOIN TRETIN-X® VELTIN®
Electrolytic and Renal Agents			
Phosphate Binding Agents			
	CALCIUM ACETATE ELIPHOS® RENAGEL® RENVELA®		AURYXIA® FOSRENOL® NEW PHOSLO® PHOSLYRA® SEVELAMER CARBONATE VELPHORO®
Gastrointestinal Agents			
Antiemetics			
Miscellaneous			
	Diclegis® OTC Doxylamine 25mg/Pyridoxine 10mg NEW Emend®		
Serotonin-receptor antagonists/Combo			
	GRANISETRON QL ONDANSETRON QL	PA required for all medication in this class	AKYNZEO® ANZEMET® QL KYTRIL® QL SANCUSO® ZOFRAN® QL ZUPLENZ® QL
Antiulcer Agents			
H2 blockers			
	FAMOTIDINE RANITIDINE RANITIDINE SYRUP*	*PA not required for < 12 years	
Proton Pump Inhibitors (PPIs)			
	NEXIUM® CAPSULES	PA required if exceeding 1 per day	ACIPHEX®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
	NEXIUM® POWDER FOR SUSP* PANTOPRAZOLE	*for children ≤ 12 yrs.	DEXILANT® LANSOPRAZOLE OMEPRAZOLE OTC TABS PREVACID® PRILOSEC® PRILOSEC® OTC TABS PROTONIX®
Gastrointestinal Anti-inflammatory Agents			
	ASACOL®SUPP BALSALAZIDE® CANASA® DELZICOL® MESALAMINE ENEMA SUSP PENTASA® SULFASALAZINE DR SULFASALAZINE IR		APRISO® ASACOL HD® COLAZAL® GIAZO® LIALDA ®
Gastrointestinal Enzymes			
	CREON® ZENPEP®		PANCREAZE® PANCRELIPASE PERTZYE® ULTRESA® VIOKACE®
Genitourinary Agents			
Benign Prostatic Hyperplasia (BPH) Agents			
5-Alpha Reductase Inhibitors			
	AVODART® FINASTERIDE		DUTASTERIDE/TAMSULOSIN NEW JALYN® PROSCAR®
Alpha-Blockers			
	DOXAZOSIN TAMSULOSIN TERAZOSIN		ALFUZOSIN CARDURA® FLOMAX® MINIPRESS® PRAZOSIN RAPAFLO® UROXATRAL®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
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 SAVAYSA® NEW WARFARIN XARELTO ® *	* No PA required if approved Dx code transmitted on claim	
Injectable			
	ARIXTRA® ENOXAPARIN FRAGMIN®		FONDAPARINUX INNOHEP® LOVENOX®
Erythropoiesis-Stimulating Agents			
	ARANESP® QL PROCRIPT® QL	PA required Quantity Limit	EPOGEN® QL OMONTYS® QL
Platelet Inhibitors			
	AGGRENOX® ANAGRELIDE ASPIRIN BRILINTA® * QL CILOSTAZOL® CLOPIDOGREL DIPYRIDAMOLE	* PA required	ASPIRIN/DIPYRIDAMOLE DURLAZA® EFFIENT® * QL PLAVIX® ZONTIVITY®

	Preferred Products	PA Criteria	Non-Preferred Products
Hormones and Hormone Modifiers			
Androgens			
	ANDROGEL® ANDRODERM®	PA required PA Form: https://www.medicaid.nv.gov/Downloads/provider/FA-72.pdf	AXIRON® FORTESTA® NATESTO® STRIANT® TESTIM® TESTOSTERONE GEL VOGELXO®
Antidiabetic Agents			
Alpha-Glucosidase Inhibitors/Amylin analogs/Misc.			
	ACARBOSE (Precose®) GLYSET® PRECOSE® SYMLIN® (PA required)		CYCLOSET®
Biguanides			
	FORTAMET® GLUCOPHAGE® GLUCOPHAGE XR® METFORMIN EXT-REL (Glucophage XR®) GLUMETZA® METFORMIN (Glucophage®) RIOMET®		
Dipeptidyl Peptidase-4 Inhibitors			
	JANUMET® JANUMET XR® JANUVIA® JENTADUETO® KOMBIGLYZE XR® ONGLYZA® TRADJENTA®		ALOGLIPTIN NEW ALOGLIPTIN-METFORMIN NEW ALOGLIPTIN-PIOGLITAZONE NEW KAZANO® NESINA® OSENİ®
Incretin Mimetics			
	BYDUREON® * BYETTA® * TANZEUM® NEW TRULICITY® NEW VICTOZA® *	* PA required	
Insulins (Vials, Pens and Inhaled)			
	APIDRA®		AFREZZA®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

