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	Preferred Products	PA Criteria	Non-Preferred Products
<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® * HORIZANT®
<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®	<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 NUCYNTA® ER OPANA ER® OXYCODONE SR QL OXYMORPHONE SR XARTEMIS XR® QL ZOHYDRO ER® QL
<b>Opiate Agonists - Abuse Deterrent</b>			
	EMBEDA® HYSINGLA ER® MORPHABOND®		ARYMO® ER OXYCONTIN® QL XTAMPZA ER®

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<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) - Oral</b>			
	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
<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 (NEW) SEMPREX® XYZAL®
<b>Anti-infective Agents</b>			
<b>Aminoglycosides</b>			
<b>Inhaled Aminoglycosides</b>			
	BETHKIS® KITABIS® PAK TOBI PODHALER® TOBRAMYCIN NEBULIZER		
<b>Antivirals</b>			
<b>Alpha Interferons</b>			
	PEGASYS®		

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	PEGASYS® CONVENIENT PACK PEG-INTRON® and REDIPEN		
<b>Anti-hepatitis Agents</b>			
Polymerase Inhibitors/Combination Products			
	EPCLUSA® HARVONI® MAVYRET® SOVALDI® ZEPATIER®	<b>PA required: (see below)</b> <a href="http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Resources/AdminSupport/Manuals/MSMCh1200Packet6-11-15(1).pdf">http://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/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® TECHNIVIE® VIEKIRA® PAK VOSEVI®
Ribavirins			
	RIBAVIRIN		RIBASPHERE RIBAPAK® MODERIBA® REBETOL®
<b>Anti-Herpetic Agents</b>			
	ACYCLOVIR FAMCICLOVIR (NEW) VALCYCLOVIR		FAMVIR® (NEW)
<b>Influenza Agents</b>			
	AMANTADINE TAMIFLU®  RIMANTADINE RELENZA®		OSELTAMIVIR CAP OSELTAMIVIR SUSP (NEW)  RAPIVAB
<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®

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<b>Macrolides</b>			
	AZITHROMYCIN TABS/SUSP CLARITHROMYCIN TABS/SUSP ERYTHROMYCIN BASE ERYTHROMYCIN ESTOLATE ERYTHROMYCIN ETHYLSUCCINATE ERYTHROMYCIN STEARATE		BIAXIN®  DIFICID®  ZITHROMAX® ZMAX®
<b>Quinolones</b>			
<b>Quinolones - 2nd Generation</b>			
	CIPROFLOXACIN TABS CIPRO® SUSP		FLOXIN® OFLOXACIN
<b>Quinolones - 3rd Generation</b>			
	LEVOFLOXACIN MOXIFLOXACIN (NEW)		AVELOX® (NEW) LEVAQUIN®
<b>Autonomic Agents</b>			
<b>Sympathomimetics</b>			
<b>Self-Injectable Epinephrine</b>			
	EPINEPHRINE AUTO INJ EPINEPHRINE®	* PA required	ADRENACLICK® QL AUVI-Q® *
<b>Biologic Response Modifiers</b>			
<b>Immunomodulators</b>			
<b>Targeted Immunomodulators</b>			
	ACTEMRA® CIMZIA® COSENTYX® ENBREL® HUMIRA® INFLECTRA® KEVZARA® (NEW) KINERET® OLUMIANT® (NEW) ORENCIA® OTEZLA® 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>	DUPIXENT® ENTYVIO® ILARIS® ILUMYA® (NEW) REMICADE® RENFLEXIS® SILIQ® STELARA® TALTZ® TREMIFYA®
<b>Multiple Sclerosis Agents</b>			
<b>Injectable</b>			
	AVONEX®		GLATOPA®

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	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</i>	LEMTRADA® PLEGRIDY® ZINBRYTA®
<b>Oral</b>			
	AUBAGIO® GILENYA® TECFIDERA®		
<b>Specific Symptomatic Treatment</b>			
	AMPYRA® QL	PA required	
<b>Cardiovascular Agents</b>			
<b>Antihypertensive Agents</b>			
<b>Angiotensin II Receptor Antagonists</b>			
	DIOVAN® DIOVAN HCTZ® LOSARTAN LOSARTAN HCTZ		ATACAND® AVAPRO® BENICAR® CANDESARTAN COZAAR® EDARBI® EDARBYCLOR® EPROSARTAN HYZAAR® IRBESARTAN MICARDIS® TELMISARTAN TEVETEN® VALSARTAN
<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 QUINAPRIL QUINARETIC® QBRELIS® TRANDOLAPRIL UNIVASC®
<b>Beta-Blockers</b>			
	ACEBUTOLOL ATENOLOL		KAPSPARGO® (NEW) SOTYLIZE®



