

Montana Healthcare Programs Preferred Drug List (PDL)

Revised May 29, 2025

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ANALGESICS

ANALGESICS, OPIOID – LONG-ACTING

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Butrans Patch # morphine sulfate SR tab #	Belbuca # buprenorphine (Butrans) # Conzip ER % # Duragesic patch * # fentanyl patch # hydrocodone ER cap % hydrocodone ER tab # % hydromorphone ER tab Hysingla ER # % Kadian # Morphabond ER#	morphine ER (Avinza) # morphine sulfate ER cap (Kadian) # MS Contin * # oxycodone ER # OxyContin # oxymorphone ER # tramadol ER % # Zohydro ER %	No more than one long acting opioid allowed. # Quantity limits apply % Clinical criteria applies MME restriction applies to this class

ANTI-MIGRAINE

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Ajovy % Emgality 120mg %	Aimovig % almotriptan Amerge	Naratriptan Onzetra Xsail Qulipta %	Quantity limits apply to this class
Frova Imitrex nasal spray (while available) rizatriptan ODT rizatriptan tablet sumatriptan tablets, vial, syringe, cartridge, nasal spray	Cambia % diclofenac pot (gen Cambia) % dihydroergotamine nasal (gen Migranal) eletriptan (gen Relpax) Elyxyb sol Emgality 100mg % frovatriptan Imitrex * tabs, pen, cartridge Maxalt * Maxalt MLT * Migranal	Relpax Reyvow % sumatriptan inj (SUN Mfr) sumatriptan/naproxen 85-500 Tosymra Treximet Trudhesa Zavzpret % Zembrace Zolmitriptan all forms Zomig all forms	% Clinical criteria applies Non-preferred combination products require trial of combination of components

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NSAIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
celecoxib 100mg and 200mg	<i>Arthrotec</i>	<i>Licart Patch</i>	Trial of 2 preferred agents required
diclofenac 1% gel OTC (generic Voltaren) #	<i>Celebrex *</i>	<i>meclofenamate</i>	
diclofenac sodium EC/DR	<i>celecoxib 50mg and 400mg</i>	<i>mefenamic acid</i>	# Quantity limits apply
ibuprofen tablet/susp Rx	<i>Daypro</i>	<i>meloxicam cap (gen Vivlodex)</i>	
indomethacin capsule IR	<i>diclofenac potassium caps/tabs</i>	<i>Mobic</i>	% Clinical criteria applies
ketorolac (oral) #	<i>diclofenac sodium ER/SR</i>	<i>nabumetone</i>	
meloxicam tablet	<i>diclofenac sodium /misoprostol</i>	<i>Nalfon</i>	
naproxen tablet (Naprosyn)	<i>diclofenac topical & transdermal</i>	<i>Naprelan</i>	
sulindac	<i># (except 1% gel)</i>	<i>naproxen EC</i>	
	<i>diflunisal</i>	<i>naproxen sodium Rx (gen Anaprox)</i>	
	<i>Dolobid</i>	<i>naproxen susp</i>	
	<i>Elyxib sol</i>	<i>naprox/esomep (gen Vimovo) %</i>	
	<i>etodolac</i>	<i>oxaprozin</i>	
	<i>etodolac tab SR</i>	<i>Pennsaid #</i>	
	<i>Feldene</i>	<i>piroxicam</i>	
	<i>fenoprofen</i>	<i>Qmii ODT</i>	
	<i>Flector #</i>	<i>Relafen DS</i>	
	<i>flurbiprofen</i>	<i>Sprix %</i>	
	<i>ibuprofen susp OTC</i>	<i>Tivorbex</i>	
	<i>ibuprofen/famotidine (gen Duexis)</i>	<i>tolmetin sodium</i>	
	<i>Indocin supp/susp</i>	<i>Vimovo %</i>	
	<i>indomethacin capsule ER</i>	<i>Vivlodex</i>	
	<i>ketoprofen/ER</i>	<i>Zipsor %</i>	
	<i>ketorolac tromethamine (gen Sprix) %</i>	<i>Zorvolex</i>	

NEUROPATHIC PAIN

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
duloxetine (all except 40mg)	<i>Dermacinrx Lidocan patch #</i>	<i>Lyrica solution % μ</i>	% Clinical criteria applies μ Cross Duplication not allowed
gabapentin capsule μ #	<i>Drizalma sprinkle</i>	<i>Lyrica CR μ</i>	
gabapentin solution μ #	<i>duloxetine 40 mg cap</i>	<i>Neurontin μ</i>	# Quantity limits apply duloxetine/ Savella concurrent use not allowed
gabapentin tablet μ #	<i>gabapentin ER % μ</i>	<i>pregabalin caps/solution μ</i>	
Lyrica Capsule μ #	<i>Gabarone</i>	<i>pregabalin ER μ</i>	
Savella %	<i>Gralise % μ</i>	<i>Qutenza</i>	
	<i>Horizant % μ</i>	<i>Ztlido</i>	
	<i>lidocaine patch #</i>		
	<i>Lidocan II</i>		

OPIOID REVERSAL AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
naloxone syringe	<i>Kloxxado</i>	N/A	N/A
naloxone vial	<i>naloxone nasal spray</i>		
Narcan Nasal Spray OTC	<i>Opvee</i>		
	<i>Rextovy nasal spray</i>		
	<i>Zimhi</i>		

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SUBSTANCE USE DISORDER TREATEMENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Brixadi %	buprenorphine/naloxone SL films	N/A	+ one-time attestation per NPI required
buprenorphine SL +	lofexidine (generic Lucemyra) %		
buprenorphine/naloxone SL tabs +	Lucemyra %		
Naltrexone	Vivitrol %		% Clinical criteria applies
Sublocade %	Zubsolv %		
Suboxone Film +			

ANTI-INFECTIVES

ANTIOBIOTICS: 2ND GENERATION QUINOLONES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Cipro suspension	Cipro tabs *	ofloxacin	N/A
ciprofloxacin tablet	ciprofloxacin susp		

ANTIBIOTICS: 3RD GENERATION QUINOLONES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
levofloxacin tablet	Baxdela	Levofloxacin solution moxifloxacin	N/A

ANTIBIOTICS, GI

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
metronidazole tablet	Aemcolo	neomycin sulfate	% Clinical criteria applies
tinidazole	Difucid tab/susp %	nitazoxanide (gen Alinia)	
vancomycin HCL	Firvanq soln	paromomycin	
vancomycin soln (gen Firvanq)	Flagyl	Solosec	
	Likmez	Vancocin	
	metronidazole 125mg tab	Vowst %	
	metronidazole capsule	Xifaxan %	

ANTIBIOTICS: INHALED

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Bethkis	Arikayce	Tobi Podhaler	Clinical criteria applies to class
Kitabis	Cayston	tobramycin inhalation	
	Tobi		

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ANTIBIOTICS: MACROLIDES/KETOLIDES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
azithromycin	clarithromycin ER	Erythrocin filmtab	N/A
clarithromycin	E.E.S. 200mg susp	erythromycin ES 400mg/5ml susp	
erythromycin DR capsule	E.E.S. 400 filmtab	erythromycin ES tablet	
erythromycin ES 200mg/5ml susp	Ery-Ped susp	erythromycin filmtab	
	Ery-Tab EC	Zithromax *	

ANTIBIOTICS: 2ND GENERATION CEPHA

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
cefprozil tab/susp	cefaclor capsule	cefaclor ER	N/A
cefuroxime	cefaclor suspension		

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
cefdinir	cefixime caps/susp	cefpodoxime	N/A

