

Montana Medicaid Preferred Drug List (PDL)

Revised 10-12-18

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ANALGESICS

ANALGESICS, NARCOTIC – LONG-ACTING

Preferred Agents	Non-Preferred	"	Limitations
Butrans Patch #	Arymo #	Morphabond ER #	No more than one long acting opioid allowed. # Quantity limits apply % Clinical criteria applies MME restriction applies to this class
Embeda #	Belbuca% #	morphine ER (Avinza) #	
fentanyl patch 12,25,50,75,100 mcg/hr #	buprenorphine # (Generic for Butrans)	morphine sulfate ER cap (Kadian) #	
morphine sulfate SR tab #	Conzip ER % #	MS Contin * #	
	Duragesic patch*#	Nucynta ER #	
	Exalgo	Oxycodone ER #	
	fentanyl patch 37.5,62.5,87.5mcg/hr#	OxyContin #	
	hydromorphone ER tab	oxymorphone ER#	
	Hysingla ER #	tramadol ER % #	
	Kadian #	Xtampza ER #	
		Zohydro ER %	

ANTI-MIGRAINE

Preferred Agents	Non-Preferred	"	Limitations
Relpax	Aimovig %	naratriptan	Quantity limits apply to this class % Clinical criteria applies
rizatriptan ODT	almotriptan	Onzetra Xsail	
rizatriptan tablet	Amerge	sumatriptan syringe/kit	
sumatriptan tablets, vial, nasal spray	Axert	sumatriptan/naproxen 85-500	
	Cambia %	Sumavel Dosepro%	
	eletriptan (gen Relpax)	Treximet	
	Frova	Zembrace	
	frovatriptan	Zolmitriptan all forms	
	Imitrex * all forms	Zomig all forms	
	Maxalt MLT		
	Maxalt		

NSAIDS

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

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NEUROPATHIC PAIN

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

OPIOID REVERSAL AGENTS

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

OPIOID USE DISORDER TREATMENTS

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

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ANTI-INFECTIVES

ANTIBIOTICS: 2ND GENERATION QUINOLONES

Preferred Agents	Non-Preferred	"	Limitations
ciprofloxacin tablet Cipro suspension	<i>Cipro tabs *</i> <i>Cipro XR</i> <i>ciprofloxacin susp</i>	<i>ciprofloxacin ER</i> <i>ofloxacin</i>	N/A

ANTIBIOTICS: 3RD GENERATION QUINOLONES

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

ANTIBIOTICS, GI

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

ANTIBIOTICS: INHALED

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

ANTIBIOTICS: MACROLIDES/KETOLIDES

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

ANTIBIOTICS: 2ND GENERATION CEPHALOSPORINS

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

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

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

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ANTIBIOTICS: TETRACYCLINES

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

ANTIBIOTICS, TOPICAL

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

ANTIBIOTICS, VAGINAL

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

ANTIFUNGALS, ORAL

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

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ANTIFUNGALS AND COMBOS, TOPICAL

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

ANTIVIRALS: HERPES – ORAL AGENTS

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

ANTIVIRALS: INFLUENZA

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

ANTIVIRALS, TOPICAL

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

HEPATITIS C: PEGYLATED INTERFERONS

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

HEPATITIS C: OTHER

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

HEPATITIS C: RIBAVIRIN PRODUCTS

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

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CARDIOVASCULAR

ACE INHIBITORS

Preferred Agents	Non-Preferred	"	Limitations
benazepril lisinopril	Aceon Accupril Altace Captopril enalapril Epaned Epaned Oral Soln fosinopril Lotensin *	Moexipril perindopril Prinivil * quinapril Ramipril Qbrelis trandolapril Vasotec Zestril	Trial of 2 preferred agents required

