

Montana Medicaid Preferred Drug List (PDL)

Revised 06/12/19

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ANALGESICS

ANALGESICS, NARCOTIC – LONG-ACTING

Preferred Agents	Non-Preferred	"	Limitations
Butrans Patch #	<i>Arymo #</i>	<i>morphine ER (Avinza) #</i>	No more than one long acting opioid allowed. # Quantity limits apply % Clinical criteria applies MME restriction applies to this class
Embeda #	<i>Belbuca% #</i>	<i>morphine sulfate ER cap (Kadian) #</i>	
morphine sulfate SR tab #	<i>buprenorphine # (Generic for Butrans)</i>	<i>MS Contin * #</i>	
	<i>Conzip ER % #</i>	<i>Nucynta ER % #</i>	
	<i>Duragesic patch * #</i>	<i>Opana/ER</i>	
	<i>Exalgo</i>	<i>oxycodone ER #</i>	
	<i>fentanyl patch #</i>	<i>OxyContin #</i>	
	<i>hydromorphone ER tab</i>	<i>oxymorphone ER #</i>	
	<i>Hysingla ER % #</i>	<i>tramadol ER % #</i>	
	<i>Kadian #</i>	<i>Xtampza ER #</i>	
	<i>Morphabond ER #</i>	<i>Zohydro ER %</i>	

ANTI-MIGRAINE

Preferred Agents	Non-Preferred	"	Limitations
Emgality %	<i>Aimovig %</i>	<i>Maxalt *</i>	Quantity limits apply to this class % Clinical criteria applies
Relpax	<i>Ajovy %</i>	<i>Maxalt MLT *</i>	
rizatriptan ODT	<i>almotriptan</i>	<i>naratriptan</i>	
rizatriptan tablet	<i>Amerge</i>	<i>Onzetra Xsail</i>	
sumatriptan tablets, vial, nasal spray, syringe, cartridge	<i>Cambia %</i>	<i>sumatriptan syringe (SUN Mfr)</i>	
	<i>eletriptan (gen Relpax)</i>	<i>sumatriptan/naproxen 85-500</i>	
	<i>Frova</i>	<i>Sumavel Dosepro%</i>	
	<i>frovatriptan</i>	<i>Treximet</i>	
	<i>Imitrex * all forms</i>	<i>Zembrace</i>	
		<i>Zolmitriptan all forms</i>	
		<i>Zomig all forms</i>	

NSAIDS

Preferred Agents	Non-Preferred	"	"	Limitations
celecoxib 100mg and 200mg	<i>Arthrotec</i>	<i>Feldene</i>	<i>naproxen sodium</i>	# Quantity limits apply % Clinical criteria applies
diclofenac sodium EC/DR	<i>Celebrex *</i>	<i>fenoprofen</i>	<i>Rx (gen Anaprox)</i>	
ibuprofen tablet Rx	<i>celecoxib 50mg and 400mg</i>	<i>Flector #</i>	<i>naproxen suspension</i>	
indomethacin capsule IR	<i>Daypro</i>	<i>ibuprofen susp</i>	<i>oxaprozin</i>	
ketorolac (oral) #	<i>diclofenac</i>	<i>Indocin supp</i>	<i>Pennsaid #</i>	
meloxicam tablet	<i>potassium</i>	<i>/suspension</i>	<i>piroxicam</i>	
naproxen tablet (Naprosyn)	<i>diclofenac sodium ER/SR</i>	<i>indomethacin capsule ER</i>	<i>Ponstel</i>	
sulindac	<i>diclofenac sodium /misoprostol</i>	<i>ketoprofen/ER</i>	<i>Sprix %</i>	
Voltaren gel #	<i>diclofenac sodium /misoprostol</i>	<i>meclofenamate</i>	<i>Tivorbex</i>	
	<i>diclofenac topical & transdermal #</i>	<i>mefenamic acid</i>	<i>tolmetin sodium</i>	
	<i>diflunisal</i>	<i>Mobic</i>	<i>Vimovo %</i>	
	<i>Duexis</i>	<i>nabumetone</i>	<i>Vivlodex</i>	
	<i>etodolac</i>	<i>Nalfon</i>	<i>Xrylix Kit</i>	
	<i>etodolac tab SR</i>	<i>Naprelan</i>	<i>Zipsor %</i>	
		<i>naproxen EC</i>	<i>Zorvolex</i>	

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NEUROPATHIC PAIN

Preferred Agents	Non-Preferred	"	Limitations
duloxetine (all except 40mg) gabapentin capsule μ gabapentin solution μ gabapentin tablet μ Lyrica Capsule μ +	<i>Cymbalta *</i> <i>duloxetine 40 mg cap</i> <i>Gralise % μ</i> <i>Horizant % μ</i> <i>lidocaine patch #</i>	<i>Lidoderm #</i> <i>Lyrica Solution % μ</i> <i>Lyrica CR μ</i> <i>Neurontin μ</i> <i>Qutenza</i> <i>Savella %</i> <i>Ztlido</i>	% Clinical criteria applies μ Cross Duplication not allowed # Quantity limits apply + Dose optimization applies Cymbalta/duloxetine/ Savella concurrent use not allowed

OPIOID REVERSAL AGENTS

Preferred Agents	Non-Preferred		Limitations
naloxone syringe naloxone vial Narcan Nasal Spray			N/A

OPIOID USE DISORDER TREATMENTS

Preferred Agents	Non-Preferred	"	Limitations
naltrexone Suboxone Film %	<i>Bunavail %</i> <i>buprenorphine SL %</i> <i>buprenorphine/naloxone</i> <i>SL films/tabs %</i>	<i>Lucemyra %</i> <i>Zubsolv %</i>	% Clinical criteria applies

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ANTI-INFECTIVES

ANTIBIOTICS: 2ND GENERATION QUINOLONES

Preferred Agents	Non-Preferred	"	Limitations
Cipro suspension ciprofloxacin tablet	Cipro tabs * Cipro XR ciprofloxacin susp	ciprofloxacin ER ofloxacin	N/A

ANTIBIOTICS: 3RD GENERATION QUINOLONES

Preferred Agents	Non-Preferred	"	Limitations
levofloxacin tablet	Baxdela Levaquin *	levofloxacin solution moxifloxacin	N/A

ANTIBIOTICS, GI

Preferred Agents	Non-Preferred	"	Limitations
Firvanq metronidazole tablet vancomycin HCl	Difcid % Flagyl metronidazole capsule neomycin sulfate paromomycin	Solosec Tindamax tinidazole Vancocin * Xifaxan	% Clinical criteria applies

ANTIBIOTICS: INHALED

Preferred Agents	Non-Preferred	"	Limitations
Bethkis Kitabis TobiPodhaler (requires trial of 1 other preferred product)	Arikayce Cayston Tobi	tobramycin inhalation	Clinical criteria applies to class