ANTIBIOTICS: TETRACYCLINES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
doxycycline hyclate capsule	demeclocycline	minocycline ER	% Clinical criteria applies
doxycycline hyclate tabs (20,75,100,150mg)	Doryx	Minolira ER	
doxycycline monohydrate 50mg and 100mg capsule	doxycycline hyclate DR tab	Morgidox Kit	
doxycycline monohydrate tablet	doxycycline IR-DR 40mg cap% (gen Oracea)	Nuzyra	
minocycline capsules	doxycycline suspension	Oracea	
	doxycycline monohydrate 75mg and 150mg capsule	Solodyn %	
	minocycline tablet	tetracycline	
		Vibramycin	
		Ximino ER	

ANTIBIOTICS, TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
mupirocin ointment	Centany	gentamicin cream/oint	N/A
	Centany AT	mupirocin cream	
		Xepi	

ANTIBIOTICS, VAGINAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Cleocin ovules	Cleocin cream	Metrogel vaginal gel	# Quantity limits apply
Clindesse #	clindamycin vaginal 2% cream	Vandazole	
metronidazole vaginal 0.75% gel		Xaciato	
Nuessa vaginal gel #			

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ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
clotrimazole	<i>Ancobon</i>	<i>Noxafil packet/susp</i>	% Clinical criteria applies
fluconazole	<i>Brexafemme</i>	<i>nystatin oral tablet</i>	
griseofulvin suspension	<i>Cresemba</i>	<i>Oravig</i>	
nystatin suspension	<i>Diflucan *</i>	<i>posaconazole tab/susp</i>	
terbinafine	<i>flucytosine</i>	<i>Sporanox</i>	
	<i>griseofulvin micro</i>	<i>Tolsura</i>	
	<i>griseofulvin ultra</i>	<i>Vfend</i>	
	<i>itraconazole caps & sol</i>	<i>Vivjoa</i>	
	<i>ketoconazole %</i>	<i>voriconazole</i>	

ANTIFUNGALS AND COMBOS, TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Ciclodan 8% solution	<i>Bensal HP</i>	<i>Loprox shmp/cream/susp</i>	N/A
ciclopirox 8% solution	<i>Ciclodan cream/kit</i>	<i>luliconazole cream</i>	
clotrimazole cream Rx	<i>ciclopirox (Ciclodan/Loprox)</i>	<i>Luzu cream</i>	
clotrimazole/betamethasone cream	<i>cr/gel/kit/shmp/susp</i>	<i>miconazole/zinc oxide/</i>	
ketoconazole cream/shampoo	<i>clotrimazole solution</i>	<i>petrolatum (gen Vusion)</i>	
nystatin cream/oint/powder	<i>clotrim/betameth lotion</i>	<i>naftifine cream/gel</i>	
	<i>econazole cream</i>	<i>Naftin cream/gel</i>	
	<i>Ertaczo cream</i>	<i>nystatin/triamcin cream/oint</i>	
	<i>Exelderm cream/sol</i>	<i>oxiconazole cream</i>	
	<i>Extina foam</i>	<i>Oxistat cream/lotion</i>	
	<i>Jublia soln %</i>	<i>sulconazole cr/sol (gen Exelderm)</i>	
	<i>Kerydin soln</i>	<i>tavaborole (gen Kerydin)</i>	
	<i>ketoconazole foam</i>	<i>Vusion</i>	
	<i>Ketodan Foam/Kit</i>		

ANTIVIRALS: HERPES – ORAL AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
acyclovir cap/tab/susp	<i>Sitavig Buccal</i>	<i>Valtrex *</i>	N/A
famciclovir		<i>Zovirax susp</i>	
valacyclovir			

ANTIVIRALS: INFLUENZA

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
oseltamivir suspension and capsule	<i>flumadine</i>	<i>rimantadine HCl</i>	
Xofluza	<i>Relenza</i>	<i>Tamiflu</i>	

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ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Acyclovir 5% ointment Docosanol OTC (gen Abreva)	acyclovir cream Denavir penciclovir (gen Denavir)	Xerese Zovirax Cream/Ointment	N/A

HEPATITIS C: PEGYLATED INTERFERONS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
N/A	Pegasys ProClick/syringe/vial	N/A	Clinical criteria applies to this class

HEPATITIS C: OTHER

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Mavyret tabs/pellet pak	Eplclusa tabs/pellet pak Harvoni tabs/pellet pak ledipasvir-sofosbuvir	sofosbuvir-velpatasvir Sovaldi tabs/pellet pak Vosevi Zepatier	Clinical criteria applies to this class

HEPATITIS C: RIBAVIRIN PRODUCTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
ribavirin capsules and tablets	N/A	N/A	Clinical criteria applies to this class

CARDIOVASCULAR

ACE INHIBITORS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
benazepril enalapril lisinopril ramipril	Accupril * Altace captopril enalapril sol (gen Epaned) Epaned Oral Soln fosinopril Lotensin *	moexipril perindopril Prinivil * Qbrelisl quinapril trandolapril Vasotec * Zestril *	Trial of 2 preferred agents required

ACE INHIBITOR COMBINATIONS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
enalapril w/HCTZ lisinopril w/HCTZ	Accuretic * benazepril w/HCTZ captopril w/HCTZ fosinopril w/HCTZ	Lotensin HCT quinapril w/HCTZ Vaseretic * Zestoretic *	Trial of 2 preferred agents required

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ANGIOTENSIN MODULATOR

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Entresto irbesartan losartan olmesartan valsartan	Atacand Avapro * Benicar * candesartan Cozaar * Diovan *	Edarbi Entresto Sprinkles eprosartan Telmisartan valsartan sol	Trial of 2 preferred agents required

ANGIOTENSION II RECEPTOR BLOCKER COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
irbesartan/HCTZ losartan/HCTZ olmesartan/HCTZ valsartan/HCT	Atacand HCT Avalide * Benicar HCT * candesartan/HCTZ Diovan HCT *	Edarbyclor Hyzaar * Micardis HCT telmisartan/HCTZ	N/A

ANGIOTENSION MODULATOR COMBINATIONS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
amlodipine/benazepril amlodipine/valsartan	amlodipine/olmesartan w or w/o HCTZ amlodipine/valsartan/HCTZ Azor Exforge * Exforge HCT	Lotrel * Tarka telmisartan/amlodipine trandolapril/verapamil ER Tribenzor	N/A

ANTIANGINAL & ANTIISCHEMIC

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
ranolazine ER	Ranexa ER	N/A	N/A

ANTIHYPERTENSIVES, SYMPATHOLYTICS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
clonidine IR oral clonidine transdermal guanfacine IR methyldopa	Catapres oral * clonidine ER (gen Nexiclon)	N/A	N/A

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BETA BLOCKERS AND COMBINATIONS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
atenolol	acebutolol	Lopressor *	Trial of 2 preferred agents required
bisoprolol (gen Zebeta)	atenolol/chlorthalidone	metoprolol/HCTZ	
carvedilol	betaxolol	nadolol/Corgard	% Clinical criteria applies
labetalol	bisoprolol/HCTZ	pindolol	
metoprolol succinate ER	Bystolic *	propranolol/HCTZ	
metoprolol tartrate	carvedilol ER	Betapace /Batapace AF	
nebivolol	Coreg *	Sotylize	
propranolol IR	Hemangeol	Tenormin /Tenoretic	
propranolol ER	Inderal LA & XL	timolol	
sotalol/sorine	Innopran XL	Toprol XL *	
	Kaspargo Sprinkle		

CALCIUM CHANNEL BLOCKERS (DHP)

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
amlodipine	Adalat CC	nimodipine	Trial of 2 preferred agents required
nifedipine ER (generic for Procardia XL)	felodipine ER	nisoldipine ER	
	isradipine	Norliqva	
	Katerzia	Norvasc *	
	levamlodipine (gen Conjupri)	Nymalize	
	nicardipine HCl	Procardia XL *	
	nifedipine IR	Sular (reformulated)	

CALCIUM CHANNEL BLOCKERS (NON-DHP)

