

Effective July 1, 2022

Nevada Preferred Drug List (PDL) Information

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

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ANALGESICS

Preferred Products	Non-Preferred Products	Coverage Limitations
Miscellaneous Analgesics		
Neuropathic Pain/Fibromyalgia Agents		
duloxetine gabapentin Lidoderm® PA Lyrica® IR Neurontin® Savella® PA*	Cymbalta® Gralise® Horizant® lidocaine patch Lyrica® CR pregabalin IR pregabalin CR Qutenza®	* No PA required for drugs in this class if ICD-10 – M79.1; M60.0-M60.9, M61.1 (fibromyalgia)
Tramadol and Related Drugs		
tramadol IR tramadol/APAP	ConZip® Nucynta® 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 Kadian® QL methadone Methadose® MS Contin® QL Opana® ER oxycodone SR QL oxymorphone SR Xartemis® XR QL Zohydro® ER QL	
Opiate Agonists – Abuse Deterrents		
Xtampza® ER	hydrocodone bitartrate ER Hysingla® ER Oxycontin® QL	

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Preferred Products	Non-Preferred Products	Coverage Limitations
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Oral		
celecoxib cap ^{QL} diclofenac potassium diclofenac sodium IR tab diclofenac sodium ER 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 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	

ANTIHISTAMINES

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
H1 Blockers – Non-Sedating		
cetirizine OTC levocetirizine loratadine D OTC loratadine OTC	Allegra® cetirizine D OTC Clarinex® Clarinex-D® Claritin® desloratadine fexofenadine Xyzal®	A two-week trial of one preferred drug is required before a non-preferred drug will be authorized.

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ANTI-INFECTIVE AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Aminoglycosides		
Inhaled Aminoglycosides		
Bethkis® Kitabis® Pak tobramycin 300mg/5ml nebulizer	Tobi Podhaler® tobramycin 300mg/4ml nebulizer	
Antivirals		
Alpha Interferons		
Pegasys® Pegasys® convenient pack Peg-Intron® and Redipen		
Anti-hepatitis Agents – Polymerase Inhibitors/Combination Products		
Epclusa® PA Harvoni® QL PA ledipasvir/sofosbuvir QL PA Mavyret® PA sofosbuvir/velpatasvir PA	Sovaldi® QL PA Viekira® Pak PA Vosevi® PA Zepatier® PA	
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 Epinephrine®	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} Kevzara® ^{PA} Kineret® ^{PA} Olumiant® ^{PA} Orencia® ^{PA} Otezla® ^{PA} Renflexis® ^{PA} Siliq® ^{PA}	Enspryng® Entyvio® Ilaris® Ilumya® Remicade® Rinvoq® Skyrizi® Tremfya® Xeljanz® ^{ER}	

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BIOLOGIC RESPONSE MODIFIERS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Immunomodulators		
Targeted Immunomodulator		
Simponi [®] PA Stelara [®] PA Taltz [®] PA Xeljanz [®] IR PA		
Multiple Sclerosis Agents		
Injectable		
Avonex [®] PA Avonex [®] Admin Pack PA Betaseron [®] PA Copaxone [®] QL PA Tysabri [®] PA	Extavia [®] glatiramer Glatopa [®] Kesimpta [®] Lemtrada [®] Ocrevus [®] Plegridy [®] Rebif [®] QL	Trial of only one agent is required before moving to a non-preferred agent.
Oral		
Aubagio [®] PA dimethyl fumarate PA Gilenya [®] PA	Bafiertam [®] 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 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 Epaned® soln *PA lisinopril lisinopril HCTZ ramipril	Accuretic® enalapril 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 carvedilol ER labetalol metoprolol tartrate metoprolol succinate metoprolol/HCTZ nebivolol pindolol propranolol propranolol ER propranolol/HCTZ sotalol sotalol AF	betaxolol Kapsargo® nadolol Sotylize® timolol	

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CARDIOVASCULAR AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Calcium-Channel Blockers		
amlodipine amlodipine/benazepril amlodipine/valsartan Amlodipine/valsartan/ HCT Cartia XT® Diltia XT® diltiazem ER diltiazem IR felodipine ER nicardipine nifedipine ER Taztia XT® verapamil IR verapamil ER	Exforge® Exforge HCT® isradipine Katerzia® Lotrel® nisoldipine ER Norvasc® Nymalize® solution	
Vasodilators – Inhaled		
Ventavis® PA Tyvaso® PA		
Vasodilators – Oral		
bosentan PA Orenitram® ER ^{PA} Revatio® ^{PA} tadalafil PA	Adcirca® Adempas® Alyq® ambrisentan 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® Tricor® Triglide® Trilipix®	

