

Montana Medicaid Preferred Drug List (PDL)

Revised 05/08/19

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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) Emgality % Frova frovatriptan Imitrex * all forms	Maxalt * Maxalt MLT * 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

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NSAIDS

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

NEUROPATHIC PAIN

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

OPIOID REVERSAL AGENTS

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

OPIOID USE DISORDER TREATMENTS

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

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ANTI-INFECTIVES

ANTIBIOTICS: 2ND GENERATION QUINOLONES

Preferred Agents	Non-Preferred	"	Limitations
Cipro suspension ciprofloxacin tablet	<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>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>Arikayce</i> <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 ES tablet</i> <i>erythromycin filmtab</i> <i>PCE</i> <i>Zithromax *</i>	N/A

ANTIBIOTICS: 2ND GENERATION CEPHALOSPORINS

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

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	<i>Cleocin cream</i>	<i>Metrogel vaginal gel *</i>	N/A
Clindesse	<i>clindamycin vaginal 2% cream</i>	<i>Nuessa vaginal gel</i>	
metronidazole vaginal 0.75% gel			
Vandazole			

ANTIFUNGALS, ORAL

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

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ANTIFUNGALS AND COMBOS, TOPICAL

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

ANTIVIRALS: HERPES – ORAL AGENTS

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

ANTIVIRALS: INFLUENZA

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

ANTIVIRALS, TOPICAL

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

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	<i>Daklinza</i>	<i>Sovaldi</i>	Clinical criteria applies to this class
	<i>Epclusa</i>	<i>Vosevi</i>	
	<i>Harvoni</i>	<i>Zepatier</i>	

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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	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 (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 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

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

LIPOTROPICS: OTHERS

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

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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 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 tabs	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 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	Vimpat %	

ANTI-DEPRESSANTS: SSRIS

Preferred Agents	Non-Preferred	"	Limitations
citalopram # (limit 40 mg/day)	Brisdelle	paroxetine 7.5mg	% Clinical criteria applies
escitalopram tablet #	Celexa * #	paroxetine CR	
fluoxetine capsules	escitalopram solution #	Paxil *	# Dose limits apply
fluoxetine solution	fluoxetine 20mg and 60mg 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 @	# Quantity limits apply
bupropion IR	Brintellix	Pristiq ER #	
bupropion SR and XL 150mg & 300mg	bupropion XL 450mg (gen Forfivo)	Remeron *	@ Alternative dosage forms require PA
duloxetine (except 40mg)	Cymbalta *	Remeron SolTab @	
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		
	Khedezla 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 Focalin XR methylphenidate IR (generic for Ritalin) 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 chew tab @ 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 Quillichew ER @ Quillivant XR @ 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 Relprev @	Abilify solution @ Abilify tablet * Adasuve aripiprazole sol/ODT clozapine ODT @ Clozaril * Fanapt Fanapt titration pack Fazaclo Geodon * Invega Nuplazid olanzapine/fluoxetine paliperidone ER Perseris @ Rexulti % 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 20mg/ 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 & 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% 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

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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
Amitiza	<i>alosetron</i>	<i>Trulance</i>	Clinical criteria applies to this class
Linzess	<i>Relistor tab, syr</i>	<i>Viberzi</i>	
Lotronex	<i>Symproic</i>		
Movantik			

PROTON PUMP INHIBITORS AND H. PYLORI TREATMENT

Preferred Agents	Non-Preferred	"	Limitations
Nexium suspension @	<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
omeprazole (Rx)	<i>Aciphex sprinkle @</i>	<i>Prevacid RX and OTC</i>	
pantoprazole	<i>Dexilant</i>	<i>Prevacid SoluTab @</i>	
Protonix suspension @	<i>esomeprazole</i>	<i>PREVPAC</i>	
Pylera	<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
Apriso	<i>Asacol HD</i>	<i>Giazo</i>	N/A
Delzicol	<i>Azulfidine *</i>	<i>Lialda</i>	
sulfasalazine DR	<i>Azulfidine DR *</i>	<i>mesalamine (generic Asacol HD)</i>	
sulfasalazine IR	<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
Canasa rectal suppositories	<i>mesalamine kit</i>	<i>sf Rowasa enema</i>	N/A
mesalamine enema	<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 #	<i>Arixtra</i> <i>fondaparinux</i>	<i>Fragmin</i> <i>Lovenox *</i>	# Quantity limits apply

ANTICOAGULANT ORAL

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

COLONY STIMULATING FACTORS

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

HEMATOPOIETIC AGENTS

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

MISCELLANEOUS AGENTS

ANTIHYPERURICEMICS

Preferred Agents	Non-Preferred	"	Limitations
allopurinol Mitigare % probenecid probenecid/colchicine %	<i>colchicine capsule %</i> <i>(generic for Mitigare)</i> <i>colchicine tablet %</i> <i>(generic for Colcrys)</i> <i>Colcrys %</i>	<i>Uloric %</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>Ocaliva %</i> <i>Urso/Urso Forte tablet</i> <i>ursodiol 300mg capsule</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 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 Zortress	Astagraf XL Azasan Cellcept cyclosporine capsule Envarsus XR Imuran * mycophenolate susp	mycophenolic acid Myfortic Neoral * Prograf * Rapamune tabs * Sandimmune solution	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>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>Betagan</i> <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 Simbrinza	<i>Azopt</i> <i>Cosopt *</i> <i>Cosopt PF</i>	<i>dorzolamide/timolol/PF (gen</i> <i>Cosopt PF)</i> <i>Rhopressa</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 Unit Dose	Cequa Restasis Multidose	Xiidra	N/A