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Cartia XT	Calan/Calan SR	Tiazac 420	Trial of 2 preferred agents required
Dilt XR	Cardizem *	verapamil 360 capsule	
diltiazem HCl IR	Cardizem CD/LA	verapamil capsule ER	
diltiazem ER capsule	diltiazem LA	verapamil ER PM	
Taztia XT	Matzim LA	Verelan	
verapamil HCl IR	Tiazac	Verelan PM	
verapamil ER tablets			

DIRECT RENIN INHIBITORS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
N/A	aliskiren	Tekturna HCT	Clinical criteria applies to this class
	Tekturna		

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LIPOTROPICS: HMG-COA RED INH (STATINS) AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
atorvastatin	Altoprev	Lescol XL	% Clinical criteria applies
ezetimibe	amlodipine-atorvastatin	Lipitor *	
lovastatin	Atorvaliq @	Livalo	@ Alternative dosage forms require PA
pravastatin	Caduet	pitavastatin	
rosuvastatin	Crestor *	Vytorin %	
simvastatin %	Ezallor Sprinkle @	Zetia *	
	ezetimibe/simvastatin %	Zocor %	
	fluvastatin	Zypitamag	
	fluvastatin XL		

LIPOTROPICS: OTHERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
cholestyramine/aspartame	Antara	Lipofen	% Clinical criteria applies
cholestyramine/sucrose	colesevelam tab & powder (gen Welchol)	Lopid *	
colestipol tablets	colestipol granules	Lovaza % *	
fenofibrate 48mg & 145mg– (gen Tricor)	fenofibrate – gen Antara	Nexletol %	
fenofibrate 54mg & 160mg tab– (gen Lofibra)	fenofibrate – gen Lipofen	Nexlizet %	
gemfibrozil	fenofibric acid – gen Trilipix	Niaspan *	
niacin ER	Fenoglide	Praluent %	
omega-3 ethyl esters %	Fibricor	Questran *	
Prevalite	icosapent ethyl (gen Vascepa) %	Questran Light *	
	Juxtapid %	Repatha %	
	Leqvio %	Trilipix	
		Tryngolza	
		Welchol tab & powder	

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
donepezil 5 & 10 mg tablet	Adlarity	galantamine	% Clinical criteria applies
Exelon patch	Aricept *	galantamine ER	
rivastigmine capsule	Aricept 23 %	Razadyne ER	
	donepezil 23mg %	rivastigmine patch	
	donepezil ODT	Zunveyl	

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
memantine tablet	memantine sol @/dosepak	Namzaric	@ Alternative dosage forms require PA
	memantine ER		
	memantine-donepezil (gen Namzaric)		
	Namenda dosepak		

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ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
carbamazepine chew tabs	<i>Aptiom</i>	<i>Oxtellar XR</i>	NOTE: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA
carbamazepine tab	<i>Carbamazepine susp @</i>	<i>Trileptal tablets *</i>	
carbamazepine ER tabs	<i>carbamazepine ER caps</i>		
Epitol	<i>Carbatrol ER</i>		
oxcarbazepine tabs	<i>Equetro</i>		
Tegretol susp @	<i>oxcarbazepine susp</i>		
Tegretol & Tegretol XR	<i>oxcarbazepine ER (generic)</i>		
Trileptal oral suspension @	<i>Oxtellar XR</i>		

ANTI-CONVULSANTS: FIRST GENERATION

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Depakote sprinkle	<i>Celontin</i>	<i>felbamate</i>	NOTE: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA
Dilantin 30mg Kapseal	<i>Depakote IR and ER *</i>	<i>Felbatol tabs and susp</i>	
Dilantin 50mg chew tab	<i>Dilantin capsule *</i>	<i>methsuximide (gen Celontin)</i>	
divalproex sodium IR and ER	<i>Dilantin-125 oral suspension *@</i>	<i>Mysoline *</i>	
ethosuximide caps	<i>divalproex sodium sprinkle</i>	<i>Phenytek</i>	
ethosuximide susp @		<i>Zarontin Syr @</i>	
phenobarbital		<i>Zarontin caps</i>	
phenytoin caps and suspension			
phenytoin infatabs			
primidone			
valproic acid capsule and syrup			

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ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Diastat rectal (while available) %	Banzel %	Motpoly XR %	Note: DAW 7 may be used ONLY for seizure diagnosis
diazepam rectal %	Briviact	Neurontin solution @ μ	
gabapentin capsule μ	clobazam tab & susp %	Neurontin tablet/capsule * μ	@ Alternative dosage forms require PA
gabapentin solution μ	Diacomit %	Onfi %	
gabapentin tablet μ	Elepsia XR	pregabalin caps/solution μ	% Clinical criteria applies
lacosamide tab/sol (generic Vimpat)	Epidiolex %	pregabalin ER μ	
lamotrigine IR tabs & chews/dispersible	Eprontia @	rufinamide tab & susp (gen Banzel) %	μ Cross duplication not allowed between gabapentin and Lyrica
levetiracetam IR	Fintepla %	Sabril	
levetiracetam solution	Fycompa	Spritam	
Lyrica capsule μ	Keppra * @	Sympazan % @	
Nayzilam %	Keppra XR	Tiagabine %	
topiramate tablets	lacosamide dose cups %	Topamax Sprinkle Cap @	
Valtoco %	Lamictal *	Topamax tablet *	
zonisamide	Lamictal ODT & ODT Starter pak @	topiramate sprinkle cap @	
	Lamictal Starter pak	topiramate ER	
	Lamictal XR %	Trokendi XR	
	lamotrigine ER %	vigabatrin powder (gen Sabril)	
	lamotrigine ODT @	vigabatrin tablet	
	lamotrigine starter pak	Vigafyde	
	levetiracetam (gen Spritam)	Vimpat	
	levetiracetam ER	Xcopri	
	Libervant %	Zonisade	
	Lyrica solution μ	Ztalmu %	
	Lyrica CR μ		

ANTI-DEPRESSANTS: SSRIS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
citalopram tabs # (limit 40 mg/day)	Brisdelle %	paroxetine CR	Trial of 2 preferred agents required
escitalopram tablet #	Celexa * #	paroxetine susp	
fluoxetine capsules	citalopram caps	Paxil *	% Clinical criteria applies
fluoxetine solution	escitalopram solution #	Paxil CR	
fluoxetine tablets	fluoxetine DR %	Paxil Susp	# Dose limits apply
fluvoxamine	fluvoxamine CR	Pexeva	
paroxetine	Lexapro * #	sertraline caps	
sertraline tabs	paroxetine 7.5mg %	Zoloft *	

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ANTI-DEPRESSANTS: NOVEL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
bupropion IR	<i>Aplenzin</i>	<i>mirtazapine rapdis @</i>	Trial of 2 preferred agents required (excluding trazodone)
bupropion SR and XL 150mg & 300mg	<i>Auvelity %</i>	<i>Pristiq ER #</i>	
desvenlafaxine suc ER #	<i>bupropion XL 450mg (gen Forfivo)</i>	<i>Raldesy soln</i>	% Clinical criteria applies
duloxetine (except 40mg)	<i>desvenlafaxine ER #</i>	<i>Remeron *</i>	
mirtazapine	<i>desvenlafaxine fum ER</i>	<i>Remeron SolTab @</i>	# Quantity limits apply
trazodone	<i>duloxetine 40mg</i>	<i>Trintellix</i>	
venlafaxine IR	<i>Effexor XR *</i>	<i>venlafaxine ER tabs</i>	@ Alternative dosage forms require PA
venlafaxine ER caps 24H	<i>Fetzima</i>	<i>Viibryd</i>	
vilazodone (gen Viibryd)	<i>Forfivo XL</i>	<i>Viibryd DS PK</i>	
		<i>Wellbutrin SR and XL *</i>	
		<i>Zuruvae %</i>	

ADHD/CNS STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Adderall XR	<i>Adhansia XR</i>	<i>methylphenidate ER cap (gen Aptensio)</i>	Trial of 2 preferred agents required for stimulants
amphetamine salt IR & XR combo (generic for Adderall and Adderall XR)	<i>Adzenys XR @</i>	<i>methylphenidate ER tab 10 and 20mg (generic for Ritalin SR Tab)</i>	
Concerta	<i>amphetamine sulfate (gen Evekeo)</i>	<i>methylphenidate ER tab 18 mg, 27, 36, 54 mg (generic for Concerta)</i>	Quantity limits apply to class
dexamethylphenidate IR & XR	<i>amphetamine susp ER (gen Adzenys)</i>	<i>methylphenidate ER tab 45mg, 63mg (generic Relexxii ER)</i>	
Daytrana	<i>Aptensio XR</i>	<i>methylphenidate LA</i>	@ Alternative dosage forms require PA
methylphenidate IR (generic for Ritalin)	<i>Azstarys</i>	<i>methylphenidate SR cap (20, 30, 40mg)</i>	
methylphenidate solution @	<i>Cotempla XR ODT @</i>	<i>methylphenidate patch (gen Daytrana)</i>	#1 Dose limit 1/day
Vyvanse Cap #1	<i>Dexedrine SA</i>	<i>Mydayis</i>	
Vyvanse Chewable @	<i>dexamethylphenidate ER</i>	<i>Procentra @</i>	% Clinical criteria applies
	<i>dextroamphetamine SA (generic for Dexedrine SA)</i>	<i>Quillichew ER @</i>	
	<i>dextroamphetamine tab</i>	<i>Quillivant XR @</i>	
	<i>dextroamphetamine soln @</i>	<i>Relexxii ER</i>	
	<i>dextroamp-amphet ER (gen Mydayis)</i>	<i>Ritalin *</i>	
	<i>Dyanavel XR @</i>	<i>Ritalin LA</i>	
	<i>Evekeo</i>	<i>Xelstrym</i>	
	<i>Evekeo ODT @</i>	<i>Zenzedi</i>	
	<i>Focalin IR & XR</i>		
	<i>Jornay PM</i>		
	<i>lisdexamfetamine cap #1</i>		
	<i>Methylin solution @</i>		
	<i>methylphenidate CD</i>		
	<i>methylphenidate chew @</i>		
atomoxetine	<i>Intuniv *</i>		
guanfacine ER	<i>Onyda XR</i>		
clonidine ER & IR	<i>Qelbree %</i>		

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ATYPICAL ANTIPSYCHOTICS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Abilify Asimtufi @	Abilify Mycite %	risperidone IM (gen Consta)	Oral therapies require an FDA approved diagnosis and trial of 2 preferred agents FDA approved for same diagnosis
Abilify Maintena @	Abilify tablet *	risperidone tab rapdis @	
aripiprazole tablets	Adasuve	Saphris	Dose optimization edits apply to many in class
Aristada @	aripiprazole sol/ODT @	Secuado @	
Aristada Initio @	asenapine (gen Saphris)	Seroquel IR & XR *	@ Alternative dosage forms require PA
clozapine tablet	Caplyta	Symbyax %	
Invega Hafyera @	clozapine ODT @	Versacloz	% Clinical criteria applies
Invega Sustenna @	Clozaril *	Vraylar	
Invega Trinza @	Cobenfy	Zyprexa tablet *	PA for class required for members eight and under
lurasidone	Erzofri @	Zyprexa Zydis * @	
olanzapine	Fanapt		Non-preferred combination products require trial of combination of components
olanzapine ODT @	Fanapt titration pack		
Perseris @	Fazaclo		
quetiapine	Geodon *		
quetiapine ER	Invega		
Risperdal Consta @	Latuda *		
risperidone solution @	Lybalvi %		
risperidone tablet	Nuplazid %		
Uzedly @	olanzapine/fluoxetine		
ziprasidone HCl	Opipza film		
Zyprexa Relprevv @	paliperidone ER		
	Rexulti		
	Risperdal *		

MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Avonex	Aubagio	Mavenclad	Clinical criteria applies to this class
Avonex Pen	Bafiertam	Mayzent	
Betaseron	Copaxone 40mg Syringe	Plegridy & Pen	
Copaxone 20mg	Extavia	Ponvory	
dimethyl fumarate (gen Tecfidera)	Gilenya	Rebif syringe	
fingolimod (gen Gilenya)	glatiramer 20&40mg	Tascenso ODT	
Kesimpta	Glatopa	Tecfidera	
Rebif Rebidose		Vumerity	
teriflunomide (gen Aubagio)		Zeposia	

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ANTI-PARKINSON'S AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
amantadine caps/soln	Apokyn %	Mirapex *	% Clinical criteria applies
benztropine	Apomorphine %	Mirapex ER %	
carbidopa/levodopa IR and ER	Azilect	Neupro	
entacapone	amantadine tabs	Nourianz %	
pramipexole dihydrochloride	bromocriptine	Ongentys	
ropinirole	carbidopa	Osmolex ER	
selegiline caps	carbidopa/levodopa ODT	pramipexole ER %	
selegiline tabs	carbidopa/levodopa/ entacapone	rasagiline	
trihexyphenidyl	Crexont ER	ropinirole ER %	
	Dhivy	Rytary %	
	Duopa	Sinemet IR	
	Gocovri	Stalevo	
	Inbrija	tolcapone	
	Lodosyn	Xadago	
		Zelapar	

SEDATIVE HYPNOTIC AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
eszopiclone (initial dose limit 1mg/day)	Ambien */ Ambien CR	Quviviq %	Quantity limits apply to class
temazepam 15 & 30mg	Belsomra %	ramelteon	
zaleplon	doxepin % (gen Silenor)	Restoril *	% Clinical criteria applies
zolpidem tartrate IR tablet (initial dose limit 5mg/day for females)	Dayvigo %	Rozerm	
	Edluar %	Silenor %	
	Estazolam	Sonata	
	flurazepam	tasimelteon (gen Hetlioz) %	
	Halcion	temazepam 7.5 & 22.5mg	
	Hetlioz cap/susp %	triazolam	
	Intermezzo %	zolpidem 7.5mg caps	
	Lunesta %	zolpidem ER	
		zolpidem sl %	

SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
baclofen tablet	Amrix %	Lyvispah	% Clinical criteria applies # Quantity limits apply
cyclobenzaprine HCl 5mg & 10mg	baclofen solution	metaxalone	
methocarbamol	chlorzoxazone	Norgesic/Norgesic Forte	
orphenadrine citrate	cyclobenzaprine 7.5mg%	Robaxin *	
tizanidine HCl tablet	cyclobenzaprine ER %	Skelaxin	
	Dantrium	Tanlor	
	dantrolene sodium	tizanidine capsule % #	
	Fexmid %	Zanaflex capsule % #	
	Fleqsuvy	Zanaflex tablet *	
	Lorzone *		

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MOVEMENT DISORDER DRUGS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Austedo Austedo XR Ingrezza tetrabenazine	Austedo XR titration kit Ingrezza initiation Pack Ingrezza Sprinkles @ Xenazine		Clinical criteria applies to this class; Quantity limits apply @ Alternative dosage forms require PA

ENDOCRINE AND METABOLIC AGENTS

ANDROGENIC AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
testosterone 1.62% gel pump (gen Androgel)	Androderm	Testim testosterone gel Vogelxo	Clinical criteria applies to this class

BONE: RESORPTION AND RELATED AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
alendronate tablet Forteo ibandronate raloxifene	Actonel alendronate solution Atelvia Boniva calcitonin-salmon %	Evista * Fosamax tabs */ PlusD risedronate sodium teriparatide Tymlos	% Clinical criteria applies

ANTI-HYPOGLYCEMIC AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Baqsimi # Glucagon # Glucagon Emergency Kit (Lilly, Amphastar) # Proglycem susp Zegalogue autoinject #	diazoxide susp Glucagon Emergency kit (Fresenius) # Gvoke pen/syringe # Zegalogue syringe #	N/A	# Quantity limits apply

