Montana Medicaid Preferred Drug List (PDL)
Revised January 15, 2021

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ANALGESICS

ANALGESICS, OPIOID – LONG-ACTING

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

ANTI-MIGRAINE

Preferred Agents	Non-Preferred	--	Limitations
Ajovy %	*Aimovig %*	*Onzetra Xsail*	**Quantity limits apply to this class**
Emgality 120mg %	*almotriptan*	*Relpax*	**% Clinical criteria applies**
rizatriptan ODT	*Amerge*	*Reyvow %*	
rizatriptan tablet	*Cambia %*	*sumatriptan inj/nasal spray (SUN & PRASCO Mfrs)*	
sumatriptan tablets, vial, nasal spray, syringe, cartridge	*eletriptan (gen Relpax)*	*sumatriptan/naproxen 85-500*	
	Emgality 100mg %	*Sumavel Dosepro%*	
	Frova	*Tosymra*	
	frovatriptan	*Treximet*	
	*Imitrex * all forms*	*Ubrelvy %*	
	*Maxalt *	*Zembrace*	
	*Maxalt MLT *	*Zolmitriptan all forms*	
	Naratriptan	*Zomig all forms*	
	Nurtec ODT %		

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NSAIDS

Preferred Agents	Non-Preferred	--	Limitations
Celecoxib 100mg and 200mg	*Arthrotec*	*mefenamic acid*	**Trial of 2 preferred agents required**
diclofenac 1% gel (generic Voltaren) #	*Celebrex **	*Mobic*	
diclofenac sodium EC/DR	*celecoxib 50mg and 400mg*	*nabumetone*	**# Quantity limits apply**
ibuprofen tablet Rx	*Daypro*	*Nalfon*	
indomethacin capsule IR	*diclofenac potassium*	*Naprelan*	**% Clinical criteria applies**
ketorolac (oral) #	*diclofenac sodium ER/SR*	*naproxen EC*	
meloxicam tablet	*diclofenac sodium /misoprostol*	*naproxen sodium Rx (gen Anaprox)*	
naproxen tablet (Naprosyn)	*diclofenac topical & transdermal # (except 1% gel)*	*naproxen susp*	
sulindac	*diflunisal*	*naprox/esomep (gen Vimovo) %*	
Voltaren 1% gel Rx #	*Duexis*	*oxaprozin*	
	etodolac	*Pennsaid #*	
	etodolac tab SR	*piroxicam*	
	Feldene	*Qmiiz ODT*	
	fenoprofen	*Relafen DS*	
	Flector #	*Sprix %*	
	flurbiprofen	*Tivorbex*	
	ibuprofen susp	*tolmetin sodium*	
	Indocin supp/susp	*Vimovo %*	
	indomethacin capsule ER	*Vivlodex*	
	ketoprofen/ER	*Xrylix Kit*	
	ketorolac tromethamine (gen Sprix) %	*Zipsor %*	
	meclofenamate	*Zorvolex*	

NEUROPATHIC PAIN

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

OPIOID REVERSAL AGENTS

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

SUBSTANCE USE DISORDER TREATEMENTS

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

ANTI-INFECTIVES

ANTIOBIOTICS: 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 tablet	*Dificid %* *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**

ANTIBIOTICS: MACROLIDES/KETOLIDES

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

ANTIBIOTICS: 2ND GENERATION CEPHA

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

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

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

ANTIBIOTICS: TETRACYCLINES

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

ANTIBIOTICS, TOPICAL

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

ANTIBIOTICS, VAGINAL

Preferred Agents	Non-Preferred	--	Limitations
Cleocin ovules	*Cleocin cream*	*Metrogel vaginal gel **	**# Quantity limits apply**
Clindesse #	*clindamycin vaginal 2% cream*	*Vandazole*	
metronidazole vaginal 0.75% gel			
Nuvessa vaginal gel			

ANTIFUNGALS, ORAL

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

ANTIFUNGALS AND COMBOS, TOPICAL

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

ANTIVIRALS: HERPES – ORAL AGENTS

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

ANTIVIRALS: INFLUENZA

Preferred Agents	Non-Preferred	--	Limitations
oseltamivir suspension and capsule	*flumadine*		**% Clinical criteria applies**
	Relenza		
	rimantadine HCl		
	Tamiflu		
	Xofluza %		

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	*Epclusa* *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**

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ACE INHIBITOR COMBINATIONS

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

ANGIOTENSIN MODULATOR

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

ANGIOTENSION II RECEPTOR BLOCKER COMBOS

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

ANGIOTENSION MODULATOR COMBINATIONS

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

ANTIANGINAL & ANTIISCHEMIC

Preferred Agents	Non-Preferred	--	Limitations
ranolazine ER	*Ranexa ER*		**N/A**

ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

BETA BLOCKERS AND COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS (DHP)

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

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 HCT*	**Clinical criteria applies to this class**
	Tekturna		

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 Welchol)*	*Nexletol*	
colestipol tablets		*Nexlizet*	
fenofibrate 48mg & 145mg– (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	

