

Nevada Preferred Drug List Information

Effective July 6, 2023

Preferred Drug List (PDL) drug coverage information can be found at <https://nevadamedicaid.magellanrx.com/home>.

- Nevada Medicaid’s PDL only includes select drug classes
- PDL Preferred Products do not require Prior Authorization (PA) unless subject to additional clinical criteria (indicated by ^{PA} next to drug name)
- Non-Preferred Products require PA for approval
- Drugs not on the PDL are subject to Nevada’s mandatory generic substitution requirements

PA requests may be submitted by electronic PA (ePA), fax, or phone:

- **ePA:** <https://www.covermy meds.com/main/prior-authorization-forms/magellan-rx/>
- **Fax:** 844-347-3202
 - PA fax forms: <https://nevadamedicaid.magellanrx.com/home>
- **Phone:** 800-695-5526

Key

cap = capsule

ER = extended release

inj = injection

IR = immediate release

nebs = nebulizer

ODT = oral disintegrating tablet

oint = ointment

PA = Prior Authorization

QL = Quantity Limit

soln = solution

supp = suppository

susp = suspension

tab = tablet

Nevada Medicaid and Nevada Check Up Preferred Drug List (PDL)

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ANALGESICS

Preferred Products	Non-Preferred Products	Coverage Limitations
Miscellaneous Analgesics		
Neuropathic Pain/Fibromyalgia Agents		
duloxetine gabapentin lidocaine 5% patch (generic for Lidoderm®) ^{PA QL} Lyrica® IR Neurontin® Savella® ^{PA*}	Cymbalta® Gralise® Horizant® Lyrica® CR pregabalin IR pregabalin CR Qutenza®	* No PA if ICD-10 – M79.1; M60.0–M60.9, M61.1 (fibromyalgia)
Mixed Acting Opioid Analgesics		
tramadol IR tramadol/APAP	ConZip® Nucynta® Seglentsis® tramadol ER Ultracet® Ultram®	
Opiate Agonists		
Butrans® fentanyl patch ^{QL PA} morphine sulfate SA tab (all generic extended release) ^{QL} Nucynta® ER	Avinza® ^{QL} buprenorphine patch Dolophine® Duragesic® patches ^{QL} Exalgo® hydrocodone bitartrate ER cap Kadian® ^{QL} methadone Methadose® MS Contin® ^{QL} Opana® ER oxycodone SR ^{QL} oxymorphone SR Xartemis® XR ^{QL}	
Opiate Agonists – Abuse Deterrents		
Xtampza® ER	hydrocodone bitartrate ER tab Hysingla® ER Oxycontin® ^{QL}	

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ANALGESICS

Preferred Products	Non-Preferred Products	Coverage Limitations
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Oral		
celecoxib cap ^{QL} diclofenac sodium DR tab ibuprofen susp ibuprofen tab indomethacin IR cap ketorolac tab ^{QL PA} meloxicam tab nabumetone tab naproxen susp naproxen tab naproxen DR tab piroxicam cap sulindac tab	Cambia® powder diclofenac potassium diclofenac sodium tab ER diclofenac w/ misoprostol tab Duexis® tab etodolac IR cap etodolac IR tab etodolac ER tab indomethacin ER cap ketoprofen cap mefenamic cap meloxicam susp Naprelan® CR tab naproxen CR tab naproxen ER tab oxaprozin tab Sprix® spray Vimovo® tab Zipsor® cap Zorvolex® cap	

ANTI-HISTAMINES

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
H1 Blockers – Non-Sedating		
cetirizine tab, chewable OTC cetirizine soln 1 mg/1 ml levocetirizine tab, soln loratadine D OTC loratadine tab, ODT, chewable, soln OTC	Allegra® cetirizine D OTC cetirizine cap OTC cetirizine soln 5 mg/5 ml OTC Clarinex® Clarinex-D® Claritin® desloratadine fexofenadine fexofenadine D OTC Xyzal®	A two-week trial of one preferred drug is required before a non-preferred drug will be authorized.

ANTI-INFECTIVE AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Aminoglycosides		
Inhaled Aminoglycosides		
Bethkis® Kitabis® Pak tobramycin 300 mg/5 mL nebulizer	Tobi Podhaler® tobramycin 300 mg/4 mL nebulizer	

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ANTI-INFECTIVE AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antivirals		
Alpha Interferons		
Pegasys® Pegasys® convenient pack Peg-Intron® and Redipen		
Anti-hepatitis Agents – Polymerase Inhibitors/Combination Products		
Mavyret® ^{PA} sofosbuvir/velpatasvir (generic for Epclusa®) ^{PA}	Epclusa® Harvoni® ^{QL} ledipasvir/sofosbuvir ^{QL} Sovaldi® ^{QL} Viekira® Pak ^{QL} Vosevi® Zepatier®	
Anti-hepatitis Agents – Ribavirin		
ribavirin		
Anti-herpetic Agents		
acyclovir famciclovir valacyclovir		
Influenza Agents		
amantadine oseltamivir cap/susp rimantadine Relenza®	Rapivab® Tamiflu® Xofluza®	
Cephalosporins		
Second-Generation Cephalosporins		
cefaclor cap and susp cefaclor ER tab cefuroxime tab and susp cefprozil tab and susp	Ceclor® Ceclor® CD Ceftin® Cefzil®	
Third-Generation Cephalosporins		
cefdinir cap and susp ^{PA} cefepodoxime tab and susp ^{PA}	cefixime cap and susp ^{PA} Suprax® ^{PA}	