DIABETES: ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
acarbose	miglitol Precose *	N/A	N/A

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DIABETES: DPP-IV INHIBITORS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Glyxambi	<i>alogliptin</i>	<i>saxagliptin-metformin ER (gen Kombiglyze)</i>	% Clinical criteria applies
Janumet	<i>alogliptin-metformin</i>		
Janumet XR	<i>alogliptin-pioglitazone</i>	<i>sitagliptin (gen Zituvio)</i>	
Januvia	<i>Jentadueto XR</i>	<i>sitagliptin/metformin (gen Zituvimet)</i>	
Jentadueto	<i>Kazano</i>		
Tradjenta	<i>Nesina</i>	<i>Trijardy XR</i>	
	<i>Oseni %</i>	<i>Zituvio</i>	
	<i>saxagliptin (gen Onglyza)</i>	<i>Zituvimet IR and ER</i>	

DIABETES: GLP-1/GIP AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Byetta Pens	<i>Bydureon BCISE</i>	<i>Rybelsus</i>	Electronic edits apply to class
Ozempic	<i>liraglutide (gen Victoza)</i>		
Trulicity	<i>Mounjaro</i>		
Victoza			

DIABETES: INSULIN AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Humulin 70/30 Pen	<i>Admelog Vial/SoloStar</i>	<i>Lyumjev Vial/Kwikpen/Tempo pen</i>	Clinical PA required for non-preferred insulin pens
Humulin N Vial	<i>Afrezza</i>		
Humulin R Vial	<i>Apidra Vial/Solostar</i>	<i>Novolin N Flexpen/vial</i>	
Humulin R U-500 Pen	<i>Basaglar Kwikpen/Tempo pen</i>	<i>Novolin R Flexpen/vial</i>	
insulin aspart Cartridge/Flexpen/Vial	<i>Fiasp Vial/FlexTouch/ Cartridge/ Pumpcart</i>	<i>Novolin 70/30</i>	
insulin aspart/insulin aspart protamine Pen/Vial		<i>Novolog ALL formulations</i>	
insulin glargine Pen	<i>Humalog ALL formulations</i>	<i>Rezvoglar Kwikpen</i>	
insulin lispro All formulations	<i>Humulin Pen</i>	<i>Semglee</i>	
Lantus Vial	<i>Humulin N Pen OTC</i>	<i>Semglee-YFGN Pen/Vial</i>	
Lantus SoloStar	<i>Humulin R U-500 Vial</i>	<i>Soliqua 100-33</i>	
	<i>insulin degludec Pen/Vial</i>	<i>Toujeo</i>	
	<i>insulin glargine Vial</i>	<i>Tresiba Vial/FlexTouch</i>	
	<i>insulin glargine-YFGN Pen/Vial</i>	<i>Xultophy 100-3.6</i>	
	<i>insulin glargine max solostar Vial/Kwikpen</i>		

DIABETES: MEGLITINIDES AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Repaglinide (gen for Prandin)	<i>Nateglinide (gen for Starlix)</i>	<i>repaglinide-metformin</i>	N/A

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DIABETES: METFORMINS AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
glyburide-metformin metformin metformin ER (generic for Glucophage XR)	Fortamet glipizide-metformin Glumetza metformin 625mg and 750mg metformin solution	metformin ER (gen for Fortamet) metformin ER (gen for Glumetza) Riomet	N/A

DIABETES: SGLT2 AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Farxiga Glyxambi Jardiance Synjardy Xigduo XR	dapagliflozin dapagliflozin/metformin ER Inpefa Invokamet Invokana Invokamet XR	Segluromet Steglatro Steglujan Synjardy XR Trijardy XR	

DIABETES: SULFONYLUREAS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
glimepiride 1mg, 2mg, & 4mg glipizide glipizide ER/XL glyburide	glimepiride 3mg glyburide micronized	N/A	N/A

DIABETES: TZD

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
pioglitazone	Actoplus Met Actos	Duetact pioglitazone/glimepiride pioglitazone/metformin	

ESTROGEN, OTHERS: ORAL/TRANSDERMAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
ORAL estradiol oral Premarin oral	Duavee Estrace * Menest Osphena Veozah	N/A	N/A
TRANSDERMAL estradiol patch (generic for Climara) Minivelle Vivelle-Dot	Climara Divigel Dotti Elestrin estradiol gel packet (gen Divigel) estradiol gel pump	estradiol patch (generics for Minivelle/Vivelle-Dot) Evamist Lyllana Menostar	N/A

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ESTROGEN , OTHERS: VAGINAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Estring Femring Premarin vaginal cream Vagifem	Estrace estradiol (gen Estrace) estradiol (gen Yuvaferm)	Intrarosa Yuvaferm	N/A

GROWTH HORMONES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Genotropin Cartridge, Syringe Norditropin	Humatrope Ngenla Omnitrope Serostim	Skytrofa Sogroya Zomacton Vial Zorbtive	Clinical criteria applies to this class

PANCREATIC ENZYMES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Creon Zenpep	Pertzye	Viokace	N/A

PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Fensolvi Leuprolide depot (gen Lutrate Depot) Lupron Depot-Ped Supprelin LA % Synarel Triptodur	N/A	N/A	% Clinical criteria applies

PROGESTINS FOR CACHEXIA

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
megestrol suspension	megestrol ES 625mg/5mL suspension	N/A	N/A

UTERINE DISORDER TREATMENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Myfembree Orilissa	Oriahnn	N/A	N/A

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GASTROINTESTINAL

ANTIEMETICS AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
metoclopramide tablets, solution ondansetron injections ondansetron ODT (4mg & 8mg) ondansetron solution ondansetron tablet	Akynzeo Aprepitant % Bonjesta % Diclegis% doxylamine/pyridox % Emend Oral % Emend Oral Pak % Gimoti	Granisetron # metoclopramide injection metoclopramide ODT % ondansetron ODT 16mg Reglan * Sancuso % Sustol SQ Zofran *	# Quantity limits apply % Clinical criteria applies

GI MOTILITY AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Linzess Lotronex Lubiprostone (gen Amitiza)	Alosetron Amitiza Ibsrela Motegrity Movantik	Relistor tab/syr Symproic Trulance Viberzi	Clinical criteria applies to this class

PROTON PUMP INHIBITORS, OTHERS/H. PYLORI TREATMENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
esomeprazole cap (Rx) lansoprazole 15mg ODT @ lansoprazole caps Rx omeprazole (Rx) pantoprazole Protonix suspension @ Pylera	Aciphex tab Aciphex sprinkle @ bismuth-metronidazole-tetracycline (gen Pylera) Dexilant dexlansoprazole (gen Dexilant) Esomeprazole cap (OTC) esomeprazole tab (OTC) esomeprazole susp Konvomep lansoprazole caps OTC lansoprazole ODT Rx @ lansoprazole-amox-clarith naproxen/esomeprazole (gen Vimovo) % Nexium OTC Nexium Rx capsule Nexium suspension @	Omeclamox-Pak omeprazole OTC omeprazole/sodium bicarb pantoprazole susp Prevacid RX and OTC Prevacid Solu Tab @ Prilosec (Rx) susp packet @ Protonix Tablet * Rabeprazole Talcia Vimovo % Voquezna Voquezna Dual/Triple Pak Zegerid Zegerid packet @	Trial of two preferred molecules required @ Alternative dose forms require PA. Quantity limits apply to class % Clinical criteria applies

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ULCERATIVE COLITIS – ORAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Apriso mesalamine (gen Lialda) Pentasa sulfasalazine DR sulfasalazine IR	Asacol HD Azulfidine * Azulfidine DR * balsalazide budesonide ER Colazal	Dipentum Lialda mesalamine (gen Delzicol) mesalamine ER (gen Apriso) mesalamine (gen Asacol HD) mesalamine ER (gen Pentasa) Uceris oral	N/A