ACE INHIBITOR COMBINATIONS

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

ANGIOTENSIN MODULATOR

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

ANGIOTENSION MODULATOR COMBINATIONS

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

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ANTIANGINAL & ANTIISCHEMIC

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

ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

BETA BLOCKERS AND COMBINATIONS

Preferred Agents	Non-Preferred	"	Limitations
atenolol carvedilol metoprolol succinate ER metoprolol tartrate propranolol IR	acebutolol/Sectral atenolol/chlorthalidone betaxolol bisoprolol/Zebeta bisoprolol/HCTZ Bystolic Byvalson% Coreg*/Coreg CR Corzide Dutoprol Hemangeol Inderal LA* Inderal XL Innopran XL labetalol/Trandate Levator	Lopressor*/Lopressor HCT metoprolol/HCTZ metoprolol Succ HCTZ nadolol/Corgard nadolol/bendroflumethazide pindolol propranolol/HCTZ propranolol ER sotalol/Betapace /Batapace AF /Sorine Sotylize Tenormin /Tenoretic timolol Toprol XL Ziac	Trial of 2 preferred agents required with the exception of Coreg CR which only requires a trial of IR agent % Clinical criteria applies

CALCIUM CHANNEL BLOCKERS (DHP)

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

CALCIUM CHANNEL BLOCKERS (NON-DHP)

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

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DIRECT RENIN INHIBITORS

Preferred Agents	Non-Preferred	"	Limitations
N/A	Tekturma	Tekturma HCT	Clinical criteria applies to this class

LIPOTROPICS: HMG-COA RED INH (STATINS) AND COMBOS

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

LIPOTROPICS: OTHERS

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

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CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

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

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

Preferred Agents	Non-Preferred	"	Limitations
memantine tablet	memantine sol/dosepak memantine ER Namenda Tablet, dosepak	Namenda XR Namzaric	Clinical criteria applies to this class

ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

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

ANTI-CONVULSANTS: FIRST GENERATION

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

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ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

Preferred Agents	Non-Preferred	"	Limitations
Diastat rectal %	Banzel %	Lyrice CR μ	Note: DAW 7 may be used ONLY for seizure diagnosis
gabapentin capsule μ	Briviact	Neurontin solution @ μ	
gabapentin solution μ	diazepam rectal %	Neurontin tablet/capsule * μ	@ Alternative dosage forms require PA
gabapentin tablet μ	Fycompa	Onfi %	
Lamictal Starter tabs	Gabitril %	Qudexy XR	% Requires clinical criteria
Lamotrigine IR tabs & chews/dispersible	Keppra *@	Roweepra tab & XR	
levetiracetam IR	Keppra XR	Sabril	μ Cross duplication not allowed between gabapentin and Lyrica
levetiracetam solution	Lamictal *	Spritam	
Lyrica capsule μ	Lamictal ODT & ODT	tiagabine	% Clinical criteria applies
topiramate tablets	Starter pak @	Topamax Sprinkle Cap	
zonisamide	Lamictal XR %	Topamax tablet *	μ Cross duplication not allowed between gabapentin and Lyrica
	lamotrigine ER	topiramate sprinkle cap	
	lamotrigine ODT	topiramate ER	% Clinical criteria applies
	lamotrigine dose pak	Trokendi XR	
	levetiracetam ER	vigabatrin powder (gen Sabril)	μ Cross duplication not allowed between gabapentin and Lyrica
	Lyrica solution μ	Vimpat %	
		Zonegran *	