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

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

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
memantine tablet	*memantine sol @/dosepak*	*Namenda XR*	**@ Alternative dosage forms require PA**
	memantine ER	*Namzaric*	
	Namenda tab, dosepak		

ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

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

ANTI-CONVULSANTS: FIRST GENERATION

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

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	*Fintepla*	*Sabril*	**µ Cross duplication not allowed between gabapentin and Lyrica**
levetiracetam solution	*Fycompa*	*Spritam*	
Lyrica capsule µ	*Gabitril %*	*Sympazan % @*	
topiramate tablets	*Keppra * @*	*tiagabine*	
zonisamide	*Keppra XR*	*Topamax Sprinkle Cap @*	
	*Lamictal **	*Topamax tablet **	
	Lamictal ODT & ODT Starter pak @	*topiramate sprinkle cap @*	
		topiramate ER	
	Lamictal Starter pak	*Trokendi XR*	
	Lamictal XR %	*Valtoco %*	
	lamotrigine ER %	*vigabatrin powder (gen Sabril)*	
	lamotrigine ODT @	*vigabatrin tablet*	
	levetiracetam ER	*Vimpat %*	
	Lyrica solution µ	*Xcopri*	
	Lyrica CR µ		

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*	
fluoxetine solution	*fluoxetine 20mg and 60mg tablet*	*Paxil Susp*	**% Clinical criteria applies**
fluoxetine 10 mg tablet	*fluoxetine DR*	*Pexeva*	
fluvoxamine	*fluvoxamine CR*	*Prozac **	**# Dose limits apply**
paroxetine	*Lexapro * #*	*Prozac Weekly %*	
sertraline	*paroxetine 7.5mg*	*Sarafem %*	
		*Zoloft **	

ANTI-DEPRESSANTS: NOVEL

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

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

MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Avonex	*Ampyra*	*Glatopa*	**Clinical criteria applies to this class**
Avonex Pen	*Aubagio*	*Kesimpta*	
Betaseron	*Bafiertam*	*Mavenclad*	
Copaxone 20mg	*Copaxone 40mg Syringe*	*Mayzent*	
Gilenya	*dalfampridine ER*	*Plegridy & Pen*	
Rebif	*dimethyl fumarate (gen Tecfidera)*	*Tecfidera*	
Rebif Rebidose	*Extavia*	*Vumerity*	
	glatiramer 20&40mg	*Zeposia*	

ANTI-PARKINSON'S AGENTS

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

SEDATIVE HYPNOTIC AGENTS

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

SKELETAL MUSCLE RELAXANTS

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

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: RESPORPTION 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 %	*alogliptin*	*Kombiglyze XR*	**% Clinical criteria applies**
Janumet	*alogliptin-metformin*	*Nesina*	
Janumet XR	*alogliptin-pioglitazone*	*Onglyza*	
Januvia	*Jentadueto*	*Oseni %*	
	Jentadueto XR	*Tradjenta*	
	Kazano	*Trijardy XR*	

DIABETES: GLP1 RECEPTOR AGONISTS

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

DIABETES: INSULIN AND COMBO

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

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

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**

GI MOTILITY AGENTS

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

PROTON PUMP INHIBITORS AND H. PYLORI TREATMENT

Preferred Agents	Non-Preferred	--	Limitations
Nexium suspension @ omeprazole (Rx) pantoprazole Protonix suspension @ Pylera	*Aciphex tab* *Aciphex sprinkle @* *Dexilant* *esomeprazole* *esomeprazole susp* *lansoprazole Rx & OTC* *lansoprazole-amox-clarith* *naproxen/esomeprazole (gen Vimovo) %* *Nexium OTC* *Nexium Rx capsule* *Omeclamox-Pak*	*omeprazole OTC* *omeprazole/sodium bicarb* *pantoprazole susp* *Prevacid RX and OTC* *Prevacid SoluTab @* *PREVPAC* *Prilosec (Rx) susp packet @* *Protonix Tablet ** *rabeprazole* *Vimovo %* *Zegerid* *Zegerid packet @*	**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	*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 **		

GENITOURINARY AND RENAL

ALPHA BLOCKERS FOR BPH

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

ANDROGEN HORMONE INHIBITORS AND COMBOS

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

PDE-5 FOR BPH

Preferred Agents	Non-Preferred	--	Limitations
N/A	*Cialis*		**Clinical criteria applies to this class**
	Tadalafil		

ELECTROLYTE DEPLETERS

Preferred Agents	Non-Preferred	--	Limitations
calcium acetate caps & tabs	*Auryxia*	*Renvela powder packets*	**N/A**
sevelamer carbonate tabs (gen Renvela)	*Eliphos*	*Renvela tablets*	
	Fosrenol powder & tabs	*sevelamer powder*	
	lanthum chew tab	*sevelamer HCL tabs (gen Renagel)*	
	Phoslyra	*Velphoro*	
	Renagel		