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ANTI-INFECTIVE AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Macrolides		
azithromycin tab/susp clarithromycin tab/susp clarithromycin XL erythromycin base erythromycin ethylsuccinate Erythrocin®	Dificid® Zithromax®	
Quinolones		
Quinolones – 2nd Generation		
ciprofloxacin tabs ^{PA} Cipro® susp ^{PA}	ofloxacin ^{PA}	
Quinolones – 3rd Generation		
levofloxacin ^{PA} moxifloxacin ^{PA}	Avelox® ^{PA}	

AUTONOMIC AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Sympathomimetics		
Self-Injectable Epinephrine		
epinephrine auto inj Epipen® Epipen Jr®	AdrenaClick® ^{QL} Auvi-Q® Symjepi®	

BIOLOGIC RESPONSE MODIFIERS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Immunomodulators		
Targeted Immunomodulator		
Actemra® ^{PA} Avsola® ^{PA} Cimzia® ^{PA} Cosentyx® ^{PA} Enbrel® ^{PA} Humira® ^{PA} Inflectra® ^{PA} Infliximab ^{PA} Kevzara® ^{PA} Kineret® ^{PA} Olumiant® ^{PA} Orencia® ^{PA} Otezla® ^{PA} Renflexis® ^{PA}	Amjevita® Enspryng® Entyvio® Ilaris® Ilumya® Remicade® Rinvoq® Siliq® Sotyktu® Skyrizi® Tremfya® Xeljanz® ER	

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BIOLOGIC RESPONSE MODIFIERS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Simponi [®] PA Stelara [®] PA Taltz [®] PA Xeljanz [®] IR PA		
Colony Stimulating Factors		
Neupogen [®] syringe and vial PA Nyvepria [®] PA	Nivestym [®] syringe and vial Releuko [®] syringe and vial Leukine [®] Zarxio [®] Granix [®] syringe and vial Fulphila [®] Ziextenzo [®] Udenyca [®] Neulasta [®]	
Multiple Sclerosis Agents		
Injectable		
Avonex [®] PA Avonex [®] Admin Pack PA Betaseron [®] PA Copaxone [®] QL PA Tysabri [®] PA	Briumvi [®] Extavia [®] glatiramer Glatopa [®] Kesimpta [®] Lemtrada [®] Ocrevus [®] Plegridy [®] Rebif [®] QL	Trial of only one agent is required before moving to a non-preferred agent.
Oral		
teriflunomide (generic for Aubagio [®]) PA dimethyl fumarate (generic for Tecfidera [®]) PA fingolimod (generic for Gilenya [®]) PA	Aubagio [®] Bafiertam [®] Gilenya [®] Mavenclad [®] Mayzent [®] Ponvory [®] Tecfidera [®] Vumerity [®] Zeposia [®]	
Specific Symptomatic Treatment		
dalfampridine QL PA	Ampyra [®] QL	

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CARDIOVASCULAR AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antihypertensive Agents		
Angiotensin II Receptor Antagonists		
losartan losartan HCTZ olmesartan olmesartan HCTZ valsartan valsartan HCTZ	Atacand® Avapro® Benicar® candesartan Cozaar® Diovan® Diovan HCTZ® Edarbi® Edarbyclor® eprosartan Hyzaar® irbesartan Micardis® telmisartan	
Angiotensin-Converting Enzyme Inhibitors (ACE Inhibitors)		
benazepril benazepril HCTZ captopril captopril HCTZ enalapril tab enalapril HCTZ enalapril soln ^{PA*} lisinopril lisinopril HCTZ ramipril	Accuretic® Epaned® soln fosinopril Mavik® moexipril perindopril Qbrelis® soln quinapril Quinaretic® trandolapril	*PA not required if age 10 and younger
Beta-Blockers		
acebutolol atenolol atenolol/chlorthalidone bisoprolol bisoprolol/HCTZ Bystolic® carvedilol IR Coreg CR® labetalol metoprolol tartrate metoprolol succinate metoprolol/HCTZ pindolol propranolol propranolol ER propranolol soln sotalol sotalol AF	betaxolol carvedilol ER (generic for Coreg CR®) Kaspargo® nadolol nebivolol propranolol/HCTZ Sotylize® timolol	