ANTI-DEPRESSANTS: SSRIS

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

ANTI-DEPRESSANTS: NOVEL

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

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ADHD/CNS STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred	"	Limitations
Adderall XR amphetamine salt IR combo (generic for Adderall) Aptensio XR Concerta Focalin XR Focalin methylphenidate IR (generic for Ritalin) Vyvanse Cap #1	Adzenys XR@ Cotempla XR ODT Daytrana @ Dexedrine Tabs Dexedrine SA dexmethylphenidate dexmethylphenidate ER dextroamphetamine SA (generic for Dexedrine SA) dextroamphetamine tab/soln dextroamp-amphet ER Dyanavel XR Evekeo Metadate CD/ER Methylin chew tab @ methylphenidate CD Methylin solution @ methylphenidate ER Cap	methylphenidate ER Tab 18 mg, 27, 36, 54 mg (generic for Concerta) methylphenidate LA methylphenidate chew & soln methylphenidate SR cap (20,30, 40mg) methylphenidate ER tab 10, and 20mg (generic for Ritalin SR Tab) Mydayis Procentra Quillichew ER@ Quillivant XR @ Ritalin LA Ritalin * Vyvanse Chewable@ Zenedi	Trial of 2 preferred agents required for stimulants Quantity limits apply to class @ Alternative dosage forms require PA #1 Dose limit 1/day
atomoxetine Guanfacine ER Kapvay%	clonidine ER% Intuniv	Strattera	% Clinical criteria applies

ATYPICAL ANTIPSYCHOTICS

Preferred Agents	Non-Preferred	"	Limitations
Abilify Maintena @ aripiprazole tablets Aristada @ Aristada Initio @ clozapine tablet Invega Sustenna @ Invega Trinza@ Latuda Olanzapine olanzapine ODT @ quetiapine quetiapine ER Risperdal Consta @ risperidone solution @ risperidone tablet ziprasidone HCL Zyprexa Relprev @	Abilify solution @ Abilify tablet Adasuve aripiprazole sol/ODT clozapine ODT @ Clozaril Fanapt Fanapt titration pack Fazaclo Geodon Invega Nuplazid olanzapine/fluoxetine Rexulti % paliperidone ER Risperdal	Risperdal M-tabs @ risperidone tab rapdis @ Saphris Seroquel IR & XR Symbyax Versacloz Vraylar % Zyprexa tablet Zyprexa zydis @	Dose optimization edits apply to many in class @ Alternative dosage forms require PA # Dose limits apply % Clinical criteria applies PA for class required for members six and under unless prescriber is Child Psychiatrist.

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ENDOCRINE AND METABOLIC AGENTS

ANDROGENIC AGENTS

Preferred Agents	Non-Preferred	"	Limitations
Androgel pump	Androderm Androgel pak Axiron Fortesta	Natesto Testim testosterone gel Vogelxo	Clinical criteria applies to this class

BONE: RESORPTION AND RELATED AGENTS

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

DIABETES: ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents	Non-Preferred	"	Limitations
acarbose Glyset	miglitol	Precose	N/A

DIABETES: DPP-IV INHIBITORS

Preferred Agents	Non-Preferred	"	Limitations
Janumet Janumet XR Januvia	alogliptin alogliptin-metformin alogliptin-pioglitazone Glyxambi Jentadueto Jentadueto XR	Kombiglyze XR Nesina Onglyza Kazano Oseni % Tradjenta	% Clinical criteria applies

DIABETES: GLP-1 RECEPTOR AGONIST

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

DIABETES: INSULIN AND COMBO

Preferred Agents	"	Non-Preferred	"	Limitations
Humalog Mix Pen/Vial Humalog Vial Humulin Vial OTC Humulin 70/30 Vial Humulin N Vial Humulin R Vial Humulin R U-500 Pen	Lantus vial Lantus Solostar Levemir vial Levemir FlexTouch Novolog Pen/Vial Novolog Mix 70/30 Pen/Vial Novolog Cartridge	Afrezza Admelog vial/solostar Apidra Vial Apidra Solostar Pen Basaglar Kwikpen Fiasp vial/flextouch Humalog Cartridge Humalog Pen Humulin Pen Humulin R U-500 Vial	Novolin N Vial/Cartridge Novolin R Vial/Cartridge Novolin 70/30 Soliqua 100-33 Toujeo Tresiba Xultophy 100-3.6	Clinical PA required for non-preferred insulin pens

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DIABETES: MEGLITINIDES AND COMBOS

Preferred Agents	Non-Preferred	"	Limitations
repaglinide	nateglinide Prandin	repaglinide-metformin Starlix	N/A

