

Montana Medicaid Preferred Drug List (PDL)

Revised October 28, 2020

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ANALGESICS

ANALGESICS, OPIOID – LONG-ACTING

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

NEUROPATHIC PAIN

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

OPIOID REVERSAL AGENTS

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

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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

ANTI-INFECTIVES

ANTIBIOTICS: 2ND GENERATION QUINOLONES

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

ANTIBIOTICS: 3RD GENERATION QUINOLONES

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

ANTIBIOTICS, GI

Preferred Agents	Non-Preferred	--	Limitations
Firvanq metronidazole table	Difcid % Flagyl metronidazole capsule neomycin sulfate paromomycin	Solosec Tindamax tinidazole Vancocin vancomycin HCl vancomycin soln (gen Firvanq) Xifaxan %	% Clinical criteria applies

ANTIBIOTICS: INHALED

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

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ANTIBIOTICS: MACROLIDES/KETOLIDES

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

ANTIBIOTICS: 2ND GENERATION CEPHA

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

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

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

ANTIBIOTICS: TETRACYCLINES

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

ANTIBIOTICS, TOPICAL

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

ANTIBIOTICS, VAGINAL

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

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ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred	--	Limitations
clotrimazole	<i>Ancobon</i>	<i>Noxafil</i>	% Clinical criteria applies
fluconazole	<i>Cresemba</i>	<i>nystatin oral tablet</i>	
griseofulvin suspension	<i>Diflucan *</i>	<i>Onmel</i>	
nystatin suspension	<i>flucytosine</i>	<i>Oravig</i>	
terbinafine	<i>griseofulvin micro</i>	<i>posaconazole</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>	

ANTIFUNGALS AND COMBOS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
Ciclodan 8% solution	<i>Bensal HP</i>	<i>Lotrisone cream *</i>	N/A
ciclopirox 8% solution	<i>Ciclodan cream/kit</i>	<i>luliconazole cream</i>	
clotrimazole cream/solution	<i>ciclopirox (Ciclodan/Loprox)</i>	<i>Luzu cream</i>	
clotrimazole/betamethasone cream	<i>cr/gel/kit/shmp/susp</i>	<i>Mentax cream</i>	
ketoconazole cream/shampoo	<i>clotrim/betameth lotion</i>	<i>miconazole/zinc oxide/ petrolatum (gen Vusion)</i>	
nystatin cream/oint/powder	<i>Dermacinrx Therazole pk</i>	<i>naftifine cream/gel</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 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>	
valacyclov			

ANTIVIRALS: INFLUENZA

Preferred Agents	Non-Preferred	--	Limitations
oseltamivir suspension and capsule	<i>flumadine</i>		% Clinical criteria applies
	<i>Relenza</i>		
	<i>rimantadine HCl</i>		
	<i>Tamiflu</i>		
	<i>Xofluza %</i>		

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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
N/A	Pegasys ProClick/syringe/vial PEG-Intron		Clinical criteria applies to this class

HEPATITIS C: OTHER

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

HEPATITIS C: RIBAVIRIN PRODUCTS

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

CARDIOVASCULAR

ACE INHIBITORS

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

ACE INHIBITOR COMBINATIONS

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

ANGIOTENSIN MODULATOR

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

ANGIOTENSION II RECEPTOR BLOCKER COMBOS

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

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

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

BETA BLOCKERS AND COMBINATIONS

Preferred Agents	Non-Preferred	--	Limitations
atenolol carvedilol Coreg CR metoprolol succinate ER metoprolol tartrate propranolol IR propranolol ER	<i>acebutolol/Sectral</i> <i>atenolol/chlorthalidone</i> <i>betaxolol</i> <i>bisoprolol (gen Zebeta)</i> <i>bisoprolol/HCTZ</i> <i>Bystolic</i> <i>Byvalson %</i> <i>carvedilol ER</i> <i>Coreg *</i> <i>Corzide</i> <i>Hemangeol</i> <i>Inderal LA & XL</i> <i>Innopran XL</i> <i>Kaspargo Sprinkle</i> <i>labetalol (gen Trandate)</i>	<i>Lopressor*</i> <i>metoprolol/HCTZ</i> <i>nadolol/Corgard</i> <i>nadolol/bendroflumethazide</i> <i>pindolol</i> <i>propranolol/HCTZ</i> <i>sotalol/Betapace /Batapace AF</i> <i>/Sorine</i> <i>Sotylize</i> <i>Tenormin /Tenoretic</i> <i>timolol</i> <i>Toprol XL *</i> <i>Ziac</i>	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)	<i>Adalat CC</i> <i>felodipine ER</i> <i>isradipine</i> <i>Katerzia</i> <i>nicardipine HCl</i> <i>nifedipine IR/Procardia</i> <i>nimodipine</i>	<i>nisoldipine ER</i> <i>Norvasc *</i> <i>Nymalize</i> <i>Procardia XL *</i> <i>Sular (reformulated)</i>	N/A

CALCIUM CHANNEL BLOCKERS (NON-DHP)