ANTIBIOTICS: MACROLIDES/KETOLIDES

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

ANTIBIOTICS: 2ND GENERATION CEPHALOSPORINS

Preferred Agents	Non-Preferred	"	Limitations
cefprozil suspension cefuroxime	cefaclor capsule cefaclor suspension	cefaclor ER cefprozil tablet	N/A

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

Preferred Agents	Non-Preferred	"	Limitations
cefdinir Suprax capsule	cefixime caps/susp cefpodoxime	Suprax chewable/suspension	N/A

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ANTIBIOTICS: TETRACYCLINES

Preferred Agents	Non-Preferred	"	Limitations
doxycycline hyclate capsule doxycycline monohydrate 50mg and 100mg capsule doxycycline monohydrate tablet minocycline capsules	<i>demeclocycline</i> <i>Doryx</i> <i>doxycycline hyclate tabs</i> <i>doxycycline hyclate DR tab</i> <i>doxycycline IR-DR 40mg cap% (gen Oracea)</i> <i>doxycycline suspension</i> <i>doxycycline monohydrate 75mg and 150mg capsule</i>	<i>Minocin</i> <i>minocycline tablet</i> <i>minocycline ER</i> <i>Morgidox Kit</i> <i>Nuzyra</i> <i>Oracea %</i> <i>Solodyn %</i> <i>tetracycline</i> <i>Vibramycin</i> <i>Ximino ER</i>	% Clinical criteria applies

ANTIBIOTICS, TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
mupirocin ointment #	<i>Bactroban</i> <i>Centany</i>	<i>Centany AT</i> <i>mupirocin cream</i>	# Quantity limits apply

ANTIBIOTICS, VAGINAL

Preferred Agents	Non-Preferred	"	Limitations
Cleocin ovules Clindesse metronidazole vaginal 0.75% gel Nuessa vaginal gel	<i>Cleocin cream</i> <i>clindamycin vaginal 2% cream</i>	<i>Metrogel vaginal gel *</i> <i>Vandazole</i>	N/A

ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred	"	Limitations
clotrimazole fluconazole griseofulvin suspension nystatin suspension terbinafine	<i>Ancobon</i> <i>Cresemba</i> <i>Diflucan *</i> <i>flucytosine</i> <i>griseofulvin micro</i> <i>griseofulvin ultra</i> <i>Gris-peg</i> <i>itraconazole caps & sol</i> <i>ketoconazole %</i>	<i>Noxafil</i> <i>nystatin oral powder</i> <i>nystatin oral tablet</i> <i>Onmel</i> <i>Oravig</i> <i>Sporanox</i> <i>Tolsura</i> <i>Vfend</i> <i>voriconazole</i>	% Clinical criteria applies

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ANTIFUNGALS AND COMBOS, TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
Cicloclan 8% solution ciclopirox 8% solution clotrimazole cream/solution clotrimazole/betamethasone cream ketoconazole cream/shampoo nystatin cream/oint/powder	Bensal HP Cicloclan cream/kit ciclopirox (Cicloclan/Loprox) cr/gel/kit/shmp/susp clotrim/betameth lotion Dermacinrx Therazole pk econazole cream Ertaczo cream Exelderm cream/sol Extina foam Jublia soln % Kerydin soln ketoconazole foam Loprox shmp/cream/susp	Lotrisone cream * luliconazole cream Luzu cream Mentax cream miconazole cream/oint/spray miconazole/zinc oxide/ petrolatum (gen Vusion) naftifine cream Naftin cream/gel Nizoral shampoo * nystatin/triamcin cream/oint oxiconazole cream Oxistat cream/lotion Penlac Vusion Xolegel	

ANTIVIRALS: HERPES – ORAL AGENTS

Preferred Agents	Non-Preferred	"	Limitations
acyclovir cap/tab/susp famciclovir valacyclovir	Sitavig Buccal	Valtrex * Zovirax cap/tab/susp	N/A

ANTIVIRALS: INFLUENZA

Preferred Agents	Non-Preferred	"	Limitations
Relenza rimantadine HCl Tamiflu	flumadine oseltamivir suspension and capsules Xofluza		N/A

ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
Zovirax Cream	acyclovir cream/oint Denavir Xerese	Zovirax Ointment	N/A

HEPATITIS C: PEGYLATED INTERFERONS

Preferred Agents	Non-Preferred	"	Limitations
Pegasys ProClick & syringe PEG-Intron			Clinical criteria applies to this class

HEPATITIS C: OTHER

Preferred Agents	Non-Preferred	"	Limitations
Mavyret	Daklinza Epclusa Harvoni ledipasvir-sofosbuvir	sofosbuvir-velpatasvir Sovaldi Vosevi Zepatier	Clinical criteria applies to this class

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HEPATITIS C: RIBAVIRIN PRODUCTS

Preferred Agents	Non-Preferred	"	Limitations
ribavirin capsules and tablets	<i>Moderiba</i>	<i>Rebetol</i> <i>Ribasphere</i>	Clinical criteria applies to this class

CARDIOVASCULAR

ACE INHIBITORS

Preferred Agents	Non-Preferred	"	Limitations
benazepril lisinopril	<i>Accupril</i> <i>Altace</i> <i>captopril</i> <i>enalapril</i> <i>Epaned</i> <i>Epaned Oral Soln</i> <i>fosinopril</i> <i>Lotensin *</i>	<i>moexipril</i> <i>perindopril</i> <i>Prinivil *</i> <i>Qbrelis</i> <i>quinapril</i> <i>ramipril</i> <i>trandolapril</i> <i>Vasotec</i> <i>Zestril *</i>	Trial of 2 preferred agents required

ACE INHIBITOR COMBINATIONS

Preferred Agents	Non-Preferred	"	Limitations
enalapril w/HCTZ lisinopril w/HCTZ	<i>Accuretic</i> benazepril w/HCTZ <i>captopril w/HCTZ</i> <i>fosinopril w/HCTZ</i> <i>Lotensin HCT</i>	<i>moexipril w/HCTZ</i> <i>Prestalia</i> <i>quinapril w/HCTZ</i> <i>Vaseretic *</i> <i>Zestoretic *</i>	Trial of 2 preferred agents required

ANGIOTENSIN MODULATOR

Preferred Agents	Non-Preferred	"	Limitations
irbesartan losartan valsartan	<i>Atacand</i> <i>Avapro *</i> <i>Benicar</i> <i>candesartan</i> <i>Cozaar *</i> <i>Diovan *</i>	<i>Edarbi</i> <i>Entresto %</i> <i>eprosartan</i> <i>Micardis</i> <i>olmesartan</i> <i>telmisartan</i>	Trial of 2 preferred agents required % Clinical criteria applies