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CARDIOVASCULAR AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Calcium-Channel Blockers		
amlodipine amlodipine/benazepril amlodipine/olmesartan amlodipine/valsartan Cartia XT® Diltia XT® diltiazem ER diltiazem IR felodipine ER nicardipine nifedipine ER Taztia XT® verapamil IR verapamil ER	amlodipine/valsartan/HCT Exforge® Exforge HCT® isradipine Katerzia® Lotrel® nisoldipine ER Norvasc® Nymalize® solution	
Vasodilators – Inhaled		
Ventavis® PA Tyvaso® PA		
Vasodilators – Oral		
Orenitram® ER PA Revatio® PA tadalafil PA Tracleer® PA	Adcirca® Adempas® Alyq® ambrisentan bosentan Letairis® Opsumit® sildenafil Uptravi®	
Antilipemics		
Bile Acid Sequestrants		
colestipol cholestyramine Welchol®	colesevelam Questran®	
Cholesterol Absorption Inhibitors		
ezetimibe	Zetia®	
Fibric Acid Derivatives		
fenofibrate fenofibric gemfibrozil	Antara® Fenoglide® Fibracor® Lipofen® Tricor® Triglide® Trilipix®	

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CARDIOVASCULAR AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
HMG-CoA Reductase Inhibitors (Statins)		
atorvastatin ezetimibe/simvastatin lovastatin pravastatin rosuvastatin simvastatin	Altoprev® amlodipine/atorvastatin Caduet® Crestor® QL Ezallor® fluvastatin IR fluvastatin XL Lescol® Lescol XL® Lipitor® Livalo® Pravachol® Zocor® Zypitamag® Vytorin®	
Niacin Agents		
Niacin ER (all generics) Niaspan®	Niacor®	
Omega-3 Fatty Acids		
omega-3-acid Vascepa®	Lovaza® icosapent	
PCSK9 Inhibitors		
Praluent® PA Repatha® PA		
Miscellaneous Heart Failure Agents		
Corlanor® PA Entresto® PA	Verquvo®	

DERMATOLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antipsoriatic Agents		
calcipotriene cream (generic for Dovonex®) calcipotriene foam (generic for Sorilux®) calcipotriene oint, soln Dovonex® cream Taclonex® susp	calcipotriene/betamethasone oint, susp Duobrii® lotion Enstilar® Sorilux® foam Taclonex® oint Vtama® Zoryve®	

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DERMATOLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Topical Analgesics		
capsaicin diclofenac 1% gel Flector® lidocaine lidocaine HC lidocaine viscous lidocaine/prilocaine lidocaine 5% patch (generic for Lidoderm®) ^{PA QL} Pennsaid®	diclofenac solution Emla® LenzaPro® Licart® ZTLido®	
Topical Anti-infectives		
Acne Agents: Topical, Benzoyl Peroxide, Antibiotics, and Combination Products		
Acanya® ^{PA*} Azelex® 20% cream ^{PA*} benzoyl peroxide (2.5%, 5%, and 10% only) ^{PA*} clindamycin ^{PA*} erythromycin/benzoyl peroxide sodium ^{PA*}	Aczone® gel Amzeeq® foam benzoyl per aerosol clindamycin aerosol clindamycin/benzoyl peroxide gel dapsone gel Duac CS® erythromycin Onexton® gel sodium sulfacetamide/sulfur sulfacetamide Winlevi®	*PA not required if under 21 years old
Impetigo Agents: Topical		
mupirocin oint	Altabax® Centany® mupirocin cream	
Topical Antivirals		
acyclovir oint (generic for Zovirax® oint) Denavir® docosanol OTC (generic for Abreva®) Xerese® cream Zovirax® cream	acyclovir cream penciclovir (generic for Denavir®) Zovirax® oint	
Topical Scabicides		
lindane Natroba® Nix® permethrin Rid® Ulesfia®	Eurax® ivermectin malathion Ovide® Sklice® spinosad Vanallice® gel	

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DERMATOLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Topical Anti-inflammatory Agents		
Immunomodulators: Atopic Dermatitis		
Dupixent® PA Elidel® topical QL PA Eucrisa® topical PA Protopic® topical QL PA	Adbry® inj Cibinqo® tab Opzelura® topical pimecrolimus topical tacrolimus topical	
Topical Antineoplastics		
Topical Retinoids		
Differin® PA* Epiduo® PA* Retin-A® PA* Tazorac® PA* Ziana® PA*	Arazlo® adapalene gel and cream adapalene/benzoyl peroxide Atralin® Avita® Retin-A Micro® (pump and tube) tazarotene tretinoin Veltin®	*PA not required if under 21 years old

ELECTROLYTIC AND RENAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Phosphate Binding Agents		
calcium acetate cap calcium acetate tab Phoslyra® Renagel® Renvela®	Auryxia® Fosrenol® lanthanum carbonate PhosLo® gel cap sevelamer carbonate sevelamer HCL Velphoro®	
Potassium-Removing Agents		
Lokelma® sodium polystyrene sulfonate SPS®	Veltassa®	

GASTROINTESTINAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antiemetics		
Pregnancy-induced Nausea and Vomiting Treatment		
Bonjesta® OTC doxylamine 25 mg/pyridoxine 10 mg	Diclegis® doxylamine-pyridoxine tab 10-10	