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	ATENOLOL/CHLORTH BETAXOLOL BISOPROLOL BISOPROLOL/HCTZ BYSTOLIC®* CARVEDILOL LABETALOL METOPROLOL (Reg Release) NADOLOL PINDOLOL PROPRANOLOL PROPRANOLOL/HCTZ SOTALOL TIMOLOL	*Restricted to ICD-10 codes J40-J48	
<b>Calcium-Channel Blockers</b>			
	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		
<b>Vasodilators</b>			
	Inhaled		
	VENTAVIS® TYVASO®		
	Oral		
	ADCIRCA® (NEW) ORENITRAM® SILDENAFIL TRACLEER®		ADEMPAS® LETAIRIS® OPSUMIT® REVATIO®

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			TADALAFIL (NEW) 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 FLUVASTATIN LOVASTATIN PRAVASTATIN SIMVASTATIN		ADVICOR® ALTOPREV® AMLODIPINE/ATORVASTATIN CADUET® EZETIMIBE-SIMVASTATIN LESCOL® LESCOL XL® LIPITOR® LIPTRUZET® LIVALO® MEVACOR® PRAVACHOL® ROSUVASTATIN SIMCOR® VYTORIN® ZOCOR® ZYPITAMAG® (NEW)
<b>Niacin Agents</b>			
	NIASPAN® (Brand only) NIACIN ER (ALL GENERICS)		NIACOR®
<b>Omega-3 Fatty Acids</b>			
	LOVAZA® VASCEPA®		OMEGA-3-ACID OMTRYG®

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<b>Dermatological Agents</b>			
<b>Antipsoriatic Agents</b>			
<b>Topical Vitamin D Analogs</b>			
	DOVONEX® CREAM (NEW) SORILUX® (FOAM) TACLONEX® SUSP  VECTICAL® (OINT)		CALCITENE®  CALCIPOTRIENE CALCIPOTRIENE OINT/BETAMETHAZONE  ENSTILAR® (AER) TACLONEX OINT (NEW)
<b>Topical Analgesics</b>			
	CAPSAICIN FLECTOR® LIDOCAINE LIDOCAINE HC LIDOCAINE VISCOUS LIDOCAINE/PRILOCAINE PENNSAID® VOLTAREN® GEL		DICLOFENAC (gel/sol) EMLA® LIDODERM® QL LIDAMANTLE®
<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 Antifungals (onychomycosis)</b>			
	CICLOPIROX SOLN TERBINAFINE TABS	PA required	JUBLIA® KERYDIN® PENLAC®

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			ITRACONAZOLE
<b>Topical Antivirals</b>			
	ABREVA® XERESE® CREAM ZOVIRAX®, OINTMENT		ACYCLOVIR OINT DENA VIR®
<b>Topical Scabicides</b>			
	NIX® PERMETHRIN RID® SKLICE® ULESFIA®	* PA required	EURAX® LINDANE MALATHION NATROBA® * OVIDE® SPINOSAD
<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	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® RENVELA®		AURYXIA ® CALCIUM ACETATE TAB (NEW) FOSRENOL® PHOSLO® PHOSLYRA® SEVELAMER CARBONATE VELPHORO®
<b>Gastrointestinal Agents</b>			
<b>Antiemetics</b>			
<b>Miscellaneous</b>			
	Diclegis® OTC Doxylamine 25mg/Pyridoxine 10mg		BONJESTA®

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<b>Serotonin-receptor antagonists/Combo</b>			
	GRANISETRON QL ONDANSETRON QL	PA required for all medication in this class	AKYNZEO® ANZEMET® QL KYTRIL® QL SANCUSO® ZOFRAN® QL 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>			
	NEXIUM® CAPSULES NEXIUM® POWDER FOR SUSP*  PANTOPRAZOLE	PA required if exceeding 1 per day  *for children ≤ 12 yrs.	ACIPHEX® DEXILANT®  ESOMEPRAZOLE LANSOPRAZOLE OMEPRAZOLE OTC TABS PREVACID® PRILOSEC® PRILOSEC® OTC TABS PROTONIX®
<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 BALSALAZIDE® CANASA® DELZICOL® LIALDA ® MESALAMINE ENEMA SUSP PENTASA® SULFASALAZINE DR SULFASALAZINE IR		COLAZAL® GIAZO® MESALAMINE (GEN LIALDA) MESALAMINE (GEN ASACOL HD)
<b>Gastrointestinal Enzymes</b>			
	CREON® ZENPEP®		PANCREAZE® PANCRELIPASE

