

# Montana Medicaid Preferred Drug List (PDL)

## Revised September 16, 2020

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### ANALGESICS

#### ANALGESICS, OPIOID – LONG-ACTING

Preferred Agents	Non-Preferred	"	Limitations
Butrans Patch # morphine sulfate SR tab #	Arymo # Belbuca% # buprenorphine # (Generic for Butrans) Conzip ER % # Duragesic patch * # Exalgo fentanyl patch # hydrocodone ER cap % hydromorphone ER tab Hysingla ER # % Kadian # Morphabond ER #	morphine ER (Avinza) # morphine sulfate ER cap (Kadian) # MS Contin * # Nucynta ER # % Opana/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
Ajovy % Emgality 120mg % rizatriptan ODT rizatriptan tablet sumatriptan tablets, vial, nasal spray, syringe, cartridge	Aimovig % almotriptan Amerge Cambia % eletriptan (gen Relpax) Emgality 100mg % Frova frovatriptan Imitrex * all forms Maxalt * Maxalt MLT * naratriptan	Nurtec ODT % Onzetra Xsail Relpax Reyvow % sumatriptan inj/nasal spray (SUN & PRASCO Mfrs) sumatriptan/naproxen 85-500 Sumavel Dosepro% Tosymra Treximet Ubrelvy % 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 diclofenac 1% gel (generic Voltaren) # diclofenac sodium EC/DR ibuprofen tablet Rx indomethacin capsule IR ketorolac (oral) # meloxicam tablet naproxen tablet (Naprosyn) sulindac Voltaren 1% gel Rx #	Arthrotec Celebrex * celecoxib 50mg and 400mg Daypro diclofenac potassium /suspension diclofenac sodium ER/SR diclofenac sodium /misoprostol diclofenac topical & transdermal # (except 1% gel) diflunisal Duexis etodolac etodolac tab SR	Feldene fenoprofen Flector # flurbiprofen ibuprofen susp Indocin supp /suspension indomethacin capsule ER ketoprofen/ER meclofenamate mefenamic acid Mobic nabumetone Nalfon Naprelan naproxen EC	naproxen sodium Rx (gen Anaprox) naproxen susp naprox/esomep (gen Vimovo) % oxaprozin Pennsaid # piroxicam Qmiiz ODT Relafen DS Sprix % Tivorbex tolmetin sodium Vimovo % Vivlodex Xrylix Kit Zipsor % Zorvolex

## NEUROPATHIC PAIN

Preferred Agents	Non-Preferred	"	Limitations
duloxetine (all except 40mg) gabapentin capsule μ gabapentin solution μ gabapentin tablet μ Lyrica Capsule μ +	Cymbalta * Drizalma sprinkle duloxetine 40 mg cap Gralise % μ Horizant % μ lidocaine patch #	Lidoderm # Lyrica solution % μ Lyrica CR μ Neurontin μ Qutenza Savella % Ztlido	% 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

## SUBSTANCE USE DISORDER TREATMENTS

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

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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	<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>vancomycin HCl</i> <i>Xifaxan %</i>	% Clinical criteria applies

### ANTIBIOTICS: INHALED

Preferred Agents	Non-Preferred	"	Limitations
Bethkis Kitabis TobiPodhaler (requires trial of 1 other preferred product)	<i>Arikayce</i> <i>Cayston</i> <i>Tobi</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 tablet/susp</i> <i>erythromycin filmtab</i> <i>PCE</i> <i>Zithromax *</i>	N/A

### ANTIBIOTICS: 2ND GENERATION CEPHA

Preferred Agents	Non-Preferred	"	Limitations
cefprozil tab/susp cefuroxime	<i>cefaclor capsule</i> <i>cefaclor suspension</i>	<i>cefaclor ER</i>	N/A

### ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

Preferred Agents	Non-Preferred	"	Limitations
cefdinir	<i>cefixime caps/susp</i> <i>cefpodoxime</i>	<i>Suprax chewable</i>	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>Minolira 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>Centany</i> <i>Centany AT</i>	<i>gentamicin cream/oint</i> <i>mupirocin cream</i>	