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

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
	AVANDARYL® AVANDIA® DUETACT®		
Pituitary Hormones			
Growth hormone modifiers			
	GENOTROPIN® NORDITROPIN®	PA required for entire class https://www.medicaid.nv.gov/Downloads/provider/FA-67.pdf	HUMATROPE® NUTROPIN AQ® OMNITROPE® NUTROPIN® SAIZEN® SEROSTIM® SOMAVERT® TEV-TROPIN® ZORBTIVE®
Progestins for Cachexia			
	MEGESTROL ACETATE, SUSP		MEGACE ES®
Musculoskeletal Agents			
Antigout Agents			
	ALLOPURINOL		
Bone Resorption Inhibitors			
Bisphosphonates			
	ALENDRONATE TABS FOSAMAX PLUS D®		ACTONEL® ALENDRONATE SOLUTION ATELVIA® BINOSTO® BONIVA® DIDRONEL® ETIDRONATE IBANDRONATE SKELID®
Nasal Calcitonins			
	MIACALCIN®		FORTICAL® CALCITONIN-SALMON
Restless Leg Syndrome Agents			
	PRAMIPEXOLE REQUIP XL ROPINIROLE		HORIZANT® MIRAPEX® MIRAPEX® ER REQUIP
Skeletal Muscle Relaxants			
	BACLOFEN CHLORZOXAZONE		

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
	CYCLOBENZAPRINE DANTROLENE METHOCARBAMOL METHOCARBAMOL/ASPIRIN ORPHENADRINE CITRATE ORPHENADRINE COMPOUND TIZANIDINE		
Neurological Agents			
Alzheimers Agents			
	DONEPEZIL DONEPEZIL ODT EXELON® PATCH EXELON® SOLN MEMANTINE NAMENDA® XR TABS RIVASTIGMINE CAPS		ARICEPT® 23mg ARICEPT® GALANTAMINE GALANTAMINE ER NAMENDA® TABS NAMZARIC® RAZADYNE® RAZADYNE® ER
Anticonvulsants			
	BANZEL® CARBAMAZEPINE CARBAMAZEPINE XR CARBATROL ER® CELONTIN® DEPAKENE® DEPAKOTE ER® DEPAKOTE® DIVALPROEX SODIUM DIVALPROEX SODIUM ER EPITOL® ETHOSUXIMIDE FELBATOL® GABAPENTIN GABITRIL® KEPPRA® KEPPRA XR® LAMACTAL ODT® LAMACTAL XR® LAMICTAL® LAMOTRIGINE LEVETIRACETAM LYRICA® NEURONTIN® OXCARBAZEPINE	PA required for members under 18 years old	APTIOM® BRIVIACT® NEW FYCOMPA® OXTELLAR XR® POTIGA® QUDEXY XR® TROKENDI XR® SPRITAM® NEW

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
	SABRIL® STAVZOR® DR TEGRETOL® TEGRETOL XR® TOPAMAX® TOPIRAGEN® TOPIRAMATE (IR AND ER) TRILEPTAL® VALPROATE ACID VIMPAT® ZARONTIN® ZONEGRAN® ZONISAMIDE		
Barbiturates			
	LUMINAL® MEBARAL® MEPHOBARBITAL SOLFOTON® PHENOBARBITAL MYSOLINE® PRIMIDONE	PA required for members under 18 years old	
Benzodiazepines			
	CLONAZEPAM CLORAZEPATE DIASTAT® DIAZEPAM DIAZEPAM rectal soln KLONOPIN® TRANXENE T-TAB® VALIUM®	PA required for members under 18 years old	ONFI®
Hydantoins			
	CEREBYX® DILANTIN® ETHOTOIN FOSPHENYTOIN PEGANONE® PHENYTEK® PHENYTOIN PRODUCTS	PA required for members under 18 years old	