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			PERTZYE® ULTRESA® VIOKACE®
<b>Genitourinary Agents</b>			
<b>Benign Prostatic Hyperplasia (BPH) Agents</b>			
<b>5-Alpha Reductase Inhibitors</b>			
	DUTASTERIDE (NEW) FINASTERIDE		AVODART® (NEW) DUTASTERIDE/TAMSULOSIN JALYN® PROSCAR®
<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®* (NEW)
<b>Injectable</b>			
	FONDAPARINUX (NEW) ENOXAPARIN FRAGMIN®		ARIXTRA® (NEW) INNOHEP® LOVENOX®

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<b>Erythropoiesis-Stimulating Agents</b>			
	ARANESP® QL PROCRIT® QL	PA required Quantity Limit	EPOGEN® QL MIRCERA® QL (NEW) RETACRIT® (NEW)
<b>Platelet Inhibitors</b>			
	AGGRENOX® ANAGRELIDE ASPIRIN BRILINTA® * QL CILOSTAZOL® CLOPIDOGREL DIPYRIDAMOLE	* PA required	ASPIRIN/DIPYRIDAMOLE DURLAZA® EFFIENT® * QL PLAVIX® PRASUGREL ZONTIVITY® YOSPRALA®
<b>Hormones and Hormone Modifiers</b>			
<b>Androgens</b>			
	ANDROGEL® ANDRODERM®	PA required PA Form:  <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-72.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-72.pdf</a>	AXIRON® FORTESTA® NATESTO® STRIANT® TESTIM® TESTOSTERONE GEL VOGELXO®
<b>Antidiabetic Agents</b>			
<b>Alpha-Glucosidase Inhibitors/Amylin analogs/Misc.</b>			
	ACARBOSE GLYSET® SYMLIN® (PA required)		CYCLOSET® PRECOSE® (NEW)
<b>Biguanides</b>			
	FORTAMET®  GLUCOPHAGE® GLUCOPHAGE XR® METFORMIN EXT-REL (Glucophage XR®) GLUMETZA® METFORMIN (Glucophage®) RIOMET®		METFORMIN (GEN GLUMETZA)
<b>Dipeptidyl Peptidase-4 Inhibitors</b>			
	JANUMET® JANUMET XR® JANUVIA® JENTADUETO® KOMBIGLYZE XR®		ALOGLIPTIN ALOGLIPTIN-METFORMIN ALOGLIPTIN-PIOGLITAZONE KAZANO® NESINA®

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	ONGLYZA® TRADJENTA®		OSENI®
<b>Incretin Mimetics</b>			
	BYDUREON® * BYDUREON® PEN *  BYETTA® * TRULICITY® VICTOZA® *	* PA required	ADLYXIN® BYDUREON® BCISE * (NEW) OZEMPIC® (NEW) SOLIQUA® TANZEUM® (NEW) XULTOPHY®
<b>Insulins (Vials, Pens and Inhaled)</b>			
	APIDRA® HUMALOG® HUMULIN® LANTUS® LEVEMIR® NOVOLIN® NOVOLOG® TRESIBA FLEX INJ		ADMELOG® AFREZZA® BASAGLAR® FIASP® HUMALOG® U-200 TOUJEO SOLO® 300 IU/ML
<b>Meglitinides</b>			
	NATEGLINIDE (Starlix®) PRANDIMET® PRANDIN® STARLIX®		
<b>Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors</b>			
	FARXIGA® INVOKANA® JARDIANCE®		GLYXAMBI® INVOKAMET® INVOKAMET® XR QTERN® SEGLUROMET® STEGLATRO® STEGLUJAN™ SYNJARDY® SYNJARDY® XR XIGDUO XR®
<b>Sulfonylureas</b>			
	AMARYL® CHLORPROPAMIDE DIABETA® GLIMEPIRIDE (Amaryl®) GLIPIZIDE (Glucotrol®) GLUCOTROL® GLUCOVANCE®		



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	GLIPIZIDE EXT-REL (Glucotrol XL®) GLIPIZIDE/METFORMIN (Metaglip®) GLYBURIDE MICRONIZED (Glynase®) GLYBURIDE/METFORMIN (Glucovance®) GLUCOTROL XL® GLYBURIDE (Diabeta®) GLYNASE® METAGLIP® TOLAZAMIDE TOLBUTAMIDE		
<b>Thiazolidinediones</b>			
	ACTOPLUS MET XR® ACTOS® ACTOPLUS MET® AVANDAMET® AVANDARYL® AVANDIA® DUETACT®		
<b>Pituitary Hormones</b>			
<b>Growth hormone modifiers</b>			
	GENOTROPIN® NORDITROPIN®	<b>PA required for entire class</b>  <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>			
	NUCALA® XOLAIR®		CINQAIR® FASENRA®
<b>Musculoskeletal Agents</b>			
<b>Antigout Agents</b>			
	ALLOPURINOL COLCHICINE TAB/CAP PROBENECID		COLCRYS® TAB MITIGARE® CAP ZURAMPIC®