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GASTROINTESTINAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Serotonin-receptor Antagonists/Combo		
granisetron ^{QL PA} ondansetron ^{QL PA}	Akynzeo® Anzemet® ^{QL} Barhemsys® Sancuso® Zofran® ^{QL} Zuplenz® ^{QL}	
Antiulcer Agents		
H2 Blockers		
Famotidine tab and susp ranitidine tab ranitidine syrup ^{PA*}		* PA not required for < 12 years.
Proton Pump Inhibitors (PPIs)		
Dexilant® Nexium® powder for susp ^{PA*} omeprazole pantoprazole tab Protonix® susp	Aciphex® esomeprazole lansoprazole Nexium® cap pantoprazole susp Prevacid® Prilosec® Prilosec® OTC tab Protonix® tab rabeprazole sodium	* PA not required for < 12 years.
Functional Gastrointestinal Disorder Drugs		
Amitiza® ^{PA} Linzess® ^{PA} Movantik® ^{PA} Relistor® syringe ^{PA}	Ibsrela® lubiprostone (generic for Amitiza®) Motegrity® Relistor® tab Symproic® Trulance® Zelnorm®	
Gastrointestinal Anti-inflammatory Agents		
Apriso® Canasa® supp Colazal® Delzicol® Pentasa® sulfasalazine DR sulfasalazine IR	balsalazide Lialda® mesalamine (generic for Apriso) mesalamine (generic for Asacol HD) mesalamine (generic for Delzicol) mesalamine (generic Lialda) mesalamine enema susp mesalamine supp	
Gastrointestinal Enzymes		
Creon® Pancrease® Zenpep®	Pertzye® Viokace®	

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GENITOURINARY AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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 IR and ER tab/syrup solifenacin Toviaz®	darifenacin ER Ditropan XL® flavoxate Gelnique® gel Gemtesa Myrbetriq® Oxytrol® Sanctura® tolterodine trospium Vesicare® Vesicare® LS	

HEMATOLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Anticoagulants		
Oral		
Coumadin® Eliquis® PA* Jantoven® Pradaxa® cap QL PA* Warfarin Xarelto® tab PA* Xarelto® susp PA**	Savaysa® dabigatran cap (generic for Pradaxa® cap) Pradaxa® oral pellets	* No PA required if approved diagnosis code transmitted on claim. **Approval only in individuals unable to have oral tablets appropriately administered.
Injectable		
enoxaparin fondaparinux Fragmin®	Arixtra® Lovenox®	

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HEMATOLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Erythropoiesis-Stimulating Agents		
Aranesp [®] PA QL Retacrit [®] PA	Epogen [®] QL Mircera [®] QL Procrit [®] QL	
Platelet Inhibitors		
Aggrenox [®] aspirin Brilinta [®] QL PA Cilostazol [®] Clopidogrel Dipyridamole Prasugrel	anagrelide aspirin/dipyridamole Durlaza [®] Effient [®] QL Plavix [®] Yosprala [®] Zontivity [®]	

HORMONES AND HORMONE MODIFIERS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Androgens		
Androderm [®] PA AndroGel [®] gel pump PA testosterone gel pump (generic for AndroGel [®]) PA	AndroGel [®] gel packet Fortesta [®] Natesto [®] Testim [®] testosterone gel packet testosterone solution Vogelxo [®]	
Antidiabetic Agents		
Alpha-Glucosidase Inhibitors/Amylin Analogs/Miscellaneous		
acarbose Glyset [®] Symlin [®] PA *	Cycloset [®] Precose [®]	* No PA required if diagnosis of Type 2 diabetes transmitted on claim. Trial of only one agent is required before moving to a non-preferred agent.
Biguanides		
metformin (generic for Glucophage [®]) metformin ER (generic for Glucophage XR [®]) metformin ER (generic for Glumetza [®]) metformin soln (generic for Riomet [®])*	Glumetza [®] metformin ER (generic for Fortamet [®])	Trial of only one agent is required before moving to a non-preferred agent. * Approval only in individuals unable to have oral tablets appropriately administered.
Dipeptidyl Peptidase-4 Inhibitors and Combinations with Metformin		
Janumet [®] Janumet XR [®] Januvia [®] Jentadueto [®] Kombiglyze XR [®] Onglyza [®]	alogliptin alogliptin/metformin alogliptin/pioglitazone Kazano [®] Nesina [®] Oseni [®]	Trial of only one agent is required before moving to a non-preferred agent.