DIABETES: METFORMINS AND COMBOS

Preferred Agents	Non-Preferred	"	Limitations
glyburide-metformin metformin metformin ER (generic for Glucophage XR)	Fortamet glipizide-metformin Glucophage Glucophage XR Glucovance Glumetza	metformin ER (gen for Glumetza) metformin ER (gen for Fortamet) Riomet	N/A

DIABETES: SGLT2 AND COMBOS

Preferred Agents	Non-Preferred	"	Limitations
Farxiga Invokana Jardiance	Glyxambi Invokamet Invokamet XR Qtern Segluromet	Steglatro Steglujan Synjardy Synjardy XR Xigduo XR	Clinical criteria applies to this class

DIABETES: SULFONYLUREAS

Preferred Agents	Non-Preferred	"	Limitations
glimepiride glipizide glipizide ER/XL glyburide glyburide micronized	Amaryl * chlorpropamide Glucotrol *	Glucotrol XL * Glynase * tolazamide tolbutamide	N/A

DIABETES: TZD

Preferred Agents	Non-Preferred	"	Limitations
pioglitazone	Actoplus Met Actoplus Met XR Actos Avandia	Duetact pioglitazone/metformin pioglitazone/glimepiride	Clinical criteria applies to this class

ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

Preferred Agents	"	Non-Preferred	"	Limitations
Oral Enjuvia estradiol oral estropipate Menest Premarin Oral	Transdermal estradiol transderm WK (Generic for Climara) Estradiol Patch for (Vivelle-Dot)	Oral Duavee Estrace Osphena	Transdermal Alora Climara Divigel Elestrin Evamist Menostar Minivelle Vivelle-Dot	N/A

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ESTROGEN PREPARATIONS, VAGINAL

Preferred Agents	Non-Preferred	"	Limitations
Estring Premarin Vaginal Cream Vagifem	Estrace estradiol (gen Estrace) estradiol (gen Yuvafem)	Femring Intrarosa Yuvafem	N/A

GROWTH HORMONES

Preferred Agents	Non-Preferred	"	Limitations
Norditropin Nutropin AQ	Genotropin Cartridge, Syr Humatrope Omnitrope	Saizen Serostim Zomacton Vial Zorbtive	Clinical criteria applies to this class

PANCREATIC ENZYMES

Preferred Agents	Non-Preferred	"	Limitations
Creon Zenpep	Pancreaze Pertzye	Viokace	N/A

PROGESTINS FOR CACHEXIA

Preferred Agents	Non-Preferred	"	Limitations
megestrol suspension	Megace Megace ES	megestrol ES suspension	N/A

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GASTROINTESTINAL

ANTIEMETICS AGENTS

Preferred Agents	Non-Preferred	*	Limitations
metoclopramide tablets, solution ondansetron injections ondansetron solution ondansetron tablet ondansetron ODT	Akynzeo Anzemet Aprepitant Bonjesta Cesamet Diclegis% 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 Relistor tab, syr Symproic	Trulance Viberzi	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 lansoprazole Rx & OTC lansoprazole-amox-clarith Nexium OTC Nexium Rx capsule Omeclamox-Pak omeprazole OTC	omeprazole/sodium bicarb 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 Delzicol sulfasalazine DR sulfasalazine IR	Asacol HD Azulfidine Azulfidine DR Balsalazide budesonide ER Colazal Dipentum	Giazo Lialda mesalamine (generic Asacol HD) mesalamine (generic Lialda) Pentasa Uceris oral	N/A

ULCERATIVE COLITIS – RECTAL

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

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GENITOURINARY AND RENAL

ALPHA BLOCKERS FOR BPH

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

ANDROGEN HORMONE INHIBITORS AND COMBOS

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

PDE-5 FOR BPH

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

ELECTROLYTE DEPLETERS

Preferred Agents	Non-Preferred	"	Limitations
calcium acetate caps & tabs Renagel	Auryxia Eliphos Fosrenol powder & tabs lanthum chew tab Phoslyra	Renvela powder packets Renvela tablets sevelamer powder & tabs Velphoro	N/A