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	PROBENECID/COLCHICINE ULORIC®		ZYLOPRIM®
<b>Bone Resorption Inhibitors</b>			
<b>Bisphosphonates</b>			
	ALENDRONATE TABS		ACTONEL® ALENDRONATE SOLUTION ATELVIA® BINOSTO® BONIVA® DIDRONEL® ETIDRONATE FOSAMAX PLUS D® (NEW) IBANDRONATE SKELID®
<b>Nasal Calcitonins</b>			
	CALCITONIN-SALMON (NEW)		MIACALCIN® (NEW)
<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 (NEW) MEMANTINE XR (NEW) NAMENDA® TABS NAMENDA® XR TABS (NEW)

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			NAMZARIC® RAZADYNE® RAZADYNE® ER RIVASTIGMINE CAPS (NEW) RIVASTIGMINE TRANSDERMAL (NEW)
<b>Anticonvulsants</b>			
	BANZEL® BRIVIACT® CARBAMAZEPINE CARBAMAZEPINE XR CARBATROL ER® CELONTIN® DEPAKENE® DEPAKOTE ER® DEPAKOTE® DIVALPROEX SODIUM DIVALPROEX SODIUM ER 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®	PA required for members under 18 years old	APTIOM®   OXTELLAR XR® POTIGA® QUDEXY XR® TROKENDI XR® SPRITAM®

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	ZONEGRAN® ZONISAMIDE		
<b>Barbiturates</b>			
	LUMINAL® MEBARAL® MEPHOBARBITAL SOLFOTON® PHENOBARBITAL MYSOLINE® PRIMIDONE	PA required for members under 18 years old	
<b>Benzodiazepines</b>			
	CLONAZEPAM CLORAZEPATE DIASTAT® DIAZEPAM DIAZEPAM rectal soln KLONOPIN® TRANXENE T-TAB® VALIUM®	PA required for members under 18 years old	ONFI®
<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>Serotonin-Receptor Agonists</b>			
	RELPAX® RIZATRIPTAN ODT SUMATRIPTAN TABLET ZOLMITRIPTAN ODT (NEW)	PA required for exceeding Quantity Limit	ALMOTRIPTAN (NEW) AMERGE® AXERT® FROVA®  ELETRIPTAN FROVATRIPTAN SUCCINATE (NEW) IMITREX® MAXALT® TABS MAXALT® MLT NARATRIPTAN ONZETRA XSAIL® (NEW) RIZATRIPTAN BENZOATE (NEW)

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			SUMATRIPTAN INJECTION (NEW) SUMATRIPTAN/NAPROXEN (NEW) SUMATRIPTAN NASAL SPRAY (NEW) SUMAVEL® TREMIMET® ZEMBRACE SYMTOUCH (NEW) ZOLMITRIPTAN (NEW) ZOMIG® ZOMIG® ZMT
<b>Antiparkinsonian Agents</b>			
<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 RHOPRESSA® SIMBRINZA® TIMOLOL DROPS/ GEL SOLN TRAVATAN Z® TRAVATAN®		ALPHAGAN® BETAGAN® BETOPTIC® BIMATOPROST COSOPT PF® COSOPT® OCUPRESS® OPTIPRANOLOL® TIMOPTIC XE® TIMOPTIC® TRAVOPROST TRUSOPT® VYZULTA® XALATAN® ZIOPTAN®
<b>Ophthalmic Antihistamines</b>			
	BEPREVE® KETOTIFEN PAZEO® ZADITOR OTC®		ALWAY® (NEW) AZELASTINE ALOMIDE ALOCRIL

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			ELESTAT® EMADINE® EPINASTINE LASTACRAFT® OLOPATADINE (drop/sol) OPTIVAR® PATADAY® PATANOL®
<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® FLUOROMETHOLONE LOTEMAX® PREDNISOLONE		FLAREX® FML® FML FORTE® 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®