ANGIOTENSIN II RECEPTOR BLOCKER COMBOS

Preferred Agents	Non-Preferred	"	Limitations
losartan-HCTZ valsartan HCT	<i>Atacand HCT</i> <i>Avalide</i> <i>Benicar HCT</i> <i>Byvalson %</i> <i>candesartan/HCTZ</i> <i>Diovan HCT *</i>	<i>Edarbyclor</i> <i>Hyzaar *</i> <i>irbesartan/HCTZ</i> <i>Micardis HCT</i> <i>olmesartan/HCTZ</i> <i>telmisartan/HCTZ</i>	N/A

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ANGIOTENSION MODULATOR COMBINATIONS

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

ANTIANGINAL & ANTIISCHEMIC

Preferred Agents	Non-Preferred	"	Limitations
Ranexa ER	N/A		N/A

ANTIHYPERTENSIVES, SYMPATHOLYTICS

Preferred Agents	"	Non-Preferred	"	Limitations
Catapres-TTS clonidine IR oral guanfacine IR	methyldopa methyldopa/HCTZ	Catapres oral * clonidine transdermal		N/A

BETA BLOCKERS AND COMBINATIONS

Preferred Agents	Non-Preferred	"	Limitations
atenolol carvedilol metoprolol succinate ER metoprolol tartrate propranolol IR	acebutolol/Sectral atenolol/chlorthalidone betaxolol bisoprolol (gen Zebeta) bisoprolol/HCTZ Bystolic Byvalson % carvedilol ER Coreg */Coreg CR Corzide Hemangeol Inderal LA & XL Innopran XL Kapsargo Sprinkle labetalol (gen Trandate)	Lopressor* metoprolol/HCTZ nadolol/Corgard nadolol/bendroflumethazide pindolol propranolol/HCTZ propranolol ER sotalol/Betapace /Batapace AF /Sorine Sotylize Tenormin /Tenoretic timolol Toprol XL * Ziac	Trial of 2 preferred agents required with the exception of Coreg CR which only requires a trial of IR agent % Clinical criteria applies

CALCIUM CHANNEL BLOCKERS (DHP)

Preferred Agents	Non-Preferred	"	Limitations
amlodipine nifedipine ER (generic for Procardia XL)	Adalat CC felodipine ER isradipine nicardipine HCl nifedipine IR/Procardia nimodipine	nisoldipine ER Norvasc * Nymalize Procardia XL * Sular (reformulated)	N/A

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CALCIUM CHANNEL BLOCKERS (NON-DHP)

Preferred Agents	Non-Preferred	"	Limitations
Cartia XT	Calan/Calan SR	Tiazac 420	N/A
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	"	Limitations
N/A	aliskiren Tekturna	Tekturna HCT	Clinical criteria applies to this class

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

Preferred Agents	Non-Preferred	"	Limitations
atorvastatin	Altoprev	Lescol XL	% Clinical criteria applies
ezetimibe	amlodipine-atorvastatin	Lipitor *	
lovastatin	Caduet	Livalo	
pravastatin	Crestor *	Pravachol *	
rosuvastatin	ezetimibe/simvastatin%	Vytorin %	
simvastatin %	fluvastatin	Zetia *	
	fluvastatin XL	Zocor % Zypitamag	

LIPOTROPICS: OTHERS

Preferred Agents	Non-Preferred	"	Limitations
cholestyramine/aspartame	Antara	Lopid *	% Clinical criteria applies
cholestyramine/sucrose	colesevelam tab & powder (gen	Lovaza %	
colestipol tablets	Welchol)	Niacor	
fenofibrate – (generic Tricor)	Colestid granules & tabs	Niaspan *	
gemfibrozil	colestipol granules	omega-3 ethyl esters %	
niacin ER	fenofibrate – gen Antara	Praluent %	
Prevalite	fenofibrate – gen Lipofen	Questran *	
	fenofibrate – gen Lofibra	Questran Light *	
	fenofibric acid – gen Fibracor	Repatha %	
	fenofibric acid – gen Trilipix	Tricor *	
	Fenoglide	Triglide	
	Fibracor	Trilipix	
	Juxtapid %	Vascepa %	
	Lipofen	Welchol tab & powder	

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CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

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

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

Preferred Agents	Non-Preferred	"	Limitations
memantine tablet	memantine sol/dosepak memantine ER Namenda tab, dosepak	Namenda XR Namzaric	Clinical criteria applies to this class

ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

Preferred Agents	Non-Preferred	"	Limitations
carbamazepine chew tabs carbamazepine tab and susp @ carbamazepine ER – generic for Carbatrol ER	carbamazepine XR Eptol oxcarbazepine susp oxcarbazepine tabs Aptiom Carbatrol * Equetro Oxtellar XR Tegretol XR	Tegretol tablets and suspension * @ Trileptal oral suspension * @ Trileptal tablets *	Note: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA

ANTI-CONVULSANTS: FIRST GENERATION

Preferred Agents	"	Non-Preferred	"	Limitations
Dilantin 30mg Kapseal Dilantin 50mg chew tab divalproex sodium IR and ER divalproex sodium sprinkle ethosuximide caps and susp phenobarbital	phenytoin caps and suspension phenytoin infatabs primidone valproic acid capsule and syrup	Celontin Depakene caps and syrup @ Depakote IR and ER * Depakote sprinkle * Dilantin capsule * Dilantin-125 oral suspension *@	felbamate Felbatol tabs and susp Mysoline * Peganone Phenytek Zarontin Cap/Syr @	Note: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA

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ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

Preferred Agents	Non-Preferred	"	Limitations
Diastat rectal %	Banzel %	Lyrica CR μ	Note: DAW 7 may be used ONLY for seizure diagnosis
gabapentin capsule μ	Briviact	Neurontin solution @ μ	
gabapentin solution μ	clobazam tab & susp %	Neurontin tablet/capsule * μ	@ Alternative dosage forms require PA
gabapentin tablet μ	diazepam rectal %	Onfi %	
Lamictal Starter tabs	Epidiolex %	Qudexy XR	% Clinical criteria applies
lamotrigine IR tabs & chews/dispersible	Fycompa	Roweepra tab & XR	
levetiracetam IR	Gabitril %	Sabril	μ Cross duplication not allowed between gabapentin and Lyrica
levetiracetam solution	Keppra * @	Spritam	
Lyrica capsule μ	Keppra XR	Sympazan % @	
topiramate tablets	Lamictal *	tiagabine	
zonisamide	Lamictal ODT & ODT Starter pak @	Topamax Sprinkle Cap @	
	Lamictal XR %	Topamax tablet *	
	lamotrigine dose pak	topiramate sprinkle cap @	
	lamotrigine ER %	topiramate ER	
	lamotrigine ODT @	Trokendi XR	
	levetiracetam ER	vigabatrin powder (gen Sabril)	
	Lyrica solution μ	vigabatrin tablet	
		Vimpat %	