URINARY TRACT ANTISPASMODICS

Preferred Agents	Non-Preferred	"	Limitations
oxybutynin extended-release oxybutynin IR Toviaz Vesicare	darifenacin ER Detrol Detrol LA Ditropan XL Enablex flavoxate Gelnique	Myrbetriq Oxytrol tolterodine tolterodine ER trospium trospium XR	N/A

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HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

Preferred Agents	Non-Preferred	"	Limitations
enoxaparin	<i>Arixtra</i> <i>fondaparinux</i>	<i>Fragmin</i> <i>Lovenox</i>	N/A

ANTICOAGULANT ORAL

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

COLONY STIMULATING FACTORS

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

HEMATOPOIETIC AGENTS

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

MISCELLANEOUS AGENTS

ANTIHYPURICEMICS

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

BILE SALTS

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

IMMUNOLOGIC AGENTS

ANTINEOPLASTIC AGENTS, TOPICAL

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

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HAE TREATMENTS

Preferred Agents	Non-Preferred	"	Limitations
Berinert Cinryze	Firazyr Haegarda Kalbitor	Ruconest	Clinical criteria applies to this class

IMMUNOMODULATORS

Preferred Agents	Non-Preferred	"	Limitations
Cosentyx Enbrel Enbrel Mini Humira Humira Pediatric	Actemra Cimzia Cimzia Kit Kevzara Kineret Olumiant Orencia	Otezla Simponi Siliq Stelara Taltz Tremfya Xeljanz Xeljanz XR	Clinical criteria applies to this class

IMMUNOSUPPRESSANTS

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

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

IMMUNOMODULATORS, TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
imiquimod	Aldara	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 brimonidineP 0.15%	lopidine	N/A

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ANTIBIOTIC-STEROID COMBINATIONS

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

ANTI-INFLAMMATORIES – NSAIDS

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

ANTI-INFLAMMATORIES – STEROIDS

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

BETA BLOCKERS – GLAUCOMA

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

CARBONIC ANHYDRASE INHIBITORS – GLAUCOMA

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

OPHTHALMIC ALLERGIC CONJUNCTIVITIS

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

OPHTHALMIC – ANTI INFLAMMATORY/IMMUNOMODULATOR

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

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OPHTHALMIC PROSTAGLANDIN AGONISTS

Preferred Agents	Non-Preferred	"	Limitations
latanoprost	bimatoprost (Lumigan 0.03%) Lumigan 0.01% Travatan Z	travoprost Vyzulta Xalatan Zioptan	N/A

OPHTHALMIC QUINOLONES

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

OTICS

OTIC ANTI-INFECTIVES AND ANESTHETICS

Preferred Agents	Non-Preferred	"	Limitations
acetic acid	acetic acid HC	acetic acid/aluminum	N/A

OTIC ANTIBIOTICS

Preferred Agents	Non-Preferred	"	Limitations
Ciprodex neomycin/polymixin/HC soln/susp	Cipro HC ciprofloxacin HCl otic Coly-Mycin S	ofloxacin drops Otovel	N/A

OTIC ANTI-INFLAMMATORY

Dermotic Oil	Fluocinolone acetonide oil		N/A
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PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred	"	Limitations
Letairis	Opsumit	Tracleer	Clinical criteria applies to this class

PROSTACYCLINS FOR PAH, INHALATION AND ORAL

Preferred Agents	Non-Preferred	Limitations
Tyvaso Ventavis Inh	Orenitram ER Uptravi Uptravi Dose Pak	Clinical criteria applies to this class

PDE INHIBITORS AND OTHERS FOR PPH/PAH

Preferred Agents	Non-Preferred	Limitations
Adcirca sildenafil	Adempas Revatio tabs and liquid	Clinical criteria applies to this class

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PLATELET AGGREGATION INHIBITORS

PLATELET AGGREGATION INHIBITORS

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

RESPIRATORY

COPD AGENTS

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

ANTI-ALLERGENS

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

ANTIHISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

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

BETA AGONISTS: SHORT-ACTING MDI AND NEBS

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

BETA AGONISTS: LONG-ACTING MDI & NEBS

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

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BETA AGONISTS: COMBINATION PRODUCTS