ULCERATIVE COLITIS – RECTAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
mesalamine supp (gen Canasa)	budesonide (gen Uceris) Canasa rectal supp mesalamine enema mesalamine kit (gen Rowasa)	Rowasa kit sf Rowasa enema Uceris rectal	N/A

GENITOURINARY AND RENAL

ALPHA BLOCKERS FOR BPH

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
alfuzosin tamsulosin	Flomax *	silodosin	N/A

ANDROGEN HORMONE INHIBITORS AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
dutasteride finasteride	dutasteride-tamsulosin Jalyn	Natesto Proscar *	N/A

PDE-5 FOR BPH

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
tadalafil	Cialis	N/A	Clinical criteria applies to this class

PHOSPHATE BINDERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
calcium acetate caps Fosrenol tabs sevelamer carbonate 800mg tabs (gen Renvela)	Auryxia calcium acetate tabs ferric citrate Fosrenol powder lanthanum chew tab Renvela tabs & powder	sevelamer powder sevelamer HCL 400mg tabs (gen Renagel) Velphoro Xphozah	N/A

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POTASSIUM BINDERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
sodium polystyrene sulfonate	Kionex Lokelma	SPS Veltassa	N/A

URINARY TRACT ANTISPASMODICS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Myrbetriq tab oxybutynin ER oxybutynin 5mg IR solifenacin (gen Vesicare) tolterodine ER	darifenacin ER Detrol Detrol LA Ditropan XL fesoterodine ER (gen Toviaz) flavoxate Gemtesa mirabegron ER	Myrbetriq susp oxybutynin 2.5mg IR Oxytrol * tolterodine Toviaz trospium trospium XR Vesicare * Vesicare LS susp	N/A

HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
enoxaparin #	Arixtra fondaparinux	Fragmin Lovenox * #	# Quantity limits apply

ANTICOAGULANT ORAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Eliquis # Eliquis starter pack # Pradaxa capsule # warfarin Xarelto 2.5mg # % Xarelto 10,15,20mg and Starter Pack #	Dabigatran # (generic Pradaxa) Pradaxa pellet pack # rivaroxaban tab Savaysa # Xarelto susp %	N/A	# Quantity limits apply % Clinical criteria applies

COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Fulphila Neupogen vial & syringe	Fylmetra Leukine Granix vial/syringe Neulasta Nivestym Nyvepria	Releuko Rolvedon Stimufend Udenyca Zarxio Ziextenzo	N/A

ERYTHROPOIESIS STIMULATING AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Epogen Retacrit	Aranesp Syr/Vial Mircera	Procrit Reblozyl	N/A

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MISCELLANEOUS AGENTS

ANTIHYPERURICEMICS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
allopurinol colchicine tablet (generic for Colcrys) probenecid probenecid/colchicine %	<i>allopurinol 200mg</i> <i>colchicine capsule (generic for Mitigare)</i>	<i>febuxostat % (gen Uloric)</i> <i>Gloperba</i> <i>Mitigare</i> <i>Uloric %</i> <i>Zyloprim *</i>	% Clinical criteria applies

BILE SALTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
ursodiol tablet/capsule	<i>Bylvay (caps/pellet)</i> <i>Chenodal %</i> <i>Cholbam %</i> <i>Iqirvo</i> <i>Livdelzi</i>	<i>Livmarli</i> <i>Ocaliva %</i> <i>Reltone</i> <i>Urso/Urso Forte tablet</i>	% Clinical criteria applies

IMMUNOLOGIC AGENTS

ANTINEOPLASTIC AGENTS, TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
diclofenac topical (gen for Solaraze) Efudex cream fluorouracil solution (generic & branded generic)	<i>Carac</i> <i>fluorouracil cream</i> <i>Picato</i>	N/A	Clinical criteria applies to this class

HAE TREATMENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Berinert Haegarda icatibant (gen Firazyr) Kalbitor Takhzyro	<i>Cinryze</i> <i>Firazyr</i> <i>Orladeyo</i> <i>Ruconest</i>	N/A	Clinical criteria applies to this class

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IMMUNOMODULATORS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Cosentyx	Actemra	Rinvoq ER/liquid	Clinical criteria applies to this class
Enbrel	adalimumab biosimilars	Siliq	
Enbrel Mini	Amjevita	Simponi	
Humira	Bimzelx	Skyrizi	
Humira Pediatric	Cibinqo	Sotyktu	
	Cimzia	Spevigo	
	Cimzia Kit	Stelara	
	Enbrel vial	Taltz	
	Enspryng	tocilizumab biosimilars	
	Entyvio	Tremfya	
	Ilumya	ustekinumab biosimilars	
	Kevzara	Velsipity	
	Kineret	Xeljanz	
	Litfulo	Xeljanz solution	
	Olumiant	Xeljanz XR	
	OmvoH	Zeposia	
	Orencia	Zymfentra	
	Otezla		

IMMUNOSUPPRESSANTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
azathioprine	Astagraf XL	Myhibbin	N/A
cyclosporine (gen Neoral)	Azasan	Neoral *	
cyclosporine (gen Sandimmune)	Cellcept	Prograf caps *	
Gengraf	cyclosporine capsule	Prograf granules pack	
mycophenolate (gen Cellcept) cap/tab	Envarsus XR	Rezurock	
mycophenolic acid	everolimus	Sandimmune caps	
sirolimus tab	Imuran *	sirolimus soln	
tacrolimus caps	mycophenolate susp	Tavneos	
	Myfortic	Zortress	

IMMUNOMODULATORS, ASTHMA

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Dupixent	Nucala SQ Syringe/Auto-injector	N/A	Clinical criteria and quantity limits apply to this class
Fasenra SQ Syringe/Pen	Tezspire Pen		
Xolair			

IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Adbry %	Ebglyss %	tacrolimus ointment	% Clinical criteria applies
Dupixent %	Nemluvio %	Zoryve 0.15 % cream %	
Elidel	Opzelura %	Zoryve Foam %	
Eucrisa %	pimecrolimus (gen Elidel)		
	Protopic		

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IMMUNOMODULATORS, TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
imiquimod 5% (gen Aldara)	Aldara * Condylox gel imiquimod 3.75% (gen Zyclara)	Podofilox gel/sol Veregen Hyftor % Zyclara	N/A

METHOTREXATE PRODUCTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
methotrexate PF vial methotrexate tablet methotrexate vial	Jylamvo Otrexup Rasuvo Reditrex	Trexall Xatmep	N/A

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Alphagan P brimonidine 0.2% Combigan Simbrinza	apraclonidine brimonidine 0.1% & 0.15% (gen Alphagan P)	brimonidine/timolol (gen Combigan) lopidine	N/A

ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
neomycin/polymixin/dexamethasone Tobradex ointment Tobradex suspension (while available) tobramycin/dexamethasone susp	Blephamide ointment Maxitrol Drops/Oint * neomycin/bacitracin/ polymixin/HC neomycin/polymixin/HC	Pred-G ointment sulfacetamide/prednisolone Tobradex ST Zylet	N/A

ANTI-INFLAMMATORIES – NSAIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
diclofenac sodium flurbiprofen sodium	Acular Acular LS Acuvail bromfenac (gen Bromsite & Prolensa) Bromsite	Ilevro ketorolac ophth 0.4% (LS) ketorolac ophth 0.5% Nevanac Prolensa	N/A

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ANTI-INFLAMMATORIES – STEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
fluorometholone Lotemax drops/gel prednisolone acetate	dexamethasone difluprednate (gen Durezol) Durezol Flarex FML FML Forte FML SOP	Inveltys Lotemax ointment loteprednol (gen Lotemax) Maxidex Pred Forte Pred Mild prednisolone sod phos	N/A