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HORMONES AND HORMONE MODIFIERS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Tradjenta®		
Incretin Mimetics and Combinations		
Byetta® PA, QL * Ozempic® PA, QL * Rybelsus® PA, QL * Trulicity® PA, QL * Victoza® PA, QL *	Adlyxin® QL Bydureon BCise® QL Mounjaro® QL Soliqua® QL Xultophy® QL	* No PA required if diagnosis of Type 2 diabetes transmitted on claim. Trial of only one agent is required before moving to a non-preferred agent.
Meglitinides		
repaglinide	nateglinide	Trial of only one agent is required before moving to a non-preferred agent.
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors and Combinations		
Farxiga® Glyxambi® Invokamet® Invokana® Jardiance® Synjardy® Synjardy XR® Xigduo XR®	Invokamet XR® Qtern® Segluromet® Steglatro® Steglujan® Trijardy XR®	Trial of only one agent is required before moving to a non-preferred agent.
Sulfonylureas		
glimepiride (generic for Amaryl®) glipizide (generic for Glucotrol®) glipizide ER (generic for Glucotrol XL®) glyburide (generic for DiaBeta®, Micronase®) glyburide micronized (generic for Glynase®)	Amaryl® Glynase® Glucotrol XL® glyburide/metformin (generic for Glucovance®) glipizide/metformin (generic for Metaglip®)	Trial of only one agent is required before moving to a non-preferred agent.
Thiazolidinediones and Combinations		
pioglitazone	Actos® Actoplus Met® Duetact® pioglitazone/metformin pioglitazone/glimepiride	Trial of only one agent is required before moving to a non-preferred agent.
Anti-Hypoglycemic Agents		
Baqsimi® GlucaGen HypoKit® Gvoke® pen Zegalogue®	glucagon emergency kit Gvoke® syringe	
Insulins		
Rapid-Acting Insulins		
Apidra® Apidra Solostar® Humalog® Humalog KwikPen® U-100 Humalog Junior KwikPen® insulin aspart (generic for Novolog®)	Admelog® Admelog Solostar® Afrezza® Fiasp® Fiasp FlexTouch® Humalog KwikPen® U-200	Trial of only one agent is required before moving to a non-preferred agent.

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HORMONES AND HORMONE MODIFIERS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
insulin lispro (generic for Humalog®) Novolog®	Lyumjev® Lyumjev KwikPen®	
Short-Intermediate Acting Insulins		
Humulin R® U-500 Novolin N® Novolin R®	Humulin N® Humulin N KwikPen® Humulin R® U-100	Trial of only one agent is required before moving to a non-preferred agent.
Long-Acting Insulins		
Lantus® Lantus SoloStar® Levemir® Toujeo Max SoloStar® Toujeo SoloStar® Tresiba® Tresiba FlexTouch®	Basaglar KwikPen® Semglee®	Trial of only one agent is required before moving to a non-preferred agent.
Pre-Mixed Insulin Combinations		
Humulin 70/30® Humalog 75/25® Humalog 50/50® Novolog 70/30®	Novolin 70/30®	Trial of only one agent is required before moving to a non-preferred agent.
Pituitary Hormones		
Growth Hormone Modifiers		
Genotropin® PA Norditropin® PA Nutropin AQ® PA	Humatrope® Nutropin® Omnitrope® Saizen® Serostim® Skytrofa® Somavert® Tev-Tropin® Zorbtive®	
Progestins for Cachexia		
megestrol acetate susp (generic for Megace®)	Megace ES®	

MONOCLONAL ANTIBODIES FOR THE TREATMENT OF RESPIRATORY CONDITIONS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Dupixent® PA Fasenra® PA Nucala® PA Xolair® PA	Cinqair® Tezspire®	

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MUSCULOSKELETAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antigout Agents		
allopurinol (100 mg, 300 mg) colchicine tab (generic for Colcrys®) ^{PA, QL} febuxostat probenecid probenecid/colchicine	allopurinol 200 mg colchicine cap ^{QL} Colcrys® ^{QL} Mitigare® ^{QL} Uloric® Zyloprim®	
Bone Resorption Inhibitors		
Bisphosphonates		
alendronate tab	Actonel® alendronate soln Atelvia® Binosto® Boniva® etidronate (generic for Didronel®) Fosamax Plus D® ibandronate	
Nasal Calcitonins		
calcitonin-salmon nasal spray	Miacalcin®	
Restless Leg Syndrome Agents		
Mirapex® ER pramipexole IR ropinirole IR ropinirole ER		
Skeletal Muscle Relaxants		
baclofen chlorzoxazone cyclobenzaprine IR cyclobenzaprine ER dantrolene methocarbamol orphenadrine tizanidine		

NEUROLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Alzheimer's Agents		
Cholinesterase Inhibitors		
donepezil tab, ODT Exelon® patch	Adlarity® patch Aricept® galantamine galantamine ER Razadyne® ER	