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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	aliskiren 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 * Ezallor Sprinkle 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 Trilipix Fenoglide Fibricor Juxtapid % Lipofen Lopid *	Lovaza % Nexletol Nexlizet 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	<i>Aricept</i> * <i>Aricept 23 %</i> <i>donepezil 23mg %</i> <i>donepezil ODT</i>	<i>galantamine</i> <i>galantamine ER</i> <i>Razadyne</i> <i>Razadyne ER</i> <i>rivastigmine patch</i>	% Clinical criteria applies

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
memantine tablet	<i>memantine sol/dosepak</i> <i>memantine ER</i> <i>Namenda tab, dosepak</i>	<i>Namenda XR</i> <i>Namzaric</i>	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 Epilex oxcarbazepine susp oxcarbazepine tabs	<i>Aptiom</i> <i>Carbatrol</i> * <i>Equetro</i> <i>Oxtellar XR</i> <i>Tegretol XR</i>	<i>Tegretol tablets and susp</i> * @ <i>Trileptal oral suspension</i> * @ <i>Trileptal tablets</i> *	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	<i>Celontin</i> <i>Depakene caps and syrup</i> @ <i>Depakote IR and ER</i> * <i>Depakote sprinkle</i> * <i>Dilantin capsule</i> * <i>Dilantin-125 oral suspension</i> *@	<i>felbamate</i> <i>Felbatol tabs and susp</i> <i>Mysoline</i> * <i>Peganone</i> <i>Phenytek</i> <i>Zarontin Cap/Syr</i> @	NOTE: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA

ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

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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 %	Trokenidi 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	Khedzla 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 *	Viibryd	
	Fetzima	Viibryd DS PK	
		Wellbutrin SR and XL *	

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

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 to this class

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

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SEDATIVE HYPNOTIC AGENTS

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

SKELETAL MUSCLE RELAXANTS

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

MOVEMENT DISORDER DRUGS

Preferred Agents	Non-Preferred	--	Limitations
Austedo	<i>Ingrezza</i>	<i>tetrabenazine</i>	Clinical criteria applies to this class; Quantity limits apply
Xenazine			

ENDOCRINE AND METABOLIC AGENTS

ANDROGENIC AGENTS

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

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BONE: RESORPTION AND RELATED AGENTS

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

ANTI-HYPOGLYCEMIC AGENTS

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

DIABETES: ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
acarbose	<i>miglitol</i>		N/A
Glyset	<i>Precose *</i>		

DIABETES: DPP-IV INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
Glyxambi %	<i>alogliptin</i>	<i>Kombiglyze XR</i>	% Clinical criteria applies
Janumet	<i>alogliptin-metformin</i>	<i>Nesina</i>	
Janumet XR	<i>alogliptin-pioglitazone</i>	<i>Onglyza</i>	
Januvia	<i>Jentadueto</i>	<i>Oseni %</i>	
	<i>Jentadueto XR</i>	<i>Tradjenta</i>	
	<i>Kazano</i>	<i>Trijardy XR</i>	

DIABETES: GLP1 RECEPTOR AGONISTS

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

DIABETES: INSULIN AND COMBO

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

DIABETES: MEGLITINIDES AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
repaglinide	<i>nateglinide</i> <i>Prandin *</i>	<i>repaglinide-metformin</i> <i>Starlix</i>	N/A

DIABETES: METFORMINS AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
glyburide-metformin	<i>Fortamet</i>	<i>metformin ER (gen for Fortamet)</i>	N/A
metformin	<i>glipizide-metformin</i>	<i>metformin ER (gen for Glumetza)</i>	
metformin ER (generic for Glucophage XR)	<i>Glucophage *</i>	<i>Riomet</i>	
	<i>Glucophage XR *</i>		
	<i>Glumetza</i>		
	<i>metformin solution</i>		

DIABETES: SGLT2 AND COMBOS

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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

ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

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

ESTROGEN PREPARATIONS, VAGINAL

For Prior Authorization please call or fax: Mountain Pacific Quality Health Clinical Call Center
Telephone: (800) 395-7961/(406) 443-6002 Fax: (800) 294-1350/406-513-1928

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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		N/A

GASTROINTESTINAL ANTIEMETICS AGENTS

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

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GI MOTILITY AGENTS

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

PROTON PUMP INHIBITORS AND H. PYLORI TREATMENT

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

ULCERATIVE COLITIS – ORAL

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

ULCERATIVE COLITIS – RECTAL

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

GENITOURINARY AND RENAL

ALPHA BLOCKERS FOR BPH

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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

HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

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

ANTICOAGULANT ORAL

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

COLONY STIMULATING FACTORS

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

HEMATOPOIETIC AGENTS

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

MISCELLANEOUS AGENTS

ANTIHYPERURICEMICS

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

BILE SALTS

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

IMMUNOLOGIC AGENTS

ANTINEOPLASTIC AGENTS, TOPICAL

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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>		