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

CORTICOSTEROIDS INHALED

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

EPINEPHRINE – SELF INJECTED

Preferred Agents	Non-Preferred	"	Limitations
Epinephrine self-injected Adult and Jr. (generic for Epipen)	epinephrine (generic for Adrenaclick)	Epipen	N/A

GLUCOCORTICOID, ORAL

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

INTRANASAL ANTIHISTAMINES AND OTHERS

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

INTRANASAL CORTICOSTEROIDS

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

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LEUKOTRIENE RECEPTOR ANTAGONISTS

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

TOBACCO CESSATION

Preferred Agents	Non-Preferred	"	Limitations
bupropion SR Chantix nicotine chewing gum OTC nicotine transdermal OTC	Nicoderm CQ OTC Nicorette Gum OTC Nicorette Lozenge OTC Nicotrol Inhaler %	Nicotrol Nasal Spray % nicotine lozenge OTC Zyban	Quantity limits apply to class % Clinical criteria applies

TOPICAL AGENTS

ANTIPARASITICS – TOPICAL

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

ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	"	Limitations
calcipotriene cream calcipotriene solution	calcipotriene oint calcipotriene- betamethasone oint Calcitrene calcitriol Dovonex cream	Enstilar Foam Sorilux Taclonex ointment/scalp Vectical	Clinical criteria applies to this class

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MISC ACNE, TOPICAL

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

TOPICAL RETINOIDS

Preferred Agents	Non-Preferred	"	Limitations
Differin Rx Tazorac tretinoin cream tretinoin gel (gen Avita/Retin A)	<i>adapalene cream/gel</i> <i>Adapalene/Benzoyl Peroxide</i> <i>Atralin</i> <i>Avita</i> <i>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 (genTazorac)</i> <i>tretinoin gel (gen Atralin)</i> <i>tretinoin microspheres</i> <i>Veltin</i> <i>Ziana</i>	Requires clinical PA if > 26 years old.

TOPICAL, ROSACEA AGENTS

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

Montana Medicaid Preferred Drug List (PDL)

Revised 10-12-18

** Indicates a generic is available without prior authorization*

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

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

LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	"	Limitations
Derma-Smoothe FS hydrocortisone cream/oint 1% Rx hydrocortisone cream/oint/lot 2.5%	<i>alclometasone dipro cream/ ointment</i> <i>Aqua-Glycolic HC</i> <i>Capex Shampoo</i> <i>Desonate gel</i> <i>desonide cream</i> <i>desonide lotion</i> <i>desonide oint</i>	<i>Desowen</i> <i>fluocinolone 0.01% Oil</i> <i>hydrocortisone / min oil / pet oint 1%</i> <i>Pediaderm HC</i> <i>Pediaderm TA</i> <i>Texacort</i> <i>U-Cort</i>	N/A

MEDIUM POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	"	Limitations
fluticasone propionate cream mometasone furoate cream mometasone furoate oint mometasone furoate soln	<i>betamethasone val foam 0.12%</i> <i>clocortolone</i> <i>Cloderm</i> <i>Cordran Tape</i> <i>Cutivate</i> <i>Dermatop</i> <i>Elocon</i> <i>flurandrenolide</i> <i>fluocinolone acetonide cream/oint/solution</i> <i>fluticasone propionate lot/oint</i> <i>hydrocortisone butyrate (Brand and gen)</i>	<i>hydrocortisone butyrate emollient</i> <i>hydrocortisone valerate oint</i> <i>hydrocortisone valerate cream</i> <i>Luxiq Foam</i> <i>Pandel</i> <i>prednicarbate cream</i> <i>prednicarbate oint</i> <i>Synalar</i> <i>Synalar TS</i>	N/A

HIGH POTENCY TOPICAL STEROIDS

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

VERY HIGH POTENCY TOPICAL STEROIDS

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