Nevada Preferred Drug List (PDL) Information

Effective July 20, 2022

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.covermymeds.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

Table of Contents

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	

ANALGESICS

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.

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 cefpodoxime tab and susp PA	cefixime cap and susp PA Suprax® PA	

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 Simponi® PA Stelara® PA Taltz® PA Xeljanz® IR PA	Enspryng® Entyvio® Ilaris® Ilumya® Remicade® Rinvoq® Skyrizi® Tremfya® Xeljanz® ER	
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 Gilenya® PA Tecfidera ®PA	Bafiertam® dimethyl fumarate Mavenclad® Mayzent® Ponvory® Vumerity® Zeposia®	
Specific Symptomatic Treatment		
dalfampridine QL PA	Ampyra® QL	

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 pindolol propranolol propranolol ER propranolol/HCTZ sotalol sotalol AF	betaxolol Kapspargo® nadolol nebivolol Sotylize® timolol	

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		
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® Fibricor® Lipofen® Tricor® Triglide® Trilipix®	

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

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 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		
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 Vanalice® gel	

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®	

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®	

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	

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®	

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® Tradjenta®	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®	

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®	

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	
Nasal Calcitonins		
calcitonin-salmon nasal spray	Miacalcin®	

MUSCULOSKELETAL AGENTS

Preferred Products	Non Preferred Products	Prior Authorization Criteria
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	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®	

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® lacosamide Lamictal® Lamictal ODT® lamotrigine lamotrigine ER levetiracetam levetiracetam ER Lyrica® Neurontin® oxcarbazepine Qudexy XR® Tegretol® Tegretol XR® Topamax® topiramate IR Trileptal® valproic acid Zarontin® Zonegran® zonisamide	Aptiom® Banzel® Briviact® Diacomit® Eprontia® Keppra® Keppra XR® Lamictal XR® Oxtellar XR® Sabril® Spritam® topiramate ER Trokendi XR® Vigabatrin Vimpat® Xcopri®	PA required for members under 18 years old.
Barbiturates		
Mysoline® phenobarbital primidone		PA required for members under 18 years old.

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®	

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® Mirapex® Neupro® 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 brimonidine/timolol brinzolamide Cosopt® Cosopt PF® dorzolamide/timolol PF Ocupress® Timoptic® Timoptic-XE® travoprost Trusopt® Vyzulta® Xalatan® Xelpros® Zioptan®	
Ophthalmic Antihistamines		
azelastine Bepreve® ketotifen (generic for Alaway®, Zaditor®) Lastacaft®	Alaway® OTC Alocril® Alomide® bepotastine	

OPHTHALMIC AGENTS

Preferred Products	Non Preferred Products	Prior Authorization Criteria
olopatadine (generic for Pataday®) Zaditor® OTC	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® 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 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 Azstarys® clonidine ER QL Cotempla XR-ODT® Desoxyn® 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® Ritalin® Zenzedi®	PA required for entire class.

PSYCHOTROPIC AGENTS

Preferred Products	Non Preferred Products	Prior Authorization Criteria
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

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	

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®	

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	