BETA BLOCKERS – GLAUCOMA

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Combigan timolol solution timolol gel solution	betaxolol 0.5% Betimol carteolol Istalol levobunolol	timolol (gen Istalol) timolol (gen Timoptic Ocudose) Timoptic * Timoptic Ocudose Timoptic-XE *	N/A

GLAUCOMA, OTHERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
dorzolamide dorzolamide/timolol Rhopressa Rocklatan Simbrinza	Azopt brinzolamide (gen Azopt) Cosopt * Cosopt PF dorzolamide/timolol/PF (gen Cosopt PF)	Trusopt *	N/A

OPHTHALMIC ALLERGIC CONJUNCTIVITIS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
cromolyn sodium ketotifen OTC (brand & generic) olopatadine 0.2% OTC Zaditor OTC	Alrex Azelastine bepotastine (gen Bepreve) Bepreve epinastine	Lastacaft loteprednol (gen Alrex) olopatadine 0.1% Rx Pataday Zerviate	N/A

OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Restasis Multidose Restasis Unit Dose Xiidra	Cequa cyclosporine (gen Restasis) Eysuvis Miebo	Tyrvaya Verkazia Vevye	N/A

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OPHTHALMIC PROSTAGLANDIN AGONISTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
latanoprost	bimatoprost (gen Lumigan 0.03%) Iyuzeh Lumigan 0.01% tafluprost (gen Zioptan) travoprost	Vyzulta Xalatan * Xelpros Zioptan	N/A

OPHTHALMIC QUINOLONES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
ciprofloxacin drops moxifloxacin ofloxacin drops	Besivance Ciloxan drops*/ointment gatifloxacin levofloxacin	Moxeza Ocuflox * Vigamox Zymaxid	N/A

OTICS

OTIC ANTI-INFECTIVES AND ANESTHETICS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
acetic acid	acetic acid HC	N/A	N/A

OTIC ANTIBIOTICS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Ciprodex (while available) ciproflox/dexameth otic susp (gen Ciprodex) neomycin/polymixin/HC soln/susp ofloxacin drops	Cipro HC ciprofloxacin HCl otic	ciproflox/fluocinolone Coly-Mycin S Cortisporin-TC otic susp Otovel	N/A

OTIC ANTI-INFLAMMATORY

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Dermotic Oil fluocinolone acetonide oil	Flac Otic Oil	N/A	N/A

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
ambrisentan (gen Letairis) Tracleer	bosentan (gen Tracleer) Letairis	Opsumit Opsynvi	Clinical criteria applies to this class

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PROSTACYCLINS FOR PAH, INHALATION AND ORAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Tyvaso Inh Sol Ventavis Inh	Orenitram ER/titration kit Tyvaso DPI	Uptravi Uptravi Dose Pak	Clinical criteria applies to this class

PDE INHIBITORS AND OTHERS FOR PPH/PAH

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Alyq 20mg (gen Adcirca) sildenafil tabs (gen Revatio) tadalafil 20mg (gen Adcirca)	Adcirca Adempas Liqrev	Revatio tabs/susp sildenafil susp (gen Revatio) Tadliq susp	Clinical criteria applies to this class

PLATELET AGGREGATION INHIBITORS

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Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
aspirin aspirin-dipyridamole Brilinta clopidogrel dipyridamole prasugrel	Effient * Plavix * ticagrelor (gen Brilinta)	Zontivity	N/A

RESPIRATORY

COPD AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Anoro Ellipta Atrovent HFA Combivent Respimat ipratropium neb ipratropium/albuterol neb roflumilast (gen Daliresp) % Spiriva HandiHaler Stiolto Respimat	Bevespi Breztri Aerosphere Daliresp % Duaklir Pressair Incruse Ellipta Ohtuvayre % Seebri Neohaler	Spiriva Respimat tiotropium (gen Spiriva handihaler) Trelegy Ellipta Tudorza umeclidinium/vilanterol (gen Anoro Ellipta) Yupelri	% Clinical criteria applies Non-preferred combination products require trial of combination of preferred products with all requested MOAs

ANTI-ALLERGENS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
N/A	Grastek Odactra Oralair Palforzia	Ragwitek	Clinical criteria applies to this class

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ANTI-HISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
cetirizine solution 1mg/ml OTC cetirizine syrup 1mg/ml Rx cetirizine tablets OTC levocetirizine tablets Rx and OTC loratadine syrup OTC loratadine tablets OTC	<i>cetirizine chewable OTC</i> <i>cetirizine soln 5mg/5mL OTC (unit dose)</i> <i>cetirizine-D OTC</i> <i>Clarinex</i> <i>Clarinex-D</i> <i>desloratadine</i>	<i>fexofenadine tabs OTC</i> <i>fexofenadine-D OTC</i> <i>levocetirizine soln</i> <i>loratadine chewable OTC</i> <i>loratadine-D OTC</i> <i>loratadine ODT OTC</i>	N/A

BETA AGONISTS: SHORT-ACTING MDI AND NEBS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
albuterol nebs Ventolin HFA Xopenex HFA	<i>albuterol HFA (generic Proair 8.5g)</i> <i>albuterol HFA (generic Proventil 6.7g)</i> <i>Airsupra</i>	<i>levalbuterol HFA</i> <i>levalbuterol inh soln</i> <i>ProAir Respiclick</i> <i>Xopenex inh soln</i>	Non-preferred combination products require trial of combination of preferred products with all requested MOAs

BETA AGONISTS: LONG-ACTING MDI & NEBS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Serevent Diskus	<i>arformoterol (gen Brovana)</i> <i>Brovana</i>	<i>formoterol (gen Perforomist)</i> <i>Perforomist</i> <i>Striverdi Respimat</i>	N/A

BETA AGONISTS: COMBINATION PRODUCTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Advair Diskus Advair HFA Dulera Symbicort	<i>AirDuo</i> <i>Breo Ellipta</i> <i>Breyna</i> <i>budesonide/formoterol (gen Symbicort)</i> <i>fluticasone/salmeterol (generic Advair)</i>	<i>fluticasone/salmeterol (generic Airduo)</i> <i>fluticasone/vilanterol (generic Breo Ellipta)</i> <i>Wixela</i>	N/A

CORTICOSTEROIDS INHALED

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Alvesco Arnuity Ellipta Asmanex HFA Asmanex Twisthaler fluticasone HFA Pulmicort Flexhaler Pulmicort Respules Qvar Redihaler	<i>Airsupra</i> <i>budesonide respules</i>	<i>Flovent Diskus</i> <i>Fluticasone Diskus (generic Flovent)</i>	Non-preferred combination products require trial of combination of preferred products with all requested MOAs

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EPINEPHRINE – SELF ADMINISTERED

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Epipen/Epipen Jr epinephrine, self-injected (Mfr. Mylan only)	Auvi-Q epinephrine, self-injected	Neffy Spray Symjepi	N/A

GLUCOCORTICOIDS, ORAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
budesonide EC dexamethasone Intensol dexamethasone solution and tablet hydrocortisone methylprednisolone 4mg methylprednisolone tab DS pak prednisolone sodium phos sol (gen Pediapred) prednisolone solution prednisone solution prednisone tab DS pak prednisone tablet	Alkindi Sprinkle Cortef cortisone Decadron dexamethasone elixir dexamethasone pak (gen Dexpak) Eohilia Hemady Medrol Medrol DS PK methylprednisolone 8mg, 16mg, and 32mg tabs	Millipred DP tab DS Pk Millipred tablet Ortikos Prednisone Intensol prednisolone ODT prednisolone sod phos sol (gen Millipred & Veripred) Rayos % Taperdex (gen Dexpak) Tarpeyo	% Clinical criteria applies

IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
pirfenidone (generic Esbriet) Ofev	Esbriet	N/A	Clinical criteria applies to this class