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NEUROLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	rivastigmine	
NMDA Receptor Antagonist		
memantine IR tab	memantine soln memantine ER (generic for Namenda XR®) Namenda® Namenda XR® Namzaric®	
Anticonvulsants		
carbamazepine carbamazepine ER cap (generic for Carbatrol®) carbamazepine ER tab (generic for Tegretol XR®) Carbatrol® Celontin® Depakene® Depakote® Depakote Sprinkle® divalproex sodium divalproex sodium ER Epidiolex® ^{PA} Eptiol® ethosuximide felbamate Felbatol® Fycompa® gabapentin Gabitril® lacosamide tab lacosamide soln Lamictal® Lamictal® dose pack Lamictal ODT® lamotrigine lamotrigine ER levetiracetam levetiracetam ER levetiracetam soln Lyricea® Neurontin® oxcarbazepine Qudexy XR® Tegretol® Tegretol XR® topiramate IR valproic acid valproic acid soln Zarontin® zonisamide Ztalmy®	Aptiom® Banzel® Briviact® Depakote ER® Diacomit® Eprontia® Fintepla® Keppra® Keppra XR® Keppra® soln Lamictal XR® lamotrigine dose pack Oxtellar XR® Sabril® Spritam® Topamax® topiramate ER Trileptal® Trokendi XR® vigabatrin Vimpat® tab Vimpat® soln Xcopri®	PA required for members under 18 years old. Trial of only one agent is required before moving to a non-preferred agent.
Barbiturates		

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NEUROLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Mysoline® phenobarbital primidone		PA required for members under 18 years old.
Anticonvulsants		
Benzodiazepines		
clobazam clonazepam clorazepate Diastat® diazepam (generic for Valium®) diazepam rectal (generic for Diastat®) Nayzilam® spray ^{PA} Tranxene T-Tab® Valium® Valtoco® spray ^{PA}	Klonopin® Onfi® Sympazan®	PA required for members under 18 years old. Trial of only one agent is required before moving to a non-preferred agent.
Hydantoins		
Cerebyx® Dilantin® fosphenytoin phenytoin products	Phenytek®	Trial of only one agent is required before moving to a non-preferred agent.
Anti-Migraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
Aimovig® ^{PA} Ajovy® ^{PA} Emgality® 120 mg ^{PA} Nurtec® ODT ^{PA, QL} Qulipta® ^{PA, QL} Ubrelvy® ^{PA, QL}	Emgality® 100 mg Vyepti®	
Serotonin-Receptor Agonists (Triptans)		
Frova® ^{QL} Imitrex® nasal spray Relpax® ^{QL} rizatriptan ODT (generic for Maxalt MLT®) ^{QL} sumatriptan tab ^{QL} zolmitriptan ODT (generic for Zomig ZMT®) ^{QL}	almotriptan ^{QL} Amerge® ^{QL} eletriptan ^{QL} frovatriptan ^{QL} Imitrex® ^{QL} tab and inj Maxalt® ^{QL} Maxalt MLT® ^{QL} naratriptan ^{QL} Onzetra® Reyvow® rizatriptan tab (generic for Maxalt®) ^{QL} sumatriptan inj ^{QL} sumatriptan nasal spray ^{QL} sumatriptan/naproxen ^{QL} Tosymra® Treximet® Zembrace SymTouch® ^{QL} zolmitriptan tab ^{QL} zolmitriptan nasal spray ^{QL} Zomig® nasal spray ^{QL}	

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NEUROLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Zomig® tab ^{QL} Zomig ZMT®	
Antiparkinsonian Agents		
Dopamine Precursors		
carbidopa/levodopa carbidopa/levodopa ER carbidopa/levodopa ODT carbidopa/levodopa/entacapone	Duopa® Inbrija® Lodosyn® Rytary® Stalevo®	Trial of only one preferred agent is required before moving to a non-preferred agent.
Non-Ergot Dopamine Agonists		
Mirapex® ER pramipexole IR ropinirole IR ropinirole ER	Apokyn® Kynmobi® Mirapex® Neupro® Requip® Requip XL®	
Movement Disorders		
Austedo® ^{PA} Ingrezza® ^{PA} tetrabenazine	Austedo XR® Xenazine®	

OPHTHALMIC AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antiglaucoma Agents		
Alphagan P® Azopt® betaxolol Betoptic S® carteolol Combigan® dorzolamide dorzolamide/timolol latanoprost levobunolol Lumigan® Rhopressa® Rocklatan® Simbrinza® timolol drops, gel soln (generic for Timoptic®, Timoptic-XE®) Travatan Z®	Betagan® Betoptic® bimatoprost brimonidine brimonidine/timolol brinzolamide Cosopt® Cosopt PF® dorzolamide/timolol PF Ocupress® Timoptic® Timoptic-XE® travoprost Trusopt® Vyzulta® Xalatan® Xelpros® Zioptan®	