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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®	
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		
Dovonex® cream Sorilux® foam Taclonex® susp Vectical® oint	calcipotriene calcipotriene/betamethasone oint Duobrii® lotion Enstilar® Taclonex oint	

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DERMATOLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Topical Analgesics		
capsaicin Flector® lidocaine lidocaine HC lidocaine viscous lidocaine/prilocaine Lidoderm® PA QL Pennsaid® Voltaren® gel	diclofenac gel/solution Emla® LenzaPro® Licart® lidocaine 5% patch PA QL 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 PA* Amzeeq® foam BenzaClin® 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		
Abreva® Denavir® Xerese® cream Zovirax® cream Zovirax® oint	acyclovir cream acyclovir 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: Topical		
Elidel [®] QL PA Eucrisa [®] PA Protopic [®] QL PA	pimecrolimus tacrolimus	
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 [®]	

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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	
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	Aciphex® esomeprazole lansoprazole Nexium® cap Prevacid® Prilosec® Prilosec® OTC tab Protonix® rabeprazole sodium	* PA not required for < 12 years.
Functional Gastrointestinal Disorder Drugs		
Amitiza® ^{PA} Linzess® ^{PA}	Lubiprostone Motegrity® Movantik® Relistor® Symproic® Trulance® Zelnorm®	

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GASTROINTESTINAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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® Pancreaze® Zenpep®	Pertzye® Viokace®	

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	

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HEMATOLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Anticoagulants		
Oral		
Coumadin® Eliquis® PA* Jantoven® Pradaxa® QL PA* Warfarin Xarelto® PA*	Savaysa®	* No PA required if approved diagnosis code transmitted on claim.
Injectable		
enoxaparin fondaparinux Fragmin®	Arixtra® Lovenox®	
Erythropoiesis-Stimulating Agents		
Aranesp® PA QL Retacrit® PA	Epogen® PA QL Mircera® PA QL Procrit® PA QL	
Platelet Inhibitors		
Aggrenox® aspirin Brilinta® QL PA Cilostazol® Clopidogrel Dipyridamole Prasugrel	anagrelide aspirin/dipyridamole Durlaza® Effient® QL Plavix® Yosprala® Zontivity®	

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HORMONES AND HORMONE MODIFIERS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Androgens		
Androderm [®] PA	AndroGel [®] Fortesta [®] Natesto [®] Testim [®] testosterone gel testosterone solution Vogelxo [®]	
Antidiabetic Agents		
Alpha-Glucosidase Inhibitors/Amylin analogs/Misc.		
acarbose Glyset [®] Symlin [®] PA *	Cycloset [®] Precose [®]	* No PA required if Dx of Type 2 Diabetes transmitted on claim.
Biguanides		
metformin (generic for Glucophage [®]) metformin ER (generic for Glucophage XR [®]) metformin ER (generic for Glumetza [®]) Riomet [®]	Glumetza [®] metformin ER (generic for Fortamet [®])	
Dipeptidyl Peptidase-4 Inhibitors and Combinations with Metformin		
Janumet [®] Janumet XR [®] Januvia [®] Jentadueto [®] Kombiglyze XR [®] Onglyza [®] Tadjenta [®]	alogliptin alogliptin/metformin alogliptin/pioglitazone Kazano [®] Nesina [®] Oseni [®]	
Incretin Mimetics and Combinations		
Byetta [®] PA, QL * Ozempic [®] PA * Rybelsus [®] PA, QL * Trulicity [®] PA, QL * Victoza [®] PA, QL *	Adlyxin [®] QL Bydureon BCise [®] QL Soliqua [®] QL Xultophy [®] QL	* No PA required if Dx of Type 2 Diabetes transmitted on claim.
Meglitinides		
repaglinide	nateglinide	
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 [®]	