OPHTHALMIC PROSTAGLANDIN AGONISTS

Preferred Agents	Non-Preferred	"	Limitations
latanoprost	bimatoprost (gen Lumigan 0.03%) Lumigan 0.01% Travatan Z	travoprost 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	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

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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 (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 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

GLUCOCORTICOIDS, 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

INTRANASAL ANTIHISTAMINES AND OTHERS

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

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INTRANASAL CORTICOSTEROIDS

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

LEUKOTRIENE RECEPTOR ANTAGONISTS

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

TOBACCO CESSATION

Preferred Agents	Non-Preferred	"	Limitations
bupropion SR (gen Zyban) Chantix nicotine chewing gum OTC nicotine transdermal OTC	<i>Nicoderm CQ OTC *</i> <i>Nicorette Gum OTC *</i> <i>Nicorette Lozenge OTC</i> <i>nicotine lozenge OTC</i>	<i>Nicotrol Inhaler %</i> <i>Nicotrol Nasal Spray %</i> <i>Zyban *</i>	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	<i>Elimite *</i> <i>Eurax Cream</i> <i>Eurax Lotion</i> <i>lindane shampoo</i> <i>malathion</i>	<i>Ovide</i> <i>piperonyl butoxide/pyrethrins kit OTC</i> <i>spinosad</i> <i>Vanallice</i>	N/A

ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
calcipotriene cream calcipotriene solution	<i>calcipotriene oint</i> <i>calcipotriene-</i> <i>betamethasone oint</i> <i>Calcitrene</i> <i>calcitriol</i> <i>Dovonex cream</i>	<i>Enstilar foam</i> <i>Sorilux</i> <i>Taclonex ointment/scalp</i> <i>Vectical</i>	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>Aczone</i> <i>Avar products</i> <i>Azelex</i> <i>Benzaclin</i> <i>Benzamycin</i> <i>benzoyl peroxide</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>Ery gel/pads</i> <i>erythromycin gel/swab</i>	<i>erythromycin-benzoyl peroxide</i> <i>Evoclin</i> <i>Klaron</i> <i>Neuac</i> <i>Onexton</i> <i>Ovace/Ovace Plus</i> <i>Rosanil</i> <i>Rosula</i> <i>Seb-Prev wash</i> <i>SSS 10-5</i> <i>sulfacetamide</i> <i>sulfacetamide/sulfur</i> <i>sulfacetamide/sulfur/urea</i> <i>sulfacetamide sodium</i> <i>sulfacetamide sodium/sulfur</i> <i>Sumadan products</i> <i>Sumaxin products</i>	Trial of 2 preferred agents required

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>Altreno</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>Ziana</i>	Requires clinical PA if > 26 years old.

TOPICAL, ROSACEA AGENTS

Preferred Agents	Non-Preferred	"	Limitations
Metrocream Metrogel Metro lotion	<i>azelaic acid (gen Finacea)</i> <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>	N/A

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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%	<i>alclometasone dipro cream/ ointment</i> <i>Aqua-Glycolic HC</i> <i>Capex Shampoo</i> <i>Desonate gel</i> <i>desonide cream/lot/oint</i>	<i>Desowen</i> <i>fluocinolone 0.01% oil</i> <i>hydrocortisone / min oil / pet oint 1%</i> <i>Micort-HC</i> <i>Texacort</i>	N/A

MEDIUM POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	"	Limitations
fluticasone propionate cream mometasone furoate cream mometasone furoate oint mometasone furoate soln	<i>betamethasone val foam 0.12%</i> <i>clocortolone</i> <i>Cloderm</i> <i>Cordran Tape</i> <i>Cutivate</i> <i>Dermatop</i> <i>Elocon</i> <i>fluocinolone acetonide cream/oint/solution</i> <i>flurandrenolide</i> <i>fluticasone propionate lot/oint</i>	<i>hydrocortisone butyrate (brand and generic all forms)</i> <i>hydrocortisone valerate cream/oint</i> <i>Luxiq Foam</i> <i>Pandel</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	"	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>DermacinRX Silapak</i> <i>DermacinRX Silazone</i> <i>desoximetasone</i> <i>diflorasone diacetate</i> <i>Diprolene</i> <i>fluocinonide</i>	<i>Halog</i> <i>Kenalog Aerosol</i> <i>Psorcon</i> <i>SanadermRX</i> <i>Sernivo</i> <i>Silazone-II</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	"	Limitations
clobetasol prop (crm, oint, sol, gel) Clobex shampoo halobetasol propionate cream	<i>Apexicon E</i> <i>Bryhali</i> <i>clobetasol emollient cream/foam</i> <i>clobetasol lot/shmp/spray</i> <i>clobetasol propionate foam</i> <i>Clobex lotion & spray</i> <i>Clodan</i>	<i>halobetasol propionate oint</i> <i>Olux/Olux-E</i> <i>Temovate</i> <i>Ultravate cream/lot/oint</i> <i>Ultravate X PAC cream/oint</i>	N/A