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

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

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
Ophthalmic Antihistamines			
	ALAWAY® BEPREVE® KETOTIFEN PAZEO® ZADITOR OTC®		AZELASTINE ALOMIDE ALOCRIL ELESTAT® EMADINE® EPINASTINE LASTACRAFT® OPTIVAR® PATADAY® PATANOL®
Ophthalmic Anti-infectives			
Ophthalmic Macrolides			
	ERYTHROMYCIN OINTMENT		
Ophthalmic Quinolones			
	BESIVANCE® CIPROFLOXACIN LEVOFLOXACIN NEW MOXEZA® VIGAMOX®		CILOXAN® OFLOXACIN® NEW ZYMAXID®
Ophthalmic Anti-infective/Anti-inflammatory Combinations			
	NEO/POLY/DEX PRED-G SULF/PRED NA SOL OP TOBRADEX OIN TOBRA/DEXAME SUS % ZYLET SUS		BLEPHAMIDE MAXITROL NEO/POLY/BAC OIN /HC NEO/POLY/HC SUS OP 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®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)			
	DICLOFENAC FLURBIPROFEN ILEVRO® KETOROLAC NEVANAC®		ACULAR® ACULAR LS® ACUVAIL® BROMDAY® BROMFENAC® PROLENSA®
Otic Agents			
Otic Anti-infectives			
Otic Quinolones			
	CIPRODEX® OFLOXACIN		
Psychotropic Agents			
ADHD Agents			
	ADDERALL XR® ADZENYS® NEW AMPHETAMINE SALT COMBO IR DEXMETHYLPHENIDATE DEXTROAMPHETAMINE SA TAB DEXTROAMPHETAMINE TAB DEXTROSTAT® DYANAVEL® NEW FOCALIN XR® INTUNIV® METADATE CD® METHYLIN® METHYLIN ER® METHYLPHENIDATE METHYLPHENIDATE ER (All forms generic extended release) METHYLPHENIDATE SOL PROCENTRA® QUILLICHEW® NEW QUILLIVANT® XR SUSP RITALIN LA® STRATTERA® VYVANSE®	PA required for entire class Children's Form: https://www.medicaid.nv.gov/Downloads/provider/FA-69.pdf Adult Form: https://www.medicaid.nv.gov/Downloads/provider/FA-68.pdf	ADDERALL® AMPHETAMINE SALT COMBO XR APTENSIO XR® NEW CONCERTA® DAYTRANA® DESOXYN® DEXEDRINE® DEXTROAMPHETAMINE SOLUTION EVEKEO® NEW FOCALIN® KAPVAY® METADATE ER® RITALIN® ZENZEDI® NEW
Antidepressants			
Other			
	BUPROPION		APLENZIN®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
	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>	BRINTELLIX® CYMBALTA® * DESVENLAFAXINE FUMARATE EFFEXOR® (ALL FORMS) FETZIMA® FORFIVO XL® KHEDEZLA® VIIBRYD® WELLBUTRIN®
Selective Serotonin Reuptake Inhibitors (SSRIs)			
	CITALOPRAM ESCITALOPRAM FLUOXETINE PAROXETINE PEXEVA® SERTRALINE	PA required for members under 18 years old	CELEXA® FLUVOXAMINE QL LEXAPRO® LUVOX® PAXIL® PROZAC® SARAFEM® ZOLOFT®
Antipsychotics			
Atypical Antipsychotics - Oral			
	ARIPIPRAZOLE NEW CLOZAPINE FANAPT® LATUDA® NUPLAZID®* Preferred for ICD-10 code G31.83 NEW OLANZAPINE QUETIAPINE REXULTI® NEW RISPERIDONE SAPHRIS® SEROQUEL XR® ZIPRASIDONE	PA required for Ages under 18 years old PA Form: https://www.medicaid.nv.gov/Downloads/provider/FA-70.pdf *(No PA required Parkinson's related psychosis ICD code on claim)	ABILIFY® NEW CLOZARIL® FAZACLO® GEODON® INVEGA® PALIPERIDONE RISPERDAL® SEROQUEL® VRAYLAR® NEW ZYPREXA®
Anxiolytics, Sedatives, and Hypnotics			
	ESTAZOLAM FLURAZEPAM ROZEREM® * TEMAZEPAM	*(PA not required for ICD-10 code G47.0 and F51.0)	AMBIEN® AMBIEN CR® BELSOMRA® DORAL®