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HORMONES AND HORMONE MODIFIERS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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®)	
Thiazolidinediones and Combinations		
pioglitazone	Actos® Actoplus Met® Duetact® pioglitazone/metformin pioglitazone/glimepiride	
Anti-Hypoglycemic Agents		
Baqsimi® GlucaGen HypoKit® Zegalogue®	glucagon emergency kit Gvoke®	
Insulins		
Rapid Acting Insulins		
Apidra® Apidra Solostar® Humalog® Humalog KwikPen® U-100 Humalog Junior KwikPen® insulin aspart (generic for Novolog®) insulin lispro (generic for Humalog®) Novolog®	Admelog® Admelog Solostar® Afrezza® Fiasp® Fiasp FlexTouch® Humalog KwikPen® U-200 Lyumjev® Lyumjev KwikPen®	
Short-Intermediate Acting Insulins		
Humulin R® U-500 Novolin N® Novolin R®	Humulin N® Humulin N KwikPen® Humulin R® U-100	
Long-Acting Insulins		
Lantus® Lantus SoloStar® Levemir® Toujeo Max SoloStar® Toujeo SoloStar® Tresiba® Tresiba FlexTouch®	Basaglar KwikPen® Semglee®	
Pre-Mixed Insulin Combinations		
Humulin 70/30®	Novolin 70/30®	

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HORMONES AND HORMONE MODIFIERS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Pituitary Hormones		
Growth Hormone Modifiers		
Genotropin [®] PA Norditropin [®] PA	Humatrope [®] Nutropin AQ [®] NuSpin [®] Nutropin [®] Omnitrope [®] Saizen [®] Serostim [®] 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 [®] PA	

MUSCULOSKELETAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Antigout Agents		
allopurinol Colcrys [®] QL febuxostat probenecid probenecid/colchicine	colchicine cap, tab ^{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	

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MUSCULOSKELETAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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 donepezil tab ODT Exelon® patch	Aricept® galantamine galantamine ER Razadyne® ER rivastigmine	
NMDA Receptor Antagonist		
memantine IR tab	memantine soln memantine ER (generic for Namenda XR®) Namenda® Namenda XR® Namzaric®	

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NEUROLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Anticonvulsants		
carbamazepine carbamazepine ER cap (generic for Carbatrol®) carbamazepine ER tab (generic for Tegretol XR®) Carbatrol® Celontin® Depakene® Depakote® Depakote ER® Depakote Sprinkle® divalproex sodium divalproex sodium ER Epidiolex® PA Epitol® ethosuximide felbamate Felbatol® Fintepla® PA Fycompa® gabapentin Gabitril® Lamictal® Lamictal ODT® Lamictal XR® lamotrigine lamotrigine ER levetiracetam levetiracetam ER Lyrica® Neurontin® oxcarbazepine Qudexy XR® Tegretol® Tegretol XR® Topamax® topiramate IR Trileptal® valproic acid Vimpat® Zarontin® Zonegran® zonisamide	Aptiom® Banzel® Briviact® Diacomit® Keppra® Keppra XR® Oxtellar XR® Sabril® Spritam® topiramate ER Trokendi XR® vigabatrin Xcopri®	PA required for members under 18 years old.
Barbiturates		
Mysoline® phenobarbital primidone		PA required for members under 18 years old.

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NEUROLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Benzodiazepines		
clobazam clonazepam clorazepate Diastat® diazepam (generic for Valium®) Nayzilam® spray ^{PA} Tranxene T-Tab® Valium® Valtoco® spray ^{PA}	diazepam rectal (generic for Diastat®) Klonopin® Onfi® Sympazan®	PA required for members under 18 years old.
Hydantoins		
Cerebyx® Dilantin® fosphenytoin Phenytek® phenytoin products		
Anti-Migraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
Aimovig® ^{PA} Ajovy® ^{PA} Emgality® ^{PA} Nurtec® ODT ^{PA, QL} Qulipta® ^{PA, QL}	Ubrelvy® ^{QL} Vyepti®	
Serotonin-Receptor Agonists (Triptans)		
Frova® ^{QL} Relpax® ^{QL} rizatriptan ODT (generic for Maxalt MLT®) ^{QL} sumatriptan tab ^{QL} zolmitriptan nasal spray ^{QL} zolmitriptan ODT (generic for Zomig ZMT®) ^{QL}	almotriptan ^{QL} Amerge® ^{QL} eletriptan ^{QL} frovatriptan ^{QL} Imitrex® ^{QL} 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® zolmitriptan tab ^{QL} Zomig® nasal spray ^{QL} Zomig® tab ^{QL} Zomig ZMT®	

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NEUROLOGICAL AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
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® Kynombi® Mirapex® Neupro® pramipexole ER Requip® Requip XL®	
Movement Disorders		
Austedo® PA Ingrezza® PA tetrabenazine	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 brinzolamide Cosopt® Cosopt PF® dorzolamide/timolol PF Ocupress® Timoptic® Timoptic-XE® travoprost Trusopt® Vyzulta® Xalatan® Xelpros® Zioptan®	
Ophthalmic Antihistamines		
azelastine Bepreve®	Alaway® OTC Alocril®	