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<b>Ophthalmics for Dry Eye Disease</b>			
	ARTIFICIAL TEARS (NEW) RESTASIS®		RESTASIS® MULTIDOSE (NEW) 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® (NEW) OTOVEL® SOLN
<b>Psychotropic Agents</b>			
<b>ADHD Agents</b>			
	ADDERALL XR® ADZENYS®  AMPHETAMINE SALT COMBO IR  DEXMETHYLPHENIDATE DEXTROAMPHETAMINE SA TAB DEXTROAMPHETAMINE TAB DEXTROSTAT® DYANAVEL®  FOCALIN XR® GUANFACINE ER METADATE CD® METHYLIN® METHYLIN ER® METHYLPHENIDATE METHYLPHENIDATE ER (All forms generic extended release) METHYLPHENIDATE SOL PROCENTRA® QUILLICHEW® QUILLIVANT® XR SUSP RITALIN LA® STRATTERA® VYVANSE®	<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>  <b>Adult Form:</b> <a href="https://www.medicaid.nv.gov/Downloads/provider/FA-68.pdf">https://www.medicaid.nv.gov/Downloads/provider/FA-68.pdf</a>	ADDERALL® AMPHETAMINE SALT COMBO XR APTENSIO XR® ATOMOXETINE CONCERTA® COTEMPLA XR®-ODT DAYTRANA®  DESOXYN®  DEXEDRINE® DEXTROAMPHETAMINE SOLUTION EVEKEO® FOCALIN® INTUNIV® KAPVAY® METADATE ER® MYDAYIS® RITALIN®  ZENZEDI®
<b>Antidepressants</b>			
<b>Other</b>			
	BUPROPION		APLENZIN®

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	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®
<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>			
	CITALOPRAM ESCITALOPRAM FLUOXETINE PAROXETINE PEXEVA® SERTRALINE	PA required for members under 18 years old	CELEXA® FLUVOXAMINE QL LEXAPRO® LUVOX® PAXIL® PROZAC® 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)  <i>*(No PA required Parkinson's related psychosis ICD code on claim)</i>	ABILIFY® CLOZARIL®  FAZACLO® GEODON®  INVEGA® PALIPERIDONE  RISPERDAL®  SEROQUEL®  SEROQUEL XR® ZYPREXA®



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<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® LUNESTA® SILENOR® SOMNOTE® SONATA® ZOLPIDEM CR ZOLPIMIST®
		PA required for members under 18 years old	
<b>Psychostimulants</b>			
<b>Narcolepsy Agents</b>			
	Provigil® *	* (No PA required for ICD-10 code G47.4)	MODAFINIL NUVIGIL® XYREM®
<b>Respiratory Agents</b>			
<b>Nasal Antihistamines</b>			
	DYMISTA® PATANASE®		ASTEPRO® AZELASTINE OLOPATADINE
<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®

	Preferred Products	PA Criteria	Non-Preferred Products
<b>Phosphodiesterase Type 4 Inhibitors</b>			
	DALIRESP® QL	PA required	
<b>Long-acting/Maintenance Therapy</b>			
	ADVAIR DISKUS® ADVAIR HFA® ANORO ELLIPTA® ARNUITY ELLIPTA® ASMANEX® BEVESPI® DULERA® FLOVENT DISKUS® QL FLOVENT HFA® QL  FORADIL® PULMICORT  FLEXHALER®  PULMICORT RESPULES®* QVAR® SEREVENT DISKUS® QL		AEROSPAN HFA® AIRDUO® ALVESCO® ARCAPTA NEOHALER® ARMONAIR® BREO ELLIPTA® BROVANA® BUDESONIDE NEBS* FLUTICASONE PROPIONATE/SALMETEROL INCRUSE ELLIPTA® LONHALA MAGNAIR® <b>(NEW)</b> PERFOROMIST NEBULIZER® QVAR® REDIHALER™ SEEBRI NEOHALER® SPIRIVA RESPIMAT® TRELEGY ELLIPTA®
	SPIRIVA® HANDIHALER STIOLTO RESPIMAT® STRIVERDI RESPIMAT® TUDORZA® <b>(NEW)</b> SYMBICORT®		UTIBRON NEOHALER®
<b>Short-Acting/Rescue Therapy</b>			
	ALBUTEROL NEB/SOLN ATROVENT® COMBIVENT RESPIMAT® IPRATROPIUM NEBS IPRATROPIUM/ALBUTEROL NEBS QL LEVALBUTEROL* NEBS PROVENTIL® HFA XOPENEX® HFA* QL		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		

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	<b>Substance Abuse Agents</b>		
	<b>Mixed Opiate Agonists/Antagonists</b>		
	BUNAVAIL® SUBOXONE® ZUBSOLV®	PA required for class	BUPRENORPHINE / NALOXONE