ANTI-DEPRESSANTS: SSRIS

Preferred Agents	Non-Preferred	"	Limitations
citalopram # (limit 40 mg/day)	Brisdelle	paroxetine 7.5mg	Trial of 2 preferred agents required
escitalopram tablet #	Celexa * #	paroxetine CR	
fluoxetine capsules	escitalopram solution #	Paxil *	% Clinical criteria applies
fluoxetine solution	fluoxetine 20mg and 60mg tablet	Paxil CR	
fluoxetine 10 mg tablet	fluoxetine DR	Paxil Susp	# Dose limits apply
fluvoxamine	fluvoxamine CR	Pexeva	
paroxetine	Lexapro * #	Prozac *	
sertraline		Prozac Weekly %	
		Sarafem %	
		Zoloft *	

ANTI-DEPRESSANTS: NOVEL

Preferred Agents	Non-Preferred	"	Limitations
bupropion IR	Aplenzin	Khedezla ER	Trial of 2 preferred agents required (excluding trazodone)
bupropion SR and XL 150mg & 300mg	Brintellix	mirtazapine rapdis @	
duloxetine (except 40mg)	bupropion XL 450mg (gen Forfivo)	Pristiq ER #	# Quantity limits apply
mirtazapine	Cymbalta *	Remeron *	
trazodone	desvenlafaxine ER	Remeron SolTab @	@ Alternative dosage forms require PA
venlafaxine IR	desvenlafaxine fum ER	Trintellix	
venlafaxine ER caps 24H	desvenlafaxine suc ER	venlafaxine ER tabs	
	duloxetine 40mg	Viibryd	
	Effexor XR *	Viibryd DS PK	
	Fetzima	Wellbutrin SR and XL *	
	Forfivo XL		

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ADHD/CNS STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred	"	Limitations
Adderall XR amphetamine salt IR combo (generic for Adderall) Aptensio XR Concerta Focalin Focalin XR methylphenidate IR (generic for Ritalin) Quillichew ER @ Quillivant XR @ Vyvanse Cap #1	Adzenys XR @ amphetamine sulfate (gen Evekeo) Cotempla XR ODT Daytrana @ Dexedrine SA Dexedrine Tabs dexmethylphenidate dexmethylphenidate ER dextroamphetamine SA (generic for Dexedrine SA) dextroamphetamine tab/soln dextroamp-amphet ER Dyanavel XR Evekeo Metadate CD/ER Methylin solution @ methylphenidate CD methylphenidate chew & solution	methylphenidate ER cap methylphenidate ER tab 10 and 20mg (generic for Ritalin SR Tab) methylphenidate ER tab 18 mg, 27, 36, 54 mg (generic for Concerta) methylphenidate LA methylphenidate SR cap (20, 30, 40mg) Mydayis Procentra Relexxii ER Ritalin * Ritalin LA Vyvanse Chewable @ Zenedi	Trial of 2 preferred agents required for stimulants Quantity limits apply to class @ Alternative dosage forms require PA #1 Dose limit 1/day
atomoxetine guanfacine ER clonidine IR	clonidine ER % Intuniv	Strattera *	% Clinical criteria applies

ATYPICAL ANTIPSYCHOTICS

Preferred Agents	Non-Preferred	"	Limitations
Abilify Maintena @ aripiprazole tablets Aristada @ Aristada Initio @ clozapine tablet Invega Sustenna @ Invega Trinza @ Latuda olanzapine olanzapine ODT @ quetiapine quetiapine ER Risperdal Consta @ risperidone solution @ risperidone tablet ziprasidone HCl Zyprexa Relprevv @	Abilify Mycite % Abilify tablet * Adasuve aripiprazole sol/ODT clozapine ODT @ Clozaril * Fanapt Fanapt titration pack Fazaclo Geodon * Invega Nuplazid olanzapine/fluoxetine paliperidone ER Perseris @ Rexulti % Risperdal *	risperidone tab rapdis @ Saphris Seroquel IR & XR * Symbyax Versacloz Vraylar % Zyprexa tablet * Zyprexa Zydis * @	Dose optimization edits apply to many in class @ Alternative dosage forms require PA # Dose limits apply % Clinical criteria applies PA for class required for members six and under

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MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non-Preferred	"	Limitations
Avonex Avonex Pen Betaseron Copaxone 20mg	Gilenya % Rebif Rebif Rebidose	Ampyra % Aubagio % Copaxone 40mg Syringe% dalfampridine ER %	Extavia glatiramer 20mg/ 40mg % Glatopa Plegridy & Pen Tecfidera %
			% Clinical criteria applies

PARKINSON'S AGENTS: NON-ERGOT DOPAMINE RECEPTOR AGONISTS

Preferred Agents	Non-Preferred	"	Limitations
amantadine caps/soln pramipexole dihydrochloride ropinirole	amantadine tabs Gocovri Inbrija Mirapex * Mirapex ER % Neupro	Osmolex ER pramipexole ER % Requip * Requip XL % ropinirole ER %	% Clinical criteria applies

SEDATIVE HYPNOTIC AGENTS

Preferred Agents	Non-Preferred	"	Limitations
temazepam 15 & 30mg zolpidem tartrate IR tablet	Ambien */ Ambien CR Belsomra % Eduar % estazolam eszopiclone flurazepam Halcion Hetlioz % Intermezzo % Lunesta	Restoril * Rozerem Silenor % Sonata temazepam 7.5 & 22.5mg triazolam zaleplon zolpidem ER zolpidem sl Zolpimist %	Quantity limits apply to class % Clinical criteria applies

SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non-Preferred	"	Limitations
baclofen chlorzoxazone cyclobenzaprine HCl 5mg & 10mg methocarbamol orphenadrine citrate tizanidine HCl tablet	Amrix % cyclobenzaprine 7.5mg% cyclobenzaprine ER % Dantrium dantrolene sodium Fexmid % Lorzone *	metaxalone Robaxin * Skelaxin tizanidine capsule % # Zanaflex capsule % # Zanaflex tablet *	% Clinical criteria applies # Quantity limits

MOVEMENT DISORDER DRUGS

Preferred Agents	Non-Preferred	"	Limitations
Xenazine	Austedo Ingrezza	tetrabenazine	Clinical criteria applies to this class; Quantity limits apply

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ENDOCRINE AND METABOLIC AGENTS

ANDROGENIC AGENTS

Preferred Agents	Non-Preferred	"	Limitations
Androgel pump	Androderm Androgel pak Axiron Fortesta	Testim testosterone gel Vogelxo	Clinical criteria applies to this class