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OPHTHALMIC AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
ketotifen (generic for Alaway®, Zaditor®) Lastacaft® olopatadine (generic for Pataday®) Zaditor® OTC	Alomide® bepotastine Elestat® Optivar® Pataday® Zerviate®	
Ophthalmic Anti-infectives		
Ophthalmic Macrolides		
erythromycin oint		
Ophthalmic Quinolones		
Besivance® ciprofloxacin Vigamox® Zymaxid®	Ciloxan® gatifloxacin levofloxacin Moxeza® moxifloxacin ofloxacin	
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®	
Ophthalmics for Dry Eye Disease		
artificial tears Restasis®	Cequa® Eysuvis®	

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OPHTHALMIC AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Xiidra®	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 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 Concerta® PA, QL Daytrana® PA, QL dexmethylphenidate PA dextroamphetamine (generic for Dexedrine®, Dextrostat®) PA dextroamphetamine SR (generic for Dexedrine Spansule®) PA Focalin XR® PA, QL 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 Strattera® PA, QL Vyvanse® 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 Azstary® clonidine ER QL Cotempla XR-ODT® Desoxyn® PA Dexedrine® QL dextroamphetamine soln (generic for ProCentra®) Dyanavel XR® QL Evekeo® Evekeo ODT® Focalin® Intuniv® QL Metadate ER® QL methylphenidate chew methylphenidate ER (generic for Relexxii®) QL Mydayis® ProCentra® QuilliChew ER® QL Quillivant XR® QL Relexxii®	PA required for entire class.

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PSYCHOTROPIC AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
	Ritalin® Zenzedi®	
Antidepressants		
Other		
bupropion IR bupropion SR bupropion XL duloxetine mirtazapine mirtazapine ODT Pristiq® trazodone venlafaxine venlafaxine ER	Aplenzin® Cymbalta® desvenlafaxine ER desvenlafaxine fumarate ER desvenlafaxine succinate ER Effexor XR® Fetzima® Forfivo XL® Trintellix® Viibryd® 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® Geodon® Invega® Latuda® Nuplazid® * olanzapine olanzapine ODT quetiapine IR quetiapine ER Rexulti® risperidone risperidone ODT Saphris® Vraylar®	Abilify® Abilify MyCite® asenapine Caplyta® Clozaril® Fazaclo® Lybalvi® paliperidone ER Risperdal® Risperdal M-Tab® Secuado® Seroquel® Seroquel XR® ziprasidone Zyprexa® Zyprexa Zydis®	PA required for members under 18 years old. * No PA required if Parkinson's related psychosis ICD code on claim

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PSYCHOTROPIC AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Atypical Antipsychotics – Long Acting Injectable		
Abilify Maintena® Aristada® Aristada Initio® Invega Hafyera® Invega Sustenna® Invega Trinza® PA Perseris® Risperdal Consta® Zyprexa Relprevv®		PA required for members under 18 years old.
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® Zyflo CR®	Accolate® Singulair® zileuton ER	

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RESPIRATORY AGENTS

Preferred Products	Non-Preferred Products	Prior Authorization Criteria
Nasal Corticosteroids		
fluticasone (generic for Flonase®) triamcinolone acetonide	Beconase AQ® Flonase® flunisolide Nasonex® Omnaris® Qnasl® Xhance® Zetonna®	
Phosphodiesterase Type 4 Inhibitors		
Daliresp® PA, 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®) Wixela Inhub®	
Long-Acting Beta Adrenergics (LABA)		
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 Adrenergic (SABA)		
albuterol sulfate (generic for Proventil [®] , Ventolin [®]) ^{QL} albuterol soln (generic for AccuNeb [®]) ^{QL} Proair HFA [®] ^{QL} Ventolin HFA [®] ^{QL} Xopenex [®] ^{PA, QL} Xopenex HFA [®] ^{PA, QL}	albuterol HFA (generic for ProAir HFA [®] , Ventolin HFA [®]) ^{QL} levalbuterol ^{QL} levalbuterol HFA ^{QL} ProAir Digihaler [®] ^{QL} ProAir RespiClick [®] ^{QL} Proventil 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 [®]		
Substance Abuse Agents		
buprenorphine SL tab ^{QL} buprenorphine/naloxone SL tab ^{QL} Sublocade [®] Suboxone [®] ^{QL} Vivitrol [®] ^{PA}	Bunavail [®] buprenorphine/naloxone film ^{QL} Zubsolv [®] ^{QL}	

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