URINARY TRACT ANTISPASMODICS

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

HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

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

ANTICOAGULANT ORAL

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

COLONY STIMULATING FACTORS

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

HEMATOPOIETIC AGENTS

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

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

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

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	*Actemra*	*Rinvoq ER*	**Clinical criteria applies to this class**
Enbrel	*Cimzia*	*Siliq*	
Enbrel Mini	*Cimzia Kit*	*Simponi*	
Humira	*Enbrel vial*	*Skyrizi*	
Humira Pediatric	*Enspryng*	*Stelara*	
	Ilumya	*Taltz*	
	Kevzara	*Tremfya*	
	Kineret	*Xeljanz*	
	Olumiant	*Xeljanz XR*	
	Orencia		
	Otezla		

IMMUNOSUPPRESSANTS

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

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

IMMUNOMODULATORS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
Imiquimod 5% (gen Aldara)	*Aldara **	Podofilox solution	**N/A**
	Condylox gel	*Veregen*	
	Imiquimod 3.75% (gen Zyclara)	*Zyclara*	

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%)*	*Iopidine*	**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

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

ANTI-INFLAMMATORIES – STEROIDS

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

BETA BLOCKERS – GLAUCOMA

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

CARBONIC ANHYDRASE INHIBITORS/RHO KINASE INHIBITORS – GLAUCOMA

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

OPHTHALMIC ALLERGIC CONJUNCTIVITIS

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

OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

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

OPHTHALMIC PROSTAGLANDIN AGONISTS

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

OPHTHALMIC QUINOLONES

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

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	*Cipro HC*	*ciproflox/fluocinolone*	**N/A**
neomycin/polymixin/HC soln/susp	*ciprofloxacin HCl otic*	*Coly-Mycin S*	
ofloxacin drops	*ciproflox/dexameth otic susp (gen Ciprodex)*	*Cortisporin-TC otic susp*	
		Otovel	

OTIC ANTI-INFLAMMATORY

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

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred	--	Limitations
Letairis	*ambrisentan (gen Letairis)*	*Opsumit*	**Clinical criteria applies to this class**
	bosentan (gen Tracleer)	*Tracleer*	

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
aspirin aspirin-dipyridamole Brilinta clopidogrel dipyridamole prasugrel	*Effient ** *Plavix **	*ticlopidine* *Yosprala* *Zontivity*	**N/A**

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 chewable OTC*	*fexofenadine susp OTC*	**N/A**
cetirizine syrup Rx	*cetirizine soln 5mg/5mL OTC*	*fexofenadine-D OTC*	
cetirizine tablets OTC	*cetirizine-D OTC*	*levocetirizine soln*	
levocetirizine tablets Rx	*Clarinex*	*loratadine caps OTC*	
loratadine ODT OTC	*Clarinex-D*	*loratadine chewable OTC*	
loratadine syrup OTC	*desloratadine*	*loratadine-D OTC*	
loratadine tablets OTC	*fexofenadine tabs OTC*	*Semprex-D*	

BETA AGONISTS: SHORT-ACTING MDI AND NEBS

Preferred Agents	Non-Preferred	--	Limitations
albuterol nebs	*albuterol HFA (generic Proair 8.5g)*	*ProAir Digihaler*	**N/A**
ProAir HFA	*albuterol HFA (generic Proventil 6.7g)*	*ProAir Respiclick*	
Proventil HFA	*levalbuterol HFA*	*Ventolin HFA*	
	levalbuterol inh soln	*Xopenex HFA*	
		Xopenex inh soln	

BETA AGONISTS: LONG-ACTING MDI & NEBS

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

BETA AGONISTS: COMBINATION PRODUCTS

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

CORTICOSTEROIDS INHALED

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

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

IDIOPATHIC PULMONARY FIBROSIS

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

INTRANASAL ANTIHISTAMINES AND OTHERS

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

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* *Vanalice*	**N/A**

ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
calcipotriene cream calcipotriene solution	*calcipotriene oint* *calcipotriene-betameth oint/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/benzoyl perox. (Acanya 1.2-2.5%)* *clindamycin phosphate foam/gel/lotion* *dapsone* *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% and 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.**

TOPICAL, ROSACEA AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Metrocream (if on backorder, please utilize alternate preferred product) Metrogel	*azelaic acid (gen Finacea)* *Finacea Gel/Foam* *ivermectin cr* *metronidazole cream* *metronidazole gel* *metronidazole lotion*	*Mirvaso* *Noritate* *Rhofade* *Rosadan/ kit* *Soolantra* *Zilxi*	**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 acetonide cream/oint/solution* *flurandrenolide* *fluticasone propionate lot/oint*	*hydrocortisone butyrate (brand and generic all forms)* *hydrocortisone valerate cream/oint* *Luxiq Foam* *Pandel* *prednicarbate cream* *prednicarbate oint* *Synalar* *Synalar TS*	**N/A**

HIGH POTENCY TOPICAL STEROIDS

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

VERY HIGH POTENCY TOPICAL STEROIDS

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