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OPHTHALMIC AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Ophthalmic Antihistamines		
azelastine Bepreve® ketotifen (generic for Alaway®, Zaditor®) Lastacaft® olopatadine (generic for Pataday®) Zaditor® OTC	Alaway® OTC Alocril® Alomide® bepotastine Elestat® Optivar® Pataday® Zerviate®	
Ophthalmic Anti-infectives		
Ophthalmic Macrolides		
erythromycin oint	Azasite®	
Ophthalmic Quinolones		
Besivance® ciprofloxacin ofloxacin Vigamox® Zymaxid®	Ciloxan® gatifloxacin levofloxacin Moxeza® moxifloxacin Oculfloxx®	
Ophthalmic Anti-infective/Anti-inflammatory Combinations		
neomycin/polymyxin/dexamethasone oint, susp Pred-G® sulfacetamide/prednisolone soln TobraDex® Zylet®	Blephamide® Maxitrol® neomycin/bacitracin/polymyxin/hydrocortisone oint neomycin/polymyxin/hydrocortisone susp tobramycin/dexamethasone susp TobraDex ST®	
Ophthalmic Anti-inflammatory Agents		
Ophthalmic Corticosteroids		
Alrex® Durezol® Flarex® FML® FML Forte® Maxidex® Pred Forte®	dexamethasone fluorometholone Inveltys® Lotemax® loteprednol Omnipred® Pred Mild® prednisolone	
Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)		
diclofenac soln flurbiprofen soln Ilevro® ketorolac soln Nevanac®	Acular® Acular LS® Acuvail® bromfenac Prolensa®	

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OPHTHALMIC AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Ophthalmics for Dry Eye Disease		
artificial tears Restasis® Xiidra®	Cequa® Eysuvis® Restasis Multidose® Tyrvaya®	

OTIC AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Otic Anti-infectives		
Otic Quinolones		
Ciprodex® Cipro HC® ofloxacin	Cetraxal® ciprofloxacin 0.2% soln ciprofloxacin/dexamethasone (generic for Ciprodex®) Otiprio® Otovel®	

PSYCHOTROPIC AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
ADHD Agents		
Adderall XR® PA, QL amphetamine salts combo IR (generic for Adderall®) PA atomoxetine PA, QL clonidine ER PA, QL Concerta® PA, QL Daytrana® PA, QL dexmethylphenidate PA dexmethylphenidate ER PA, QL dextroamphetamine (generic for Dexedrine®, Dextrostat®) PA dextroamphetamine SR (generic for Dexedrine Spansule®) PA guanfacine ER PA Jornay PM® PA Metadate CD® PA Methylin® PA methylphenidate (generic for Ritalin®, Methylin®) PA methylphenidate CD (generic for Metadate CD®) PA, QL methylphenidate ER (generic for Aptensio XR®) PA, QL methylphenidate LA (generic for Ritalin LA®) PA, QL methylphenidate solution PA Qelbree® PA, QL Ritalin LA® PA, QL	Adderall® Adhansia XR® Adzenys XR ODT® amphetamine ER susp (generic for Adzenys XR ODT®) amphetamine salts combo ER (generic for Adderall XR®) QL Aptensio XR® QL Azstarys® Cotempla XR-ODT® Desoxyn® Dexedrine® QL dextroamphetamine soln (generic for ProCentra®) Dyanavel XR® QL Evekeo® Evekeo ODT® Focalin® Focalin XR® QL Intuniv® QL Metadate ER® QL methamphetamine methylphenidate chew methylphenidate ER (generic for Relexxii®) QL Mydayis® ProCentra® QuilliChew ER® QL	PA required for entire class.

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PSYCHOTROPIC AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Vyvanse® PA, QL	Quillivant XR® QL Relexii® Ritalin® Strattera® QL Xelstrym® Zenzedi®	
Antidepressants		
Other		
bupropion IR bupropion SR bupropion XL desvenlafaxine succinate ER (generic for Pristiq®) duloxetine Forfivo XL® mirtazapine mirtazapine ODT Pristiq® trazodone venlafaxine venlafaxine hydrochloride ER	Aplenzin® Auvelity® bupropion XL (generic for Forfivo XL®) Cymbalta® desvenlafaxine ER Effexor XR® Fetzima® Trintellix® Viibryd® venlafaxine besylate ER Wellbutrin SR® Wellbutrin XL®	PA required for members under 18 years old.
Selective Serotonin Reuptake Inhibitors (SSRIs)		
citalopram escitalopram fluoxetine paroxetine IR Pexeva® sertraline	Celexa® fluvoxamine Lexapro® Luvox® paroxetine ER Paxil® Prozac® Zoloft®	PA required for members under 18 years old.
Antipsychotics		
Atypical Antipsychotics – Oral/Topical		
aripiprazole clozapine clozapine ODT Fanapt® lurasidone (generic for Latuda®) Nuplazid® PA* olanzapine olanzapine ODT paliperidone ER (generic for Invega®) quetiapine IR quetiapine ER Rexulti® risperidone risperidone ODT Saphris®	Abilify® Abilify MyCite® asenapine Caplyta® Clozaril® Fazaclo® Geodon® Invega® Latuda® Lybalvi® Risperdal® Risperdal M-Tab® Secuado® Seroquel® Seroquel XR®	PA required for members under 18 years old. * No PA required if Parkinson’s related psychosis ICD code on claim Trial of only one agent is required before moving to a non-preferred agent.