BONE: RESORPTION AND RELATED AGENTS

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

DIABETES: ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents	Non-Preferred	"	Limitations
acarbose Glyset	miglitol Precose *		N/A

DIABETES: DPP-IV INHIBITORS

Preferred Agents	Non-Preferred	"	Limitations
Glyxambi % Janumet Janumet XR Januvia	alogliptin alogliptin-metformin alogliptin-pioglitazone Jentadueto Jentadueto XR	Kazano Kombiglyze XR Nesina Onglyza Oseni % Tradjenta	% Clinical criteria applies

DIABETES: GLP-1 RECEPTOR AGONIST

Preferred Agents	Non-Preferred	"	Limitations
Bydureon Pen Byetta Pens Victoza	Adlyxin Bydureon BCISE Ozempic Tanzeum	Trulicity	Electronic edits apply to class

DIABETES: INSULIN AND COMBO

Preferred Agents	"	Non-Preferred	"	Limitations
Humalog Mix Pen/Vial Humalog Vial Humulin Vial OTC Humulin 70/30 Vial Humulin N Vial Humulin R Vial Humulin R U-500 Pen	Lantus vial Lantus SoloStar Levemir vial Levemir FlexTouch NovoLog Pen/Vial NovoLog Mix 70/30 Pen/Vial NovoLog Cartridge	Admelog Vial/SoloStar Afrezza Apidra Vial/Solostar Basaglar Kwikpen Fiasp Vial/FlexTouch Humalog Cartridge/Pen Humulin Pen Humulin R U-500 Vial	Novolin N Vial/Cartridge Novolin R Vial/Cartridge Novolin 70/30 Soliqua 100-33 Toujeo Tresiba Xultophy 100-3.6	Clinical PA required for non-preferred insulin pens

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DIABETES: MEGLITINIDES AND COMBOS

Preferred Agents	Non-Preferred	"	Limitations
repaglinide	nateglinide Prandin *	repaglinide-metformin Starlix	N/A

DIABETES: METFORMINS AND COMBOS

Preferred Agents	Non-Preferred	"	Limitations
glyburide-metformin metformin metformin ER (generic for Glucophage XR)	Fortamet glipizide-metformin Glucophage * Glucophage XR * Glucovance * Glumetza	metformin ER (gen for Fortamet) metformin ER (gen for Glumetza) Riomet	N/A

DIABETES: SGLT2 AND COMBOS

Preferred Agents	Non-Preferred	"	Limitations
Farxiga Glyxambi Invokana Jardiance	Invokamet Invokamet XR Qtern Segluromet	Steglatro Steglujan Synjardy Synjardy XR Xigduo XR	Clinical criteria applies to this class

DIABETES: SULFONYLUREAS

Preferred Agents	Non-Preferred	"	Limitations
glimepiride glipizide glipizide ER/XL glyburide glyburide micronized	Amaryl * chlorpropamide Glucotrol *	Glucotrol XL * Glynase * tolazamide tolbutamide	N/A

DIABETES: TZD

Preferred Agents	Non-Preferred	"	Limitations
pioglitazone	Actoplus Met Actoplus Met XR Actos Avandia	Duetact pioglitazone/glimepiride pioglitazone/metformin	Clinical criteria applies to this class

ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

Preferred Agents	"	Non-Preferred	"	Limitations
Oral estradiol oral estropipate Menest Premarin Oral	Transdermal estradiol patch (generics for Climara/Minivelle/Vivelle-Dot)	Oral Duavee Estrace * Osphena	Transdermal Alora Climara * Divigel Elestrin Evamist Menostar Minivelle * Vivelle-Dot *	N/A

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ESTROGEN PREPARATIONS, VAGINAL

Preferred Agents	Non-Preferred	"	Limitations
Estring Premarin Vaginal Cream Vagifem	Estrace estradiol (gen Estrace) estradiol (gen Yuvafem)	Femring Intrarosa Yuvafem	N/A

GROWTH HORMONES

Preferred Agents	Non-Preferred	"	Limitations
Genotropin Cartridge, Syringe Norditropin	Humatrope Nutropin AQ Omnitrope	Saizen Serostim Zomacton Vial Zorbtive	Clinical criteria applies to this class

PANCREATIC ENZYMES

Preferred Agents	Non-Preferred	"	Limitations
Creon Zenpep	Pancreaze Pertzye	Viokace	N/A

PROGESTINS FOR CACHEXIA

Preferred Agents	Non-Preferred	"	Limitations
megestrol suspension	Megace * Megace ES	megestrol ES 625mg/5mL suspension	N/A

UTERINE DISORDER TREATMENTS

Preferred Agents	Non-Preferred	"	Limitations
Orilissa			N/A

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GASTROINTESTINAL

ANTIEMETICS AGENTS

Preferred Agents	Non-Preferred	"	Limitations
metoclopramide tablets, solution	<i>Akynzeo</i>	<i>metoclopramide injection</i>	Quantity limits apply to this class % Clinical criteria applies
ondansetron injections	<i>Anzemet</i>	<i>metoclopramide ODT</i>	
ondansetron ODT	<i>aprepitant</i>	<i>Reglan *</i>	
ondansetron solution	<i>Bonjesta</i>	<i>Sancuso</i>	
ondansetron tablet	<i>Cesamet</i>	<i>Sustol SQ</i>	
	<i>Diclegis%</i>	<i>Varubi</i>	
	<i>Emend Oral %</i>	<i>Zofran *</i>	
	<i>Emend Oral Pak %</i>	<i>Zofran ODT *</i>	
	<i>granisetron</i>	<i>Zuplenz</i>	

GI MOTILITY AGENTS

Preferred Agents	Non-Preferred	"	Limitations
<i>Amitiza</i>	<i>alosetron</i>	<i>Trulance</i>	Clinical criteria applies to this class
<i>Linzess</i>	<i>Relistor tab, syr</i>	<i>Viberzi</i>	
<i>Lotronex</i>	<i>Symproic</i>		
<i>Movantik</i>			

PROTON PUMP INHIBITORS AND H. PYLORI TREATMENT

Preferred Agents	Non-Preferred	"	Limitations
<i>Nexium suspension @</i>	<i>Aciphex tab</i>	<i>omeprazole/sodium bicarb</i>	Trial of two preferred molecules required @ Alternative dose forms require PA. Quantity limits apply to class % Clinical criteria applies
<i>omeprazole (Rx)</i>	<i>Aciphex sprinkle @</i>	<i>Prevacid RX and OTC</i>	
<i>pantoprazole</i>	<i>Dexilant</i>	<i>Prevacid SoluTab @</i>	
<i>Protonix suspension @</i>	<i>esomeprazole</i>	<i>PREVPAC</i>	
<i>Pylera</i>	<i>lansoprazole Rx & OTC</i>	<i>Prilosec (Rx) susp packet @</i>	
	<i>lansoprazole-amox-clarith</i>	<i>Protonix Tablet *</i>	
	<i>Nexium OTC</i>	<i>rabeprazole</i>	
	<i>Nexium Rx capsule</i>	<i>Vimovo %</i>	
	<i>Omeclamox-Pak</i>	<i>Zegerid</i>	
	<i>omeprazole OTC</i>	<i>Zegerid packet @</i>	

ULCERATIVE COLITIS – ORAL

Preferred Agents	Non-Preferred	"	Limitations
<i>Apriso</i>	<i>Asacol HD</i>	<i>Giazo</i>	N/A
<i>Delzicol</i>	<i>Azulfidine *</i>	<i>Lialda</i>	
<i>sulfasalazine DR</i>	<i>Azulfidine DR *</i>	<i>mesalamine (generic Asacol HD)</i>	
<i>sulfasalazine IR</i>	<i>balsalazide</i>	<i>mesalamine (generic Lialda)</i>	
	<i>budesonide ER</i>	<i>Pentasa</i>	
	<i>Colazal</i>	<i>Uceris oral</i>	
	<i>Dipentum</i>		

ULCERATIVE COLITIS – RECTAL

Preferred Agents	Non-Preferred	"	Limitations
<i>Canasa rectal suppositories</i>	<i>mesalamine kit</i>	<i>sf Rowasa enema</i>	N/A
<i>mesalamine enema</i>	<i>mesalamine supp (gen Canasa)</i>	<i>Uceris rectal</i>	
	<i>Rowasa *</i>		

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GENITOURINARY AND RENAL

ALPHA BLOCKERS FOR BPH

Preferred Agents	Non-Preferred	"	Limitations
alfuzosin tamsulosin	Flomax * Rapaflo	silodosin	N/A

ANDROGEN HORMONE INHIBITORS AND COMBOS

Preferred Agents	Non-Preferred	"	Limitations
dutasteride finasteride	Avodart * dutasteride-tamsulosin	Jalyn Proscar *	N/A

PDE-5 FOR BPH

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

ELECTROLYTE DEPLETERS

Preferred Agents	Non-Preferred	"	Limitations
calcium acetate caps & tabs Renagel	Auryxia Eliphos Fosrenol powder & tabs lanthum chew tab Phoslyra	Renvela powder packets Renvela tablets sevelamer powder & tabs Velphoro	N/A

URINARY TRACT ANTISPASMODICS

Preferred Agents	Non-Preferred	"	Limitations
oxybutynin ER oxybutynin IR Toviaz Vesicare	darifenacin ER Detrol Detrol LA Ditropan XL Enablex flavoxate Gelnique	Myrbetriq Oxytrol * tolterodine tolterodine ER trospium trospium XR	N/A

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HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

Preferred Agents	Non-Preferred	"	Limitations
Enoxaparin #	Arixtra fondaparinux	Fragmin Lovenox *	# Quantity limits apply

ANTICOAGULANT ORAL

Preferred Agents	Non-Preferred	"	Limitations
Eliquis #	Coumadin *		# Quantity limits apply
Eliquis starter pack #	Savaysa #		% Clinical criteria applies
Pradaxa #	Xarelto 2.5mg # %		
warfarin			
Xarelto 10,15,20mg and Starter Pack #			

COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred	"	Limitations
Neupogen vial & syringe	Fulphila Leukine Granix Neulasta	Nivestym Udenyca Zarxio	N/A

HEMATOPOIETIC AGENTS

Preferred Agents	Non-Preferred	"	Limitations
Epogen	Aranesp Syr/Vial	Procrit	N/A
Retacrit	Mircera		

MISCELLANEOUS AGENTS

ANTIHYPERURICEMICS

Preferred Agents	Non-Preferred	"	Limitations
allopurinol	colchicine capsule % (generic for Mitigare)	Uloric % Zyloprim *	% Clinical criteria applies
Mitigare %			
probenecid	colchicine tablet % (generic for Colcrys)		
probenecid/colchicine %	Colcrys %		

BILE SALTS

Preferred Agents	Non-Preferred	"	Limitations
ursodiol tablet	Actigall Chenodal % Cholbam %	Ocaliva % Urso/Urso Forte tablet ursodiol 300mg capsule	% Clinical criteria applies

IMMUNOLOGIC AGENTS

ANTINEOPLASTIC AGENTS, TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
diclofenac topical (gen for Solaraze)	Carac	Tolak	Clinical criteria applies to this class
Efudex cream	fluorouracil cream	Solaraze	
fluorouracil solution (generic & branded generic)	Picato		

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HAE TREATMENTS

Preferred Agents	Non-Preferred	"	Limitations
Berinert Cinryze Firazyr Kalbitor	Haegarda Ruconest	Takhzyro	Clinical criteria applies to this class

IMMUNOMODULATORS

Preferred Agents	Non-Preferred	"	Limitations
Cosentyx Enbrel Enbrel Mini Humira Humira Pediatric	Actemra Cimzia Cimzia Kit Ilumya Kevzara Kineret Olumiant Orencia	Otezla Siliq Simponi Stelara Taltz Tremfya Xeljanz Xeljanz XR	Clinical criteria applies to this class

IMMUNOSUPPRESSANTS

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents	Non-Preferred	"	Limitations
Elidel	Dupixent Eucrisa pimecrolimus (gen Elidel)	Protopic tacrolimus ointment	Clinical criteria and quantity limits apply to this class

IMMUNOMODULATORS, TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
imiquimod	Aldara * Condylox gel Podofilox solution	Veregen Zyclara *	N/A

METHOTREXATE PRODUCTS

Preferred Agents	Non-Preferred	"	Limitations
methotrexate PF vial methotrexate tablet methotrexate vial	Otrexup Rasuvo	Trexall Xatmep	N/A

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OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

Preferred Agents	Non-Preferred	"	Limitations
Alphagan P brimonidine 0.2% Combigan Simbrinza	<i>apraclonidine</i> <i>brimonidine 0.15% (gen</i> <i>Alphagan P 0.15%)</i>	<i>lopidine</i>	N/A

ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non-Preferred	"	Limitations
Blephamide drops neomycin/polymixin/dexamethasone Tobradex ointment Tobradex suspension	<i>Blephamide S.O.P.</i> <i>Maxitrol Drops/Oint *</i> <i>neomycin/bacitracin/</i> <i>polymixin/HC</i> <i>neomycin/polymixin/HC</i>	<i>Pred-G drops/ointment</i> <i>sulfacetamide/prednisolone</i> <i>Tobradex ST</i> <i>tobramycin/dexamethasone</i> <i>Zylet</i>	N/A

ANTI-INFLAMMATORIES – NSAIDS

Preferred Agents	Non-Preferred	"	Limitations
diclofenac sodium flurbiprofen sodium Ilevro	<i>Acular</i> <i>Acular LS</i> <i>Acuvail</i> <i>Bromfenac</i> <i>Bromsite</i>	<i>ketorolac ophth 0.4% (LS)</i> <i>ketorolac ophth 0.5%</i> <i>Nevanac</i> <i>Prolensa</i>	N/A

ANTI-INFLAMMATORIES – STEROIDS

Preferred Agents	Non-Preferred	"	Limitations
Durezol fluorometholone Lotemax Drops prednisolone acetate	<i>dexamethasone</i> <i>Flarex</i> <i>FML</i> <i>FML Forte</i> <i>FML SOP</i> <i>Inveltys</i> <i>Lotemax Gel/Ointment</i>	<i>Maxidex</i> <i>Omnipred</i> <i>Pred Forte</i> <i>Pred Mild</i> <i>prednisolone sod phos</i> <i>Vexol</i>	N/A

BETA BLOCKERS – GLAUCOMA

Preferred Agents	Non-Preferred	"	Limitations
Combigan timolol solution timolol gel solution	<i>betaxolol 0.5%</i> <i>Betoptic S 0.25%</i> <i>carteolol</i> <i>Istalol</i>	<i>levobunolol</i> <i>timolol (gen Istalol)</i> <i>Timoptic *</i> <i>Timoptic Ocudose</i> <i>Timoptic-XE *</i>	N/A

CARBONIC ANHYDRASE INHIBITORS – GLAUCOMA

Preferred Agents	Non-Preferred	"	Limitations
dorzolamide dorzolamide/timolol Rhopressa Simbrinza	<i>Azopt</i> <i>Cosopt *</i> <i>Cosopt PF</i>	<i>dorzolamide/timolol/PF (gen</i> <i>Cosopt PF)</i> <i>Trusopt *</i>	N/A

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OPHTHALMIC ALLERGIC CONJUNCTIVITIS

Preferred Agents	"	Non-Preferred	"	Limitations
cromolyn sodium ketotifen OTC	Pazeo Zaditor OTC	Alocril Alomide Alrex azelastine Bepreve Elestat	epinastine Lastacaft olopatadine 0.1% & 0.2% Pataday Patanol	N/A

OPHTHALMIC – ANTI INFLAMMATORY/IMMUNOMODULATOR

Preferred Agents	Non-Preferred	"	Limitations
Restasis Multidose Restasis Unit Dose	Cequa	Xiidra	N/A

OPHTHALMIC PROSTAGLANDIN AGONISTS

Preferred Agents	Non-Preferred	"	Limitations
latanoprost	bimatoprost (gen Lumigan 0.03%) Lumigan 0.01% Travatan Z	Vyzulta Xalatan * Xelpros Zioptan	N/A

OPHTHALMIC QUINOLONES

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

OTICS

OTIC ANTI-INFECTIVES AND ANESTHETICS

Preferred Agents	Non-Preferred	"	Limitations
acetic acid	acetic acid HC		N/A

OTIC ANTIBIOTICS

Preferred Agents	Non-Preferred	"	Limitations
Ciprodex neomycin/polymixin/HC soln/susp	Cipro HC ciprofloxacin HCl otic Coly-Mycin S	ofloxacin drops Otovel	N/A

OTIC ANTI-INFLAMMATORY

Dermotic Oil	fluocinolone acetonide oil		N/A
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PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred	"	Limitations
Letairis	Opsumit	Tracleer	Clinical criteria applies to this class

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PROSTACYCLINS FOR PAH, INHALATION AND ORAL

Preferred Agents	Non-Preferred	Limitations
Tyvaso Ventavis Inh	Orenitram ER Uptravi Uptravi Dose Pak	Clinical criteria applies to this class

PDE INHIBITORS AND OTHERS FOR PPH/PAH

Preferred Agents	Non-Preferred	Limitations
Adcirca sildenafil (gen Revatio)	Adempas Revatio tabs and liquid tadalafil 20mg (gen Adcirca)	Clinical criteria applies to this class

PLATELET AGGREGATION INHIBITORS

PLATELET AGGREGATION INHIBITORS

Preferred Agents	Non-Preferred	"	Limitations
Aggrenox aspirin Brilinta clopidogrel	dipyridamole prasugrel aspirin-dipyridamole Effient * Plavix *	ticlopidine Yosprala Zontivity	% Clinical criteria applies

RESPIRATORY

COPD AGENTS

Preferred Agents	Non-Preferred	"	Limitations
Atrovent HFA μ Bevespi μ Combivent Respimat μ ipratropium neb μ ipratropium/albuterol neb μ Spiriva μ Stiolto Respimat μ	Anoro Ellipta μ Daliresp % Incruse Ellipta μ Lonhala Magnair μ Seebri Neohaler μ	Spiriva Respimat μ Trelegy Ellipta μ Tudorza μ Utibron Neohaler μ Yupelri	% Clinical criteria applies μ Duplication of ipratropium products not allowed

ANTI-ALLERGENS

Preferred Agents	Non-Preferred	"	Limitations
N/A	Oralair	Ragwitek	Clinical criteria applies to this class

ANTIHISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

Preferred Agents	Non-Preferred	"	Limitations
cetirizine solution OTC cetirizine syrup Rx cetirizine tablets OTC levocetirizine tablets Rx loratadine ODT OTC loratadine syrup OTC loratadine tablets OTC	cetirizine chewable OTC cetirizine soln 5mg/5mL OTC cetirizine-D OTC Clarinx Clarinx-D desloratadine fexofenadine tabs OTC	fexofenadine susp OTC fexofenadine-D OTC levocetirizine soln loratadine caps OTC loratadine chewable OTC loratadine-D OTC Semprex-D	N/A

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BETA AGONISTS: SHORT-ACTING MDI AND NEBS

Preferred Agents	Non-Preferred	"	Limitations
albuterol nebs ProAir HFA Proventil HFA	albuterol HFA levalbuterol HFA levalbuterol inh soln	ProAir Respiclick Ventolin HFA Xopenex HFA Xopenex inh soln	N/A

BETA AGONISTS: LONG-ACTING MDI & NEBS

Preferred Agents	Non-Preferred	"	Limitations
Serevent Diskus	Arcapta Brovana	Perforomist Striverdi Respimat	N/A

BETA AGONISTS: COMBINATION PRODUCTS

Preferred Agents	Non-Preferred	"	Limitations
Advair Diskus Dulera Symbicort	Advair HFA AirDuo Breo Ellipta fluticasone/salmeterol (generic Advair)	fluticasone/salmeterol (generic Airduo) Wixela	N/A

CORTICOSTEROIDS INHALED

Preferred Agents	Non-Preferred	"	Limitations
Asmanex Twisthaler Flovent HFA Pulmicort Respules	Aerospan Alvesco Armonair Arnuity Elipta Asmanex HFA	budesonide respules inhalation Flovent Diskus Pulmicort Flexhaler QVAR Redihaler	N/A

EPINEPHRINE – SELF INJECTED

Preferred Agents	Non-Preferred	"	Limitations
epinephrine self-injected Adult and Jr. (generic for Epipen)	epinephrine (generic for Adrenaclick)	Epipen * Symjepi	N/A

GLUCOCORTICOID, ORAL

Preferred Agents	Non-Preferred	"	Limitations	
budesonide EC dexamethasone Intensol dexamethasone solution and tablet hydrocortisone methylprednisolone 4mg and 32mg tablet	methylprednisolone tab DS pak prednisolone sodium phos sol (gen Pediapred) prednisolone solution prednisone solution prednisone tab DS pak prednisone tablet	Cortef cortisone Decadron dexamethasone elixir Dexpak & generic Emflaza % Entocort EC Medrol Medrol DS PK methylprednisolone 8mg and 16mg tab	Millipred DP tab DS Pk Millipred tablet Pediapred Prednisone Intensol prednisolone ODT prednisolone sod phos sol (gen Millipred & Veripred) Rayos % Taperdex (gen Dexpak)	% Clinical criteria applies

IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents	Non-Preferred	"	Limitations
Esbriet Ofev			Clinical criteria applies to this class

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INTRANASAL ANTIHISTAMINES AND OTHERS

Preferred Agents	Non-Preferred	"	Limitations
azelastine 0.1% (generic Astelin) ipratropium nasal	Astepro 0.15% Atrovent nasal * azelastine 0.15% (generic Astepro)	olopatadine Patanase	N/A

INTRANASAL CORTICOSTEROIDS

Preferred Agents	Non-Preferred	"	Limitations
fluticasone RX	Beconase AQ budesonide nasal Dymista Flonase OTC Flonase Sensimist flunisolide fluticasone OTC mometasone (gen Nasonex)	Nasonex Omnaris Qnasl Ticanase triamcinolone OTC Xhance Zetonna	N/A

LEUKOTRIENE RECEPTOR ANTAGONISTS

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

TOBACCO CESSATION

Preferred Agents	Non-Preferred	"	Limitations
bupropion SR (gen Zyban) Chantix nicotine chewing gum OTC nicotine transdermal OTC	Nicoderm CQ OTC * Nicorette Gum OTC * Nicorette Lozenge OTC nicotine lozenge OTC	Nicotrol Inhaler % Nicotrol Nasal Spray % Zyban *	Quantity limits apply to class % Clinical criteria applies

TOPICAL AGENTS

ANTIPARASITICS – TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
Natroba permethrin cream permethrin OTC piperonyl butoxide/pyrethrins liquid OTC piperonyl butoxide/pyrethrins shampoo OTC Sklice	Elimite * Eurax Cream Eurax Lotion lindane shampoo malathion	Ovide piperonyl butoxide/pyrethrins kit OTC spinosad Vanallice	N/A

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ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
calcipotriene cream calcipotriene solution	calcipotriene oint calcipotriene- betamethasone oint Calcitrene calcitriol Dovonex cream	Enstilar foam Sorilux Taclonex ointment/scalp Vectical	Clinical criteria applies to this class

MISC ACNE, TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
clindamycin/benzoyl peroxide (Duac 1.2-5%) clindamycin phosphate solution & swab erythromycin solution erythromycin swab	Acanya Gel Aczone Avar products Azelex Benzaclin Benzamycin benzoyl peroxide BP-10-1 Cleocin-T Clindacin Clindagel clindamycin/benzoyl perox. (Benzaclin 1-5%) clindamycin phosphate foam/gel/lotion dapson Duac * Ery gel/pads erythromycin gel	erythromycin-benzoyl peroxide Evoclin Klaron Neuac Onexton Ovace/Ovace Plus Rosanil Rosula Seb-Prev wash SSS 10-5 sulfacetamide sulfacetamide/sulfur sulfacetamide/sulfur/urea sulfacetamide sodium sulfacetamide sodium/sulfur Sumadan products Sumaxin products	Trial of 2 preferred agents required

TOPICAL RETINOIDS

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

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TOPICAL, ROSACEA AGENTS

Preferred Agents	Non-Preferred	"	Limitations
Metrocream Metrogel Metro lotion	azelaic acid (gen Finacea) Finacea Gel/Foam metronidazole cream metronidazole gel metronidazole lotion	Mirvaso Noritate Rhofade Rosadan/ kit Soolantra	N/A

LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	"	Limitations
Derma-Smoothe FS hydrocortisone cream/oint 1% Rx hydrocortisone cream/oint/lot 2.5%	alclometasone dipro cream/ ointment Aqua-Glycolic HC Capex Shampoo Desonate gel desonide cream/lot/oint	Desowen fluocinolone 0.01% oil hydrocortisone / min oil / pet oint 1% Micort-HC Texacort	N/A

MEDIUM POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	"	Limitations
fluticasone propionate cream mometasone furoate cream mometasone furoate oint mometasone furoate soln	betamethasone val foam 0.12% clocortolone Cloderm Cordran Tape Cutivate Dermatop Elocon fluocinolone acetonide cream/oint/solution flurandrenolide fluticasone propionate lot/oint	hydrocortisone butyrate (brand and generic all forms) hydrocortisone valerate cream/oint Luxiq Foam Pandel prednicarbate cream prednicarbate oint Synalar Synalar TS	N/A

HIGH POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	"	Limitations
betamethasone val cream betamethasone val oint triamcinolone acetonide cream triamcinolone acetonide lotion 0.025%, 0.1% triamcinolone acetonide oint	amcinonide betamethasone dipropionate betamet diprop / prop glycol betamethasone val lotion DermacinRX Silapak DermacinRX Silazone desoximetasone diflorasone diacetate Diprolene fluocinonide	Halog Kenalog Aerosol Psorcon SanadermRX Sernivo Silazone-II Topicort triamcinolone spray Trianex ointment Vanos	N/A

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VERY HIGH POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	"	Limitations
clobetasol prop (crm, oint, sol, gel)	<i>Apexicon E</i>	<i>halobetasol propionate</i>	N/A
Clobex shampoo	<i>Bryhali</i>	<i>cream/foam/oint</i>	
	<i>clobetasol emollient</i>	<i>Olux/Olux-E</i>	
	<i>cream/foam</i>	<i>Temovate</i>	
	<i>clobetasol lot/shmp/spray</i>	<i>Ultravate cream/lot/oint</i>	
	<i>clobetasol propionate foam</i>	<i>Ultravate X PAC</i>	
	<i>Clobex lotion & spray</i>	<i>cream/oint</i>	
	<i>Clodan</i>		