### ANTIBIOTICS, VAGINAL

Preferred Agents	Non-Preferred	"	Limitations
Cleocin ovules Clindesse metronidazole vaginal 0.75% gel Nuversa 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 &amp; sol</i> <i>ketoconazole %</i>	<i>Noxafil</i> <i>nystatin oral tablet</i> <i>Onmel</i> <i>Oravig</i> <i>posaconazole</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
Cicloclodan 8% solution ciclopirox 8% solution clotrimazole cream/solution clotrimazole/betamethasone cream ketoconazole cream/shampoo nystatin cream/oint/powder	Bensal HP Cicloclodan cream/kit ciclopirox (Cicloclodan/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/zinc oxide/ petrolatum (gen Vusion) naftifine cream/gel Naftin cream/gel Nizoral shampoo * nystatin/triamcin cream/oint oxiconazole cream Oxistat cream/lotion Penlac Vusion	

## 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
oseltamivir suspension and capsules	flumadine Relenza rimantadine HCl Tamiflu 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/vial PEG-Intron		Clinical criteria applies to this class

## HEPATITIS C: OTHER

Preferred Agents	Non-Preferred	"	Limitations
Mavyret	Epclusa Harvoni tabs/pellet pak ledipasvir-sofosbuvir	sofosbuvir-velpatasvir Sovaldi tabs/pellet pak 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>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
irbesartan/HCTZ losartan/HCTZ valsartan/HCT	<i>Atacand HCT</i> <i>Avalide *</i> <i>Benicar HCT</i> <i>candesartan/HCTZ</i> <i>Diovan HCT *</i>	<i>Edarbyclor</i> <i>Hyzaar *</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
ranolazine ER	Ranexa ER		N/A

## ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

## BETA BLOCKERS AND COMBINATIONS

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

## CALCIUM CHANNEL BLOCKERS (DHP)

Preferred Agents	Non-Preferred	"	Limitations
amlodipine nifedipine ER (generic for Procardia XL)	Adalat CC felodipine ER isradipine Katerzia 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	Ezallor Sprinkle	Vytorin %	
simvastatin %	ezetimibe/simvastatin%	Zetia *	
	fluvastatin	Zocor %	
	fluvastatin XL	Zypitamag	

## LIPOTROPICS: OTHERS

Preferred Agents	Non-Preferred	"	Limitations
cholestyramine/aspartame	Antara	Lovaza %	% Clinical criteria applies
cholestyramine/sucrose	colesevelam tab & powder (gen	Nexletol	
colestipol tablets	Welchol)	Nexlizet	
fenofibrate – (generic Tricor)	Colestid granules & tabs	Niacor	
gemfibrozil	colestipol granules	Niaspan *	
niacin ER	fenofibrate – gen Antara	omega-3 ethyl esters %	
Prevalite	fenofibrate – gen Lipofen	Praluent %	
	fenofibrate – gen Lofibra	Questran *	
	fenofibric acid – gen Trilipix	Questran Light *	
	Fenoglide	Repatha %	
	Fibricor	Tricor *	
	Juxtapid %	Triglide	
	Lipofen	Trilipix	
	Lopid *	Vascepa %	
		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 % 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 & susp @ carbamazepine ER – generic for Carbatrol ER	carbamazepine XR Epitol oxcarbazepine susp oxcarbazepine tabs	Aptiom Carbatrol * Equetro Oxtellar XR Tegretol XR	Tegretol tablets and suspension * @ Trileptal oral suspension * @ Trileptal tablets *
			<b>Note: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA</b>

#### 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 @	<b>Note: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA</b>

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## ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

Preferred Agents	Non-Preferred	"	Limitations
diazepam rectal %	Banzel %	Nayzilam %	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	Diacomit %	Onfi %	
lamotrigine IR tabs & chews/dispersible	Diastat rectal %	pregabalin caps/solution μ	% Clinical criteria applies
lamotrigine starter pak	Epidiolex %	Qudexy XR	
levetiracetam IR	Fycompa	Sabril	μ Cross duplication not allowed between gabapentin and Lyrica
levetiracetam solution	Gabitril %	Spritam	
Lyrica capsule μ	Keppra * @	Sympazan % @	
topiramate tablets	Keppra XR	tiagabine	
zonisamide	Lamictal *	Topamax Sprinkle Cap @	
	Lamictal ODT & ODT Starter pak @	Topamax tablet *	
	Lamictal Starter pak	topiramate sprinkle cap @	
	Lamictal XR %	topiramate ER	
	lamotrigine ER %	Trokendi XR	
	lamotrigine ODT @	Valtoco %	
	levetiracetam ER	vigabatrin powder (gen Sabril)	
	Lyrica solution μ	vigabatrin tablet	
	Lyrica CR μ	Vimpat %	
		Xcopri	