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PSYCHOTROPIC AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Vraylar® ziprasidone	Zyprexa® Zyprexa Zydis®	
Atypical Antipsychotics – Long Acting Injectable		
Abilify Maintena® Aristada® Aristada Initio® Invega Hafyera® PA Invega Sustenna® Invega Trinza® PA Perseris® Risperdal Consta® Zyprexa Relprevv®		PA required for members under 18 years old. Treatment-naïve patients must demonstrate tolerability with the oral agent prior to initiating the long-acting injectable.
Anxiolytics, Sedatives, and Hypnotics		
estazolam QL flurazepam QL Rozerem® QL temazepam QL triazolam QL zaleplon QL zolpidem IR QL zolpidem SL QL	Ambien® QL Ambien CR® QL Belsomra® QL Doral® QL Edluar® QL eszopiclone Hetlioz® Hetlioz LQ® Lunesta® Silenor® QL Sonata® zolpidem CR QL Zolpimist®	No PA required if approved diagnosis code transmitted on claim (all agents in this class). PA required for members under 18 years old.
Psychostimulants		
Narcolepsy Agents		
Nuvigil® PA, QL * Provigil® PA, QL * Wakix® PA	armodafinil QL * modafinil QL * Sunosi Xyrem® QL Xywav®	* No PA required for ICD-10 code G47.4

RESPIRATORY AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Nasal Antihistamines		
azelastine Dymista® olopatadine	Patanase®	
Respiratory Anti-inflammatory Agents		
Leukotriene Receptor Antagonists		
montelukast zafirlukast Zyflo®	Accolate® Singulair® zileuton ER	

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RESPIRATORY AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Zyflo CR®		
Nasal Corticosteroids		
fluticasone (generic for Flonase®) triamcinolone acetonide	Beconase AQ® Flonase® flunisolide Nasonex® Omnaris® Qnasl® Xhance® Zetonna®	
Phosphodiesterase Type 4 Inhibitors		
roflumilast ^{PA, QL}	Daliresp® ^{QL}	
Long-Acting Maintenance Therapy		
Inhaled Glucocorticoids		
budesonide nebs (generic for Pulmicort®) Flovent Diskus® Flovent HFA® ^{QL} Pulmicort Flexhaler®	Alvesco® ArmonAir Digihaler® Arnuity Ellipta® Asmanex HFA® QVAR RediHaler®	
Glucocorticoids/Long-Acting Beta-2 Adrenergic (LABA) Combination Products		
Advair® Diskus Advair HFA® Breo Ellipta® Dulera® Symbicort®	AirDuo Digihaler® AirDuo RespiClick® budesonide/formoterol (generic for Symbicort®) fluticasone propionate/salmeterol pow (generic for AirDuo®, Advair Diskus®) vilanterol/fluticasone (generic for Breo Ellipta®) Wixela Inhub®	
Long-Acting Beta Adrenergics (LABAs)		
Serevent Diskus® ^{QL} Striverdi Respimat®	Brovana® Perforomist®	
Anticholinergics and Combination Products		
Anoro Ellipta® Incruse Ellipta® Spiriva® Spiriva Respimat® Stiolto Respimat® Tudorza Pressair®	Bevespi Aerosphere® Breztri Aerosphere® Duaklir Pressair® Lonhala Magnair® Trelegy Ellipta® Yupelri®	

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RESPIRATORY AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Short-Acting/Rescue Therapy		
Short-Acting Beta Adrenergics (SABAs)		
albuterol sulfate (generic for Proventil [®] , Ventolin [®]) ^{QL} albuterol soln (generic for AccuNeb [®]) ^{QL} levalbuterol ^{PA, QL} levalbuterol HFA ^{PA, QL} Proair HFA ^{® QL} Proventil HFA ^{® QL} Ventolin HFA ^{® QL}	albuterol HFA (generic for ProAir HFA [®] , Proventil HFA [®] , Ventolin HFA [®]) ^{QL} ProAir Digihaler ^{® QL} ProAir RespiClick ^{® QL} Xopenex ^{® QL} Xopenex HFA ^{® QL}	
Ipratropium and Combinations		
Atrovent HFA [®] Combivent Respimat [®] ipratropium nebs ipratropium/albuterol nebs ^{QL}		

TOXICOLOGY AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antidotes		
Opiate Antagonists		
Kloxxado [®] naloxone Narcan [®]	Zimhi [®]	
Substance Abuse Agents		
buprenorphine SL tab ^{QL} buprenorphine/naloxone SL tab ^{QL} naltrexone tab Sublocade [®] Suboxone ^{® QL} Vivitrol ^{® PA}	buprenorphine/naloxone film ^{QL} Lucemyra [®] Zubsolv ^{® QL}	

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APPENDIX A: SICKLE CELL DISEASE AND HIV PREVENTION

Pursuant to NRS 422.4025, drugs essential for treating sickle cell disease and its variants are covered and preferred without PDL restrictions, including but not limited to the following:

Droxia®
Siklos®
Endari®

Pursuant to NRS 422.4025, prescription drugs to prevent the acquisition of human immunodeficiency virus (HIV) are covered and preferred without PDL restrictions, including but not limited to the following:

emtricitabine 200 mg/tenofovir 300 mg (generic for Truvada®)
Descovy®