INTRANASAL ANTIHISTAMINES AND OTHERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
azelastine 0.1% (generic Astelin) ipratropium nasal	azelastine 0.15% (generic Astepro)	olopatadine	N/A

INTRANASAL CORTICOSTEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
fluticasone RX Nasonex OTC	azelastine/fluticasone budesonide nasal Dymista flunisolide fluticasone OTC mometasone Rx and OTC	Nasonex Omnaris Qnasl Ryaltris triamcinolone OTC Xhance Zetonna	Non-preferred combination products require trial of combination of preferred products with all requested MOAs

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LEUKOTRIENE RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
montelukast tablet/chew tablet	Accolate montelukast gran pak	Singulair tablet/chew tab * zafirlukast	N/A

TOBACCO CESSATION

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
bupropion SR (gen Zyban)	Nicotrol Inhaler %	N/A	Quantity limits apply to class
nicotine chewing gum OTC	Nicotrol Nasal Spray %		
nicotine lozenge OTC			% Clinical criteria applies
nicotine transdermal OTC			
varenicline (gen Chantix)			

TOPICAL AGENTS

ANTIPARASITICS – TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Natroba	Eurax Cream	Ovide	Monthly limits apply – One application per 34 days.
permethrin cream	Eurax Lotion	piperonyl butoxide/pyrethrins kit	
permethrin OTC	Ivermectin 0.5% (gen Sklice)	OTC	
piperonyl butoxide/pyrethrins shampoo OTC	malathion	spinosad	
		Vanallice	

ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
calcipotriene cream	calcipotriene foam/oint	Enstilar foam	Clinical criteria applies to this class
calcipotriene solution	calcipotriene-betameth oint/scalp	Sorilux	
	calcitriol	Taclonex ointment/scalp	
	Dovonex cream	Vectical	
	Duobrii	Vtama	
		Zoryve 0.3% cream	

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MISC ACNE, TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
clindamycin/benzoyl peroxide (Duac 1.2-5%)	Acanya Gel	dapsone	Trial of 2 preferred agents required
clindamycin phosphate gel (gen Cleocin T 1%)	Aczone	Ery pads	
clindamycin phosphate solution	Amzeeq	erythromycin swab	
Erygel	Arazlo	erythromycin-benzoyl peroxide	
erythromycin gel/solution	Avar products	Evoclin	
	Benzaclin	Klaron	
	Benzamycin	Neuac	
	benzoyl peroxide	Onexton	
	BP-10-1	Ovace/Ovace Plus	
	Cabtreo	Rosanil	
	Cleocin-T	Rosula	
	Clindacin	SSS 10-5	
	Clindagel	sulfacetamide	
	clindamycin/benzoyl perox. (Benzaclin 1-5%)	sulfacetamide/sulfur	
	clindamycin/benzoyl perox. (Acanya 1.2-2.5%)	sulfacetamide/sulfur/urea	
	clindamycin/benzoyl perox. (gen Onexton w/Pump)	sulfacetamide sodium	
	clindamycin phosphate foam/lotion/swab	sulfacetamide sodium/sulfur	
	clindamycin phosphate gel (gen Clindagel 1%)	Sumadan products	
		Sumaxin products	
		Winlevi	
		ZMA Clear	

TOPICAL RETINOIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
adapalene gel 0.3% Rx	adapalene cream/gel pump	Epiduo Forte	Requires clinical PA if > 26 years old.
Retin-A	adapalene gel OTC	Fabior	
	adapalene/benzoyl peroxide	Retin-A Micro pump and tube	
	Aklief	tazarotene foam (gen Fabior)	
	Altreno	tazarotene cream/gel (gen Tazorac)	
	Atralin		
	clindamycin/tretinoin gel	tretinoin cream/gel	
	Differin cream/gel/lotion	tretinoin microspheres	
		Twynéo	
		Ziana	

TOPICAL, ROSACEA AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
metronidazole cream	azelaic acid (gen Finacea gel)	metronidazole gel (pump)	N/A
metronidazole gel (tube)	brimonidine gel pump (gen Mirvaso)	metronidazole kit/lotion Noritate	
	Epsolay	Mirvaso	
	Finacea foam	Rhofade	
	ivermectin 1% cr (gen Soolantra)	Rosadan kit	
	Metrocream	Soolantra	
	Metrogel	Zilxi	

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LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Derma-Smoothe FS hydrocortisone cream/oint 1% Rx hydrocortisone cream/oint/lot 2.5%	<i>alclometasone dipro cream/ ointment</i> <i>Aqua-Glycolic HC</i> <i>Capex shampoo</i> <i>desonide cream/lot/oint</i>	<i>fluocinolone 0.01% oil</i> <i>Hydrocort Lot</i> <i>hydrocortisone lot kit</i> <i>hydrocortisone sol</i> <i>Hydroxym gel</i> <i>Texacort</i>	N/A

MEDIUM POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
fluticasone propionate cream/oint mometasone furoate cream mometasone furoate oint mometasone furoate soln triamcinolone 0.1% paste (dental)	<i>Beser lotion/Kit</i> <i>betamethasone val foam 0.12%</i> <i>clocortolone</i> <i>Cloderm</i> <i>Cordran tape (if rebateable product available)</i> <i>Cutivate</i> <i>fluocinolone acetonide cream/oint/solution</i> <i>flurandrenolide cr/oint/lot</i> <i>fluticasone propionate lot</i>	<i>hydrocortisone butyrate (brand and generic all forms)</i> <i>hydrocortisone valerate cream/oint</i> <i>Luxiq Foam</i> <i>Oralene 0.1% paste</i> <i>prednicarbate cream</i> <i>prednicarbate oint</i> <i>Synalar</i> <i>Synalar TS</i>	N/A

HIGH POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
betamethasone val cream betamethasone val oint triamcinolone acetonide cream triamcinolone acetonide lotion 0.025%, 0.1% triamcinolone acetonide oint	<i>amcinonide</i> <i>betamethasone dipropionate</i> <i>betamet diprop / prop glycol</i> <i>betamethasone val lotion</i> <i>desoximetasone</i> <i>diflorasone diacetate</i> <i>Diprolene</i> <i>Fluocinonide</i> <i>halcinonide 0.1% cr</i>	<i>halcinonide solution</i> <i>Halog</i> <i>Kenalog Aerosol</i> <i>Psorcon</i> <i>SanadermRX</i> <i>Topicort</i> <i>triamcinolone spray</i> <i>Trianex ointment</i> <i>Vanos</i>	N/A

VERY HIGH POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
clobetasol prop (crm, oint, sol, gel, shmp)	<i>Apexicon E</i> <i>Bryhali</i> <i>clobetasol emollient cream/foam</i> <i>clobetasol lot/spray</i> <i>clobetasol propionate foam</i> <i>Clobex shampoo/spray</i> <i>Clodan</i>	<i>halobetasol propionate cream/foam/oint</i> <i>Impeklo Lotion</i> <i>Lexette</i> <i>Olux/Olux-E</i> <i>Temovate</i> <i>Tovet foam/kit</i> <i>Ultravate lotion</i>	N/A

Montana Healthcare Programs Preferred Drug List (PDL)

Revised May 29, 2025

*Indicates a generic is available without prior authorization

Clinical criteria can be found here: [Pharmacy Services - Mountain Pacific](#) Grandfathering of medications does not apply if samples, patient assistance or cash pay have been used to bypass criteria or PDL placement.

This list may not include all available generic formulations listed specifically by name

Note: Brand Named Drugs are capitalized, generic drugs start with lower case letters.

BRAND OVER GENERIC PREFERENCES FOR NON-REVIEWED DRUG CLASSES

In addition to the preferred brands listed in the above classes, these brands are also preferred over their generics

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Nuvaring	etonogestrel/ethinyl estradiol vaginal ring	N/A	Use of generic will require prior authorization and clinical rationale
Keveyis	dichlorphenamide		
Zavesca	miglustat		