Montana Medicaid Preferred Drug List (PDL)
Revised July 14, 2021

***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.

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 %* *hydrocodone ER tab # %* *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**

NSAIDS

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

NEUROPATHIC PAIN

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

OPIOID REVERSAL AGENTS

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

SUBSTANCE USE DISORDER 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* *ofloxacin*	**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 tinidazole	*Dificid tab/susp %* *Flagyl* *metronidazole capsule* *neomycin sulfate* *nitazoxanide (gen Alinia)* *paromomycin*	*Solosec* *Tindamax* *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 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 hyclate tabs (20,75,100,150mg) doxycycline monohydrate 50mg and 100mg capsule doxycycline monohydrate tablet minocycline capsules	*demeclocycline* *Doryx* *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* *Xepi*	**N/A**

ANTIBIOTICS, VAGINAL

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

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	*clotrim/betameth lotion*	*Mentax cream*	
ketoconazole cream/shampoo	*Dermacinrx Therazole pk*	*miconazole/zinc oxide/ petrolatum (gen Vusion)*	
nystatin cream/oint/powder	*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*	
	Ketodan Foam/Kit	*tavaborole (gen Kerydin)*	
	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 enalapril lisinopril quinapril	*Accupril ** *Altace* *captopril* *Epaned* *Epaned Oral Soln* *fosