

# Montana Medicaid Preferred Drug List (PDL)

Revised 01/24/19

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

## ANALGESICS

### ANALGESICS, NARCOTIC – LONG-ACTING

Preferred Agents	Non-Preferred	"	Limitations
Butrans Patch # Embeda # morphine sulfate SR tab #	Arymo # Belbuca% # buprenorphine # (Generic for Butrans) Conzip ER % # Duragesic patch*# Exalgo fentanyl patch # hydromorphone ER tab Hysingla ER # Kadian #	Morphabond ER # morphine ER (Avinza) # morphine sulfate ER cap (Kadian) # MS Contin * # Nucynta ER # Oxycodone ER # OxyContin # oxymorphone ER# tramadol ER % # Xtampza 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	"	Limitations
Relpax rizatriptan ODT rizatriptan tablet sumatriptan tablets, vial, nasal spray	Aimovig % Ajovy % almotriptan Amerge Axert Cambia % eletriptan (gen Relpax) Frova frovatriptan Imitrex * all forms	Maxalt MLT * Maxalt * naratriptan Onzetra Xsail sumatriptan syringe/kit sumatriptan/naproxen 85-500 Sumavel Dosepro% Treximet Zembrace Zolmitriptan all forms Zomig all forms	Quantity limits apply to this class  % Clinical criteria applies

### NSAIDS

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

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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>	% 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
buprenorphine SL % naltrexone Suboxone Film %	<i>Bunavail %</i> <i>buprenorphine/naloxone</i> <i>SL %</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
ciprofloxacin tablet Cipro suspension	<i>Cipro tabs *</i> <i>Cipro XR</i> <i>ciprofloxacin susp</i>	<i>ciprofloxacin ER</i> <i>ofloxacin</i>	N/A

### ANTIBIOTICS: 3RD GENERATION QUINOLONES

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

### ANTIBIOTICS, GI

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

### ANTIBIOTICS: INHALED

Preferred Agents	Non-Preferred	"	Limitations
Bethkis Kitabis	<i>Cayston</i> <i>Tobi</i>	<i>TobiPodhaler</i> <i>tobramycin inhalation</i>	Clinical criteria applies to class

### ANTIBIOTICS: MACROLIDES/KETOLIDES

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

### ANTIBIOTICS: 2ND GENERATION CEPHALOSPORINS

Preferred Agents	Non-Preferred	"	Limitations
cefprozil suspension cefuroxime	<i>cefaclor suspension</i> <i>cefaclor capsule</i> <i>cefaclor ER</i>	<i>Ceftin *</i> <i>cefprozil tablet</i>	N/A

### ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

Preferred Agents	Non-Preferred	"	Limitations
Cefdinir Suprax capsule	<i>cefixime susp</i> <i>cefpodoxime</i>	<i>Suprax chewable/suspension</i>	N/A

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## ANTIBIOTICS: TETRACYCLINES

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

## ANTIBIOTICS, TOPICAL

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

## ANTIBIOTICS, VAGINAL

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

## ANTIFUNGALS, ORAL

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

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## ANTIFUNGALS AND COMBOS, TOPICAL

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

## ANTIVIRALS: HERPES – ORAL AGENTS

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

## ANTIVIRALS: INFLUENZA

Preferred Agents	Non-Preferred	"	Limitations
Relenza	flumadine		N/A
rimantadine HCl	oseltamivir Suspension and Capsules		
Tamiflu			

## ANTIVIRALS, TOPICAL

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

## HEPATITIS C: PEGYLATED INTERFERONS

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

## HEPATITIS C: OTHER

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

## HEPATITIS C: RIBAVIRIN PRODUCTS

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

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## CARDIOVASCULAR

### ACE INHIBITORS

Preferred Agents	Non-Preferred	"	Limitations
benazepril lisinopril	<i>Aceon</i> <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>quinapril</i> <i>Ramipril</i> <i>Qbrelis</i> <i>trandolapril</i> <i>Vasotec</i> <i>Zestril *</i>	<b>Trial of 2 preferred agents required</b>

### ACE INHIBITOR COMBINATIONS

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

### ANGIOTENSIN MODULATOR

Preferred Agents	Non-Preferred	"	Limitations
losartan irbesartan 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>	<b>Trial of 2 preferred agents required</b> <b>% Clinical criteria applies</b>

### ANGIOTENSION 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 HCT</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>	<b>N/A</b>

### ANGIOTENSION MODULATOR COMBINATIONS

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

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## 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	Tenex *	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/Zebeta bisoprolol/HCTZ Bystolic Byvalson% Coreg*/Coreg CR Corzide Dutoprol Hemangeol Kaspargo Sprinkle Inderal LA Inderal XL Innopran XL labetalol/Trandate	Levatol Lopressor*/Lopressor HCT metoprolol/HCTZ metoprolol Succ 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 Procardia XL * Norvasc * Nymalize Sular (reformulated)	N/A

## CALCIUM CHANNEL BLOCKERS (NON-DHP)

Preferred Agents	Non-Preferred	"	Limitations
Cartia XT Dilt XR diltiazem HCl IR diltiazem ER capsule Taztia XT verapamil HCl IR verapamil ER tablets	Calan/Calan SR Cardizem * Cardizem CD/LA diltiazem LA Matzim LA Tiazac	Tiazac 420 verapamil 360 capsule verapamil capsule ER verapamil ER PM Verelan Verelan PM	N/A

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## DIRECT RENIN INHIBITORS

Preferred Agents	Non-Preferred	"	Limitations
N/A	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
lovastatin	amlodipine-atorvastatin	Lipitor *	
pravastatin	Caduet	Livalo	
rosuvastatin	Crestor *	Pravachol *	
simvastatin %	ezetimibe/simvastatin%	Vytorin %	
ezetimibe	Flolipid	Zetia *	
	fluvastatin	Zocor %	
	fluvastatin XL	Zypitamag	

## LIPOTROPICS: OTHERS

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



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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 ODT donepezil 23 mg % Exelon capsules *	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	Carbatrol Epitol oxcarbazepine susp oxcarbazepine tablet s	Aptiom 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 30 mg 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	<b>Note: DAW 7 may be used ONLY for seizure diagnosis</b>
gabapentin capsule μ	Briviact	Neurontin solution @ μ	
gabapentin solution μ	diazepam rectal %	Neurontin tablet/capsule * μ	<b>@ Alternative dosage forms require PA</b>
gabapentin tablet μ	Fycompa	Onfi %	
Lamictal Starter tabs	Gabitril %	Qudexy XR	<b>% Clinical criteria applies</b>
Lamotrigine IR tabs & chews/dispersible	Keppra * @	Roweepra tab & XR	
levetiracetam IR	Keppra XR	Sabril	<b>μ Cross duplication not allowed between gabapentin and Lyrica</b>
levetiracetam solution	Lamictal *	Spritam	
Lyrica capsule μ	Lamictal ODT & ODT	tiagabine	
topiramate tablets	Starter pak @	Topamax Sprinkle Cap	
zonisamide	Lamictal XR %	Topamax tablet *	
	lamotrigine ER	topiramate sprinkle cap	
	lamotrigine ODT	topiramate ER	
	lamotrigine dose pak	Trokendi XR	
	levetiracetam ER	vigabatrin powder (gen Sabril)	
	Lyrica solution μ	Vimpat %	

## ANTI-DEPRESSANTS: SSRIS

Preferred Agents	Non-Preferred	"	Limitations
citalopram - Dose Limit 40 mg/day	Brisdelle	paroxetine 7.5mg	<b>% Clinical criteria applies</b>
escitalopram tablet #	Celexa * #	paroxetine CR	
fluoxetine capsules	escitalopram solution #	Paxil *	<b># Dose limits apply</b>
fluoxetine Solution	fluoxetine 20mg and 60 mg tablet	Paxil CR	
fluoxetine 10 mg Tablet	fluoxetine DR	Paxil Susp	
fluvoxamine	fluvoxamine CR	Pexeva	
paroxetine	Lexapro * #	Prozac *	
sertraline		Prozac Weekly %	
		Sarafem %	
		Zoloft *	

## ANTI-DEPRESSANTS: NOVEL

Preferred Agents	Non-Preferred	"	Limitations
budeprion SR and XL	Aplenzin	mirtazapine rapdis @	<b># Quantity limits apply</b>
bupropion IR	Brintellix	Pristiq ER #	
bupropion SR and XL 150mg & 300mg	Bupropion XL 450mg (gen Forfivo)	Remeron *	<b>@ Alternative dosage forms require PA</b>
duloxetine (except 40mg)	Cymbalta *	Remeron Sol-tab @	
mirtazapine	desvenlafaxine ER	Trintellix	
trazodone	desvenlafaxine fum ER	venlafaxine ER tabs	
venlafaxine IR	desvenlafaxine suc ER	Viiibryd	
venlafaxine ER Caps 24H	duloxetine 40mg	Viiibryd DS PK	
	Effexor XR *	Wellbutrin *	
	Fetzima	Wellbutrin SR and XL *	
	Forfivo XL		
	Khedeza ER		

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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 XR Focalin methylphenidate IR (generic for Ritalin) Vyvanse Cap #1	Adzenys XR@ amphetamine sulfate (gen Evekeo) Cotempla XR ODT Daytrana @ Dexdrine Tabs Dexdrine SA dexmethylphenidate dexmethylphenidate ER dextroamphetamine SA (generic for Dexedrine SA) dextroamphetamine tab/soln dextroamp-amphet ER Dyanavel XR Evekeo Metadate CD/ER Methylin chew tab @ methylphenidate CD Methylin solution @ methylphenidate ER Cap	methylphenidate ER Tab 18 mg, 27, 36, 54 mg (generic for Concerta) methylphenidate LA methylphenidate chew & soln methylphenidate SR cap (20,30, 40mg) methylphenidate ER tab 10, and 20mg (generic for Ritalin SR Tab) Mydayis Procentra Quillichew ER@ Quillivant XR @ Ritalin LA Ritalin * 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 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 solution @ Abilify tablet * Adasuve aripiprazole sol/ODT clozapine ODT @ Clozaril * Fanapt Fanapt titration pack Fazaclio Geodon * Invega Nuplazid olanzapine/fluoxetine Rexulti % paliperidone ER Risperdal *	Risperdal M-tabs @ 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 unless prescriber is Child Psychiatrist.

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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 20 mg/ 40mg% Glatopa Plegridy & Pen Tecfidera %
			% Clinical criteria applies

## PARKINSON'S AGENTS: NON-ERGOT DOPAMINE RECEPTOR AGONISTS

Preferred Agents	Non-Preferred	"	Limitations
amantadine pramipexole dihydrochloride ropinirole	Gocovri 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 and 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 % Dantrium dantrolene sodium Fexmid % Lorzone * metaxalone	cyclobenzaprine 7.5mg 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	Natesto 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 */solution/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
Janumet Janumet XR Januvia	alogliptin alogliptin-metformin alogliptin-pioglitazone Glyxambi Jentadueto Jentadueto XR	Kombiglyze XR Nesina Onglyza Kazano Oseni % Tradjenta	% Clinical criteria applies

### DIABETES: GLP-1 RECEPTOR AGONIST

Preferred Agents	Non-Preferred	"	Limitations
Bydureon 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	Afrezza Admelog vial/solostar Apidra Vial Apidra Solostar Pen Basaglar Kwikpen Fiasp vial/flextouch Humalog Cartridge Humalog 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 Glumetza) metformin ER (gen for Fortamet) Riomet	N/A

## DIABETES: SGLT2 AND COMBOS

Preferred Agents	Non-Preferred	"	Limitations
Farxiga Invokana Jardiance	Glyxambi 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/metformin pioglitazone/glimepiride	Clinical criteria applies to this class

## ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

Preferred Agents	"	Non-Preferred	"	Limitations
<b>Oral</b> Enjuvia estradiol oral estropipate Menest Premarin Oral	<b>Transdermal</b> estradiol transderm WK (Generic for Climara) Estradiol Patch for (Vivelle- Dot	<b>Oral</b> Duavee Estrace * Osphena	<b>Transdermal</b> 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
Norditropin Nutropin AQ	Genotropin Cartridge, Syr Humatrope 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

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## GASTROINTESTINAL

### ANTIEMETICS AGENTS

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

### GI MOTILITY AGENTS

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

### PROTON PUMP INHIBITORS AND H. PYLORI TREATMENT

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

### ULCERATIVE COLITIS – ORAL

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

### ULCERATIVE COLITIS – RECTAL

Preferred Agents	Non-Preferred	"	Limitations
Canasa rectal suppositories	mesalamine kit	sf Rowasa enema	N/A
mesalamine enema	Rowasa *	Uceris rectal	



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## GENITOURINARY AND RENAL

### ALPHA BLOCKERS FOR BPH

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

### ANDROGEN HORMONE INHIBITORS AND COMBOS

Preferred Agents	Non-Preferred	"	Limitations
finasteride dutasteride	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 extended-release 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	<i>Arixtra</i> <i>fondaparinux</i>	<i>Fragmin</i> <i>Lovenox *</i>	N/A

### ANTICOAGULANT ORAL

Preferred Agents	Non-Preferred	"	Limitations
Eliquis # Eliquis starter pack # Pradaxa # warfarin Xarelto #	<i>Coumadin *</i> <i>Savaysa #</i>	<i>Xarelto Starter Pack #</i>	# Quantity limits apply

### COLONY STIMULATING FACTORS

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

### HEMATOPOIETIC AGENTS

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

## MISCELLANEOUS AGENTS

### ANTIHYPERURICEMICS

Preferred Agents	Non-Preferred	"	Limitations
allopurinol Mitigare % probenecid probenecid/colchine %	<i>colchicine capsule%</i> <i>(generic for Mitigare)</i> <i>colchicine tablet%</i> <i>(Generic for Colcrys)</i> <i>Colcrys %</i>	<i>Duzallo %</i> <i>Uloric %</i> <i>Zurampic %</i> <i>Zyloprim *</i>	% Clinical criteria applies

### BILE SALTS

Preferred Agents	Non-Preferred	"	Limitations
ursodiol tablet	<i>Actigall</i> <i>Chenodal %</i> <i>Cholbam %</i>	<i>ursodiol 300mg capsule</i> <i>urso/urso forte tablet</i> <i>Ocaliva %</i>	% Clinical criteria applies

## IMMUNOLOGIC AGENTS

### ANTINEOPLASTIC AGENTS, TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
diclofenac topical (gen for Solaraze) Efudex cream fluorouracil solution Generic & Branded Generic	<i>Carac</i> <i>fluorouracil cream</i> <i>Picato</i>	<i>Tolak</i> <i>Solaraze</i>	Clinical criteria applies to this class

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## HAE TREATMENTS

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

## IMMUNOMODULATORS

Preferred Agents	Non-Preferred	"	Limitations
Cosentyx Enbrel Enbrel Mini Humira Humira Pediatric	<i>Actemra</i> <i>Cimzia</i> <i>Cimzia Kit</i> <i>Kevzara</i> <i>Kineret</i> <i>Olumiant</i> <i>Orencia</i>	<i>Otezla</i> <i>Simponi</i> <i>Siliq</i> <i>Stelara</i> <i>Taltz</i> <i>Tremfya</i> <i>Xeljanz</i> <i>Xeljanz XR</i>	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 tacrolimus Zortress	<i>Astagraf XL</i> <i>Azasan</i> <i>Cellcept</i> <i>cyclosporine capsule</i> <i>Imuran *</i> <i>Envarsus XR</i>	<i>mycophenolate susp</i> <i>mycophenolic acid</i> <i>Myfortic</i> <i>Neoral *</i> <i>Prograf *</i> <i>Rapamune tabs *</i> <i>Sandimmune solution</i>	N/A

## IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents	Non-Preferred	"	Limitations
Elidel	<i>Dupixent</i> <i>Eucrisa</i>	<i>Protopic</i> <i>tacrolimus ointment</i>	Clinical criteria and quantity limits apply to this class

## IMMUNOMODULATORS, TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
imiquimod	<i>Aldara *</i>	<i>Zyclara</i>	N/A

## METHOTREXATE PRODUCTS

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

## OPHTHALMICS

### ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

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

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## ANTIBIOTIC-STEROID COMBINATIONS

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

## ANTI-INFLAMMATORIES – NSAIDS

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

## ANTI-INFLAMMATORIES – STEROIDS

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

## BETA BLOCKERS – GLAUCOMA

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

## CARBONIC ANHYDRASE INHIBITORS – GLAUCOMA

Preferred Agents	Non-Preferred	"	Limitations
Dorzolamide dorzolamide/timolol Simbrinza	Azopt Cosopt * Cosopt PF	Rhopressa Trusopt *	N/A

## OPHTHALMIC ALLERGIC CONJUNCTIVITIS

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

## OPHTHALMIC – ANTI INFLAMMATORY/IMMUNOMODULATOR

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

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## OPHTHALMIC PROSTAGLANDIN AGONISTS

Preferred Agents	Non-Preferred	"	Limitations
latanoprost	bimatoprost (Lumigan 0.03%) Lumigan 0.01% Travatan Z	travoprost Vyzulta Xalatan * 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	acetic acid/aluminum	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

### 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	Adempas Revatio tabs and liquid tadalafil	Clinical criteria applies to this class

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## PLATELET AGGREGATION INHIBITORS

### PLATELET AGGREGATION INHIBITORS

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

## RESPIRATORY

### COPD AGENTS

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

### ANTI-ALLERGENS

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

### ANTIHISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

Preferred Agents	Non-Preferred	"	Limitations
cetirizine solution cetirizine tablets OTC levocetirizine tablet loratadine syrup OTC loratadine tablets OTC loratadine ODT OTC	<i>cetirizine chewable OTC</i> <i>cetirizine soln 5mg/5ml OTC</i> <i>cetirizine-D (Rx and OTC)</i> <i>Clarinx</i> <i>Clarinx-D</i> <i>desloratadine</i> <i>fexofenadine tabs</i>	<i>fexofenadine-D</i> <i>fexofenadine susp OTC</i> <i>levocetirizine soln</i> <i>loratadine caps OTC</i> <i>loratadine-D</i> <i>Semprex-D</i> <i>Xyzal</i> *	N/A

### BETA AGONISTS: SHORT-ACTING MDI AND NEBS

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

### BETA AGONISTS: LONG-ACTING MDI & NEBS

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

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## BETA AGONISTS: COMBINATION PRODUCTS

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

## GLUCOCORTICOID, ORAL

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

## INTRANASAL ANTIHISTAMINES AND OTHERS

Preferred Agents	Non-Preferred	"	Limitations
azelastine (generic Astelin) ipratropium nasal olopatadine	Astepro Atrovent nasal *	Azelastine (generic Astepro) 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 Veramyst Xhance Zetonna	N/A

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Revised 01/24/19

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## 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 Chantix nicotine chewing gum OTC nicotine transdermal OTC	Nicoderm CQ OTC * Nicorette Gum OTC * Nicorette Lozenge OTC Nicotrol Inhaler %	Nicotrol Nasal Spray % nicotine lozenge OTC Zyban *	Quantity limits apply to class  % Clinical criteria applies

## TOPICAL AGENTS

### ANTIPARASITICS – TOPICAL

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

### 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



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## MISC ACNE, TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
clindamycin/benzoyl peroxide (Duac 1.2-5%) clindamycin phosphate solution & swab erythromycin solution	<i>Acanya Gel</i> <i>Acne Clearing System</i> <i>Aczone</i> <i>Akne-mycin</i> <i>Avar products</i> <i>Azelex</i> <i>Benzaclin</i> <i>Benzamycin</i> <i>Benzepro</i> <i>BP-10-1</i> <i>Cleocin-T</i> <i>Clindacin</i> <i>Clindagel</i> <i>clindamycin/benzoyl perox. (Benzaclin 1-5%)</i> <i>clindamycin phosphate foam/gel/lotion</i> <i>dapsone</i> <i>Duac *</i> <i>erythromycin gel/swab</i>	<i>erythromycin-benzoyl peroxide</i> <i>Evoclin</i> <i>Klaron</i> <i>Neuac</i> <i>Ovace/Ovace Plus</i> <i>Onexton</i> <i>Rosanil</i> <i>Rosula</i> <i>Seb-Prev wash</i> <i>SSS 10-4/10-5</i> <i>sulfacetamide/sulfur/urea</i> <i>sulfacetamide/sulfur</i> <i>sulfacetamide</i> <i>sulfacetamide sodium</i> <i>sulfacetamide sodium/sulfur</i> <i>Sumadan</i> <i>Sumadan XLT</i> <i>Sumaxin</i> <i>Sumaxin CP</i>	<b>Trial of 2 preferred agents required</b>

## TOPICAL RETINOIDS

Preferred Agents	Non-Preferred	"	Limitations
Differin Rx tazarotene cream (gen Tazorac) Tazorac gel tretinoin cream tretinoin gel (gen Avita/Retin A)	<i>adapalene cream/gel</i> <i>Adapalene/Benzoyl Peroxide</i> <i>Atralin</i> <i>Avita</i> <i>clindamycin/tretinoin gel</i> <i>Differin OTC</i> <i>Epiduo</i> <i>Epiduo Forte</i>	<i>Fabior</i> <i>Retin-A</i> <i>Retin-A micro Pump and Tube</i> <i>Tazorac cream</i> <i>tretinoin gel (gen Atralin)</i> <i>tretinoin microspheres</i> <i>Veltin</i> <i>Ziana</i>	<b>Requires clinical PA if &gt; 26 years old.</b>

## TOPICAL, ROSACEA AGENTS

Preferred Agents	Non-Preferred	"	Limitations
Metrocream Metrogel Metro lotion	<i>Finacea Gel/Foam</i> <i>metronidazole cream</i> <i>metronidazole gel</i> <i>metronidazole lotion</i>	<i>Mirvaso</i> <i>Noritrate</i> <i>Rhofade</i> <i>Rosadan/ kit</i> <i>Soolantra</i>	<b>N/A</b>

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## 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 desonide lotion desonide oint	Desowen fluocinolone 0.01% Oil hydrocortisone / min oil / pet oint 1% Pediaderm HC Pediaderm TA Texacort U-Cort	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 flurandrenolide fluocinolone acetonide cream/oint/solution fluticasone propionate lot/oint hydrocortisone butyrate (Brand and gen)	hydrocortisone butyrate emollient hydrocortisone valerate oint hydrocortisone valerate cream 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 lotion 0.025%, 0.1% triamcinolone acetonide oint	amcinonide betamethasone dipropionate cream, gel, lotion, ointment betamet diprop / prop gly betamethasone val lotion DermacinRX Silapak DermacinRX Silazone Desoximetasone cream & spray diflorasone diacetate Diprolene Diprolene AF	fluocinonide Halog Kenalog Aerosol Psorcon SanadermRX Sernivo Silazone-II Topicort triamcinolone spray Trianex ointment Vanos	N/A

## VERY HIGH POTENCY TOPICAL STEROIDS

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