## ANTI-DEPRESSANTS: SSRIS

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

## ANTI-DEPRESSANTS: NOVEL

Preferred Agents	Non-Preferred	"	Limitations
bupropion IR	Aplenzin	Forfivo XL	Trial of 2 preferred agents required (excluding trazodone)
bupropion SR and XL 150mg & 300mg	Brintellix	Khedeza ER	
duloxetine (except 40mg)	bupropion XL 450mg (gen Forfivo)	mirtazapine rapdis @	# Quantity limits apply
mirtazapine	Cymbalta *	Pristiq ER #	
trazodone	desvenlafaxine ER	Remeron *	@ Alternative dosage forms require PA
venlafaxine IR	desvenlafaxine fum ER	Remeron SolTab @	
venlafaxine ER caps 24H	desvenlafaxine suc ER	Trintellix	
	duloxetine 40mg	venlafaxine ER tabs	
	Effexor XR *	Viiibryd	
	Fetzima	Viiibryd DS PK	
		Wellbutrin SR and 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 dexmethylphenidate IR Focalin XR methylphenidate IR (generic for Ritalin) Vyvanse Cap #1 Vyvanse Chewable @	Adhansia XR Adzenys XR @ amphetamine sulfate (gen Evekeo) amphetamine susp ER (gen Adzenys) Cotempla XR ODT Daytrana @ Dexedrine SA dexmethylphenidate ER dextroamphetamine SA (generic for Dexedrine SA) dextroamphetamine tab/soln dextroamp-amphet ER Dyanavel XR Evekeo Evekeo ODT @ Focalin IR Jornay PM Metadate ER Methylin solution @	methylphenidate CD methylphenidate chew & solution methylphenidate ER cap (gen Aptensio) 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 @ Relexxii ER Ritalin * Ritalin LA 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 Mycite % Abilify tablet * Adasuve aripiprazole sol/ODT Caplyta clozapine ODT @ Clozaril * Fanapt Fanapt titration pack Fazaclo Geodon * Invega Nuplazid olanzapine/fluoxetine paliperidone ER Perseris @ Rexulti % Risperdal *	risperidone tab rapdis @ Saphris Secuado 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 20&40mg %	Glatopa Mavenclad Mayzent Plegridy & Pen Tecfidera % Vumerity % Zeposia	% Clinical criteria applies

## ANTI-PARKINSON'S AGENTS

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

## SEDATIVE HYPNOTIC AGENTS

Preferred Agents	Non-Preferred	"	Limitations
eszopiclone (initial dose limit 1mg/day) temazepam 15 & 30mg zaleplon zolpidem tartrate IR tablet (initial dose limit 5mg/day for females)	Ambien */ Ambien CR Belsomra % doxepin (gen Silenor) Dayvigo % Eduar % Estazolam flurazepam Halcion Hetlioz % Intermezzo % Lunesta %	ramelteon Restoril * Rozerem Silenor % Sonata temazepam 7.5 & 22.5mg triazolam 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 Norgesic Forte Robaxin * Skelaxin tizanidine capsule % # Zanaflex capsule % # Zanaflex tablet *	% Clinical criteria applies # Quantity limits apply

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## MOVEMENT DISORDER DRUGS

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

## 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 ibandronate raloxifene	Actonel alendronate solution Atelvia Binosto Boniva calcitonin-salmon %	Evista * Fosamax tabs */ PlusD Miacalcin % risedronate sodium teriparatide Tymlos	% Clinical criteria applies

### ANTI-HYPOGLYCEMIC AGENTS

Preferred Agents	Non-Preferred	"	Limitations
Baqsimi # Glucagon # Glucagon Emergency Kit (Lilly) # Proglycem susp	diazoxide susp Glucagon Emergency kit (Fresenius) # Gvoke pen/syringe #		# Quantity limits apply

### 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 Trijardy XR	% Clinical criteria applies

### DIABETES: GLP1-RECEPTOR AGONISTS

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

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## DIABETES: INSULIN AND COMBO

Preferred Agents	"	Non-Preferred	"	Limitations
Humalog JR Kwikpen	Lantus vial	Admelog Vial/SoloStar	insulin aspart/insulin aspart protamine pen/vial	Clinical PA required for non-preferred insulin pens
Humalog U-100 Kwikpen	Lantus SoloStar	Afrezza		
Humalog Mix Pen/Vial	Levemir vial	Apidra Vial/Solostar	insulin lispro vial/kwikpen	
Humalog Vial/Cartridge	Levemir FlexTouch	Basaglar Kwikpen	insulin lispro JR kwikpen	
Humulin Vial OTC	NovoLog Pen/Vial	Fiasp Vial/FlexTouch/ Cartridge	insulin lispro protamine mix	
Humulin 70/30 Vial	NovoLog Mix 70/30 Pen/Vial	Humalog U-200 Kwikpen	Novolin N Vial/Cartridge	
Humulin N Pen OTC	NovoLog Cartridge	Humulin Pen	Novolin R Vial/Cartridge	
Humulin N Vial	Tresiba Vial/FlexTouch	Humulin R U-500 Vial	Soliqua 100-33	
Humulin R Vial		insulin aspart cartridge/ flexpen/vial	Toujeo Xultophy 100-3.6	

## 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 * Glumetza metformin solution	metformin ER (gen for Fortamet) metformin ER (gen for Glumetza) Riomet	N/A

## DIABETES: SGLT2 AND COMBOS

Preferred Agents	Non-Preferred	"	Limitations
Farxiga Glyxambi Invokamet Invokana Jardiance Xigduo XR	Invokamet XR Qtern Segluromet	Steglatro Steglujan Synjardy Synjardy XR Trijardy 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

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## ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

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

## 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
Oriahnn Orilissa			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 ODT	aprepitant	Reglan *	
ondansetron solution	Bonjesta	Sancuso	
ondansetron tablet	Diclegis%	Sustol SQ	
	doxylamine/pyridox %	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	Motegrity	Viberzi	
Lotronex	Relistor tab, syr	Zelnorm	
Movantik	Symproic		

### PROTON PUMP INHIBITORS AND H. PYLORI TREATMENT

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

### ULCERATIVE COLITIS – ORAL

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

### ULCERATIVE COLITIS – RECTAL

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



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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 sevelamer carbonate tabs (gen Renvela)	Auryxia Eliphos Fosrenol powder & tabs lanthum chew tab Phoslyra Renagel	Renvela powder packets Renvela tablets sevelamer powder sevelamer HCL tabs (gen Renagel) Velphoro	N/A

#### URINARY TRACT ANTISPASMODICS

Preferred Agents	Non-Preferred	"	Limitations
oxybutynin ER oxybutynin IR solifenacin (gen Vesicare) Toviaz	darifenacin ER Detrol Detrol LA Ditropan XL Enablex flavoxate Gelnique	Myrbetriq Oxytrol * tolterodine tolterodine ER trospium trospium XR Vesicare *	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 #	<i>Bevyxxa</i>		# Quantity limits apply
Eliquis starter pack #	<i>Coumadin *</i>		% Clinical criteria applies
Pradaxa #	<i>Savaysa #</i>		
warfarin	<i>Xarelto 2.5mg # %</i>		
Xarelto 10,15,20mg and Starter Pack #			

#### 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>Udenyca</i> <i>Zarxio</i> <i>Ziextenzo</i>	N/A

#### HEMATOPOIETIC AGENTS

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

### MISCELLANEOUS AGENTS

#### ANTIHYPERURICEMICS

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

#### BILE SALTS

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

### IMMUNOLOGIC AGENTS

#### ANTINEOPLASTIC AGENTS, TOPICAL

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

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## HAE TREATMENTS

Preferred Agents	Non-Preferred	"	Limitations
Berinert Cinryze Haegarda Firazyr Kalbitor	icatibant (gen Firazyr) 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 Enbrel vial Ilumya Kevzara Kineret Olumiant Orencia Otezla	Rinvoq ER Siliq Simponi Skyrizi 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 everolimus 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
Protopic	Dupixent Elidel Eucrisa	pimecrolimus (gen Elidel) tacrolimus ointment	Clinical criteria and quantity limits apply to this class