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
	TRIAZOLAM ZOLPIDEM	PA required for members under 18 years old	ESZOPICLONE EDLUAR® HETLIOZ® INTERMEZZO® LUNESTA® SILENOR® SOMNOTE® SONATA® ZALEPLON ZOLPIDEM CR ZOLPIMIST®
Psychostimulants			
Narcolepsy Agents			
	Provigil® *	* (No PA required for ICD-10 code G47.4)	MODAFINIL NUVIGIL® XYREM®
Respiratory Agents			
Nasal Antihistamines			
	ASTEPRO® DYMISTA® PATANASE®		AZELASTINE OLOPATADINE
Respiratory Anti-inflammatory Agents			
Leukotriene Receptor Antagonists			
	MONTELUKAST ZAFIRLUKAST		ACCOLATE® SINGULAIR®
Respiratory Corticosteroids			
	ARNUITY ELLIPTA® NEW ASMANEX® FLOVENT DISKUS® QL FLOVENT HFA® QL PULMICORT FLEXHALER® PULMICORT RESPULES®* NEW QVAR®	*No PA required if < 4 years old	ALVESCO® AEROSPAN HFA® NEW BUDESONIDE NEBS* NEW
Nasal Corticosteroids			
	FLUTICASONE NASONEX®		BECONASE AQ® FLONASE® FLUNISOLIDE NASACORT AQ® OMNARIS® QNASL® RHINOCORT AQUA® TRIAMCINOLONE ACETONIDE

Nevada Medicaid and Nevada Checkup Preferred Drug List (PDL)
Effective January 1, 2017

	Preferred Products	PA Criteria	Non-Preferred Products
			VERAMYST® ZETONNA®
Phosphodiesterase Type 4 Inhibitors			
	DALIRESP® QL	PA required	
Respiratory Antimuscarinics			
	ATROVENT® COMBIVENT RESPIMAT® IPRATROPIUM/ALBUTER OL NEBS QL IPRATROPIUM NEBS SPIRIVA®	Only one agent per 30 days is allowed	INCRUSE ELLIPTA® SEEBRI NEOHALER® NEW SPIRIVA RESPIMAT® TUDORZA®
Respiratory Beta-Agonists			
Long-Acting Respiratory Beta-Agonist			
	FORADIL® SEREVENT DISKUS® QL STRIVERDI RESPIMAT® NEW		ARCAPTA NEOHALER® NEW BROVANA® PERFORMIST NEBULIZER®
Short-Acting Respiratory Beta-Agonist			
	ALBUTEROL NEB/SOLN LEVALBUTEROL NEBS NEW PROVENTIL® HFA XOPENEX® HFA* QL	* PA required	PROAIR® HFA NEW PROAIR RESPICLICK® VENTOLIN HFA® XOPENEX® Solution* QL NEW
Respiratory Corticosteroid/Long-Acting Beta-Agonist Combinations			
	ADVAIR DISKUS® ADVAIR HFA® DULERA® SYMBICORT®		BREO ELLIPTA®
Respiratory Long-Acting Antimuscarinic/Long-Acting Beta-Agonist Combinations			
	ANORO ELLIPTA® STIOLTO RESPIMAT®		UTIBRON NEOHALER® NEW
Toxicology Agents			
Antidotes			
Opiate Antagonists			
	EVZIO® NALOXONE NARCAN® NASAL SPRAY		
Substance Abuse Agents			
Mixed Opiate Agonists/Antagonists			
	BUNAVAIL® SUBOXONE® ZUBSOLV®	PA required for class	BUPRENORPHINE/NALOXO NE