HAE TREATMENTS

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

IMMUNOMODULATORS

Preferred Agents	Non-Preferred	--	Limitations
Cosentyx	<i>Actemra</i>	<i>Rinvoq ER</i>	Clinical criteria applies to this class
Enbrel	<i>Cimzia</i>	<i>Siliq</i>	
Enbrel Mini	<i>Cimzia Kit</i>	<i>Simponi</i>	
Humira	<i>Enbrel vial</i>	<i>Skyrizi</i>	
Humira Pediatric	<i>Ilumya</i>	<i>Stelara</i>	
	<i>Kevzara</i>	<i>Taltz</i>	
	<i>Kineret</i>	<i>Tremfya</i>	
	<i>Olumiant</i>	<i>Xeljanz</i>	
	<i>Orencia</i>	<i>Xeljanz XR</i>	
	<i>Otezla</i>		

IMMUNOSUPPRESSANTS

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

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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

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

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

ANTIBIOTIC-STEROID COMBINATIONS

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

ANTI-INFLAMMATORIES – NSAIDS

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

ANTI-INFLAMMATORIES – STEROIDS

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

BETA BLOCKERS – GLAUCOMA

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

CARBONIC ANHYDRASE INHIBITORS/RHO KINASE INHIBITORS – GLAUCOMA

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

OPHTHALMIC ALLERGIC CONJUNCTIVITIS

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

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OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

Preferred Agents	Non-Preferred	--	Limitations
Restasis Multidose Restasis Unit Dose	<i>Cequa</i>	<i>Xiidra</i>	N/A

OPHTHALMIC PROSTAGLANDIN AGONISTS

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

OPHTHALMIC QUINOLONES

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

OTICS

OTIC ANTI-INFECTIVES AND ANESTHETICS

Preferred Agents	Non-Preferred	--	Limitations
acetic acid	<i>acetic acid HC</i>		N/A

OTIC ANTIBIOTICS

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

OTIC ANTI-INFLAMMATORY

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Telephone: (800) 395-7961/(406) 443-6002 Fax: (800) 294-1350/406-513-1928

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Preferred Agents	Non-Preferred	--	Limitations
Dermotic Oil flucinolone acetonide oil	<i>Flac Otic Oil</i>		N/A

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred	--	Limitations
Letairis	<i>ambrisentan (gen Letairis)</i> <i>bosentan (gen Tracleer)</i>	<i>Opsumit</i> <i>Tracleer</i>	Clinical criteria applies to this class

PROSTACYCLINS FOR PAH, INHALATION AND ORAL

Preferred Agents	Non-Preferred	--	Limitations
Tyvaso Ventavis Inh	<i>Orenitram ER</i> <i>Uptravi</i> <i>Uptravi Dose Pak</i>		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)	<i>Adcirca</i> <i>Adempas</i> <i>Revatio tabs and liquid</i>		Clinical criteria applies to this class

PLATELET AGGREGATION INHIBITORS

PLATELET AGGREGATION INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
Aggrenox aspirin Brilinta clopidogrel dipyridamole prasugrel	<i>aspirin-dipyridamole</i> <i>Effient *</i> <i>Plavix *</i>	<i>ticlopidine</i> <i>Yosprala</i> <i>Zontivity</i>	N/A

RESPIRATORY

COPD AGENTS

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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

ANTI-HISTAMINES 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 Clarinex Clarinex-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

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

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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

GLUCOCORTICOIDS, 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

IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents	Non-Preferred	--	Limitations
Esbriet Ofev	N/A		Clinical criteria applies to this class

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INTRANASAL ANTIHISTAMINES AND OTHERS

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

INTRANASAL CORTICOSTEROIDS

Preferred Agents	Non-Preferred	--	Limitations
fluticasone RX	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	<i>calcipotriene oint</i> <i>calcipotriene-betameth oint/scalp</i> <i>Calcitrene</i> <i>calcitriol</i> <i>Dovonex cream</i>	<i>Duobrii</i> <i>Enstilar foam</i> <i>Sorilux</i> <i>Taclonex ointment/scalp</i> <i>Vectical</i>	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	<i>Acanya Gel</i> <i>Aczone</i> <i>Amzeeq</i> <i>Arazlo</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/benzoyl perox. (Acanya 1.2-2.5%)</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 Tazorac cream Tazorac gel tretinoin cream tretinoin gel 0.01% and 0.025% (gen Avita/Retin-A)	<i>adapalene cream/gel</i> <i>adapalene/benzoyl peroxide</i> <i>Aklief</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>tazarotene cream (gen Tazorac)</i> <i>tretinoin gel 0.05% (gen Atralin)</i> <i>tretinoin microspheres</i> <i>Ziana</i>	Requires clinical PA if > 26 years old.

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TOPICAL, ROSACEA AGENTS

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

LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	--	Limitations
Derma-Smothe 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>Beser lotion/Kit</i> <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

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HIGH POTENCY TOPICAL STEROIDS

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

VERY HIGH POTENCY TOPICAL STEROIDS

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