## IMMUNOMODULATORS, TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
Imiquimod 5% (gen Aldara)	Aldara * Condylox gel Imiquimod 3.75% (gen Zyclara)	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

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>loteprednol (gen Lotemax)</i> <i>Maxidex</i> <i>Omnipred</i> <i>Pred Forte</i> <i>Pred Mild</i> <i>prednisolone sod phos</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/RHO KINASE INHIBITORS – GLAUCOMA

Preferred Agents	Non-Preferred	"	Limitations
dorzolamide dorzolamide/timolol Rhopressa Rocklatan 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 Zerviate	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% travaprost Travatan Z	Vyzulta Xalatan * Xelpros Zioptan	N/A

## OPHTHALMIC QUINOLONES

Preferred Agents	Non-Preferred	"	Limitations
ciprofloxacin drops ofloxacin drops Vigamox	Besivance Ciloxan drops*/ointment gatifloxacin levofloxacin	Moxeza 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 ofloxacin drops	Cipro HC ciprofloxacin HCl otic ciproflox/dexameth otic susp (gen Ciprodex)	ciproflox/fluocinolone Coly-Mycin S Cortisporin-TC otic susp Otovel	N/A

### OTIC ANTI-INFLAMMATORY

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

## PAH AGENTS

### ENDOTHELIN RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred	"	Limitations
Letairis	ambrisentan (gen Letairis) bosentan (gen Tracleer)	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
Alyq 20mg (gen Adcirca) sildenafil tabs/susp (gen Revatio) tadalafil 20mg (gen Adcirca)	Adcirca Adempas Revatio tabs and liquid	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 HandiHaler μ Stiolto Respimat μ	Anoro Ellipta μ Daliresp % Duaklir Pressair 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 Palforzia	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 (generic Proair 8.5g) albuterol HFA (generic Proventil 6.7g) levalbuterol HFA levalbuterol inh soln	ProAir Digihaler 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 Advair HFA Dulera Symbicort	AirDuo Breo Ellipta budesonide/formoterol (gen Symbicort) fluticasone/salmeterol (generic Advair)	fluticasone/salmeterol (generic Airduo) Wixela	N/A

## CORTICOSTEROIDS INHALED

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

## EPINEPHRINE – SELF INJECTED

Preferred Agents	Non-Preferred	"	Limitations
epinephrine self-injected Adult and Jr. (generic for Epipen) (Mylan Mfr)	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	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 Dxevo Emflaza % Entocort EC Medrol Medrol DS PK methylprednisolone 8mg, 16mg, and 32mg tabs	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

# Montana Medicaid Preferred Drug List (PDL)

**Revised September 16, 2020**

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

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

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

## 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	azelastine/fluticasone Beconase AQ budesonide nasal Dymista Flonase OTC 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 lozenge OTC nicotine transdermal OTC	Nicoderm CQ OTC * Nicorette Gum OTC * Nicorette 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	Elimite * Eurax Cream Eurax Lotion lindane shampoo malathion	Ovide piperonyl butoxide/pyrethrins kit OTC Sklice spinosad Vanallice	N/A



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### ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
calcipotriene cream calcipotriene solution	calcipotriene oint calcipotriene-betameth ointment/scalp Calcitrene calcitriol Dovonex cream	Duobrii 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	Acanya Gel Aczone Amzeeq Arazlo 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/swab 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 0.01% & 0.025% (gen Avita/Retin-A)	adapalene cream/gel adapalene/benzoyl peroxide Aklief 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 0.05% (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	azelaic acid (gen Finacea) Finacea Gel/Foam ivermectin cr 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	Beser lotion/Kit betamethasone val foam 0.12% clocortolone Cloderm Cordran Tape Cutivate Dermatop Elocon fluocinolone acetamide 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 halcinonide 0.1% cr	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)	Apexicon E	halobetasol propionate	N/A
Clobex shampoo	Bryhali	cream/foam/ointment	
	clobetasol emollient	Lexette	
	cream/foam	Olux/Olux-E	
	clobetasol lot/shmp/spray	Temovate	
	clobetasol propionate foam	Tovet kit	
	Clobex lotion & spray	Ultravate cream/lot/ointment	
	Clodan	Ultravate X PAC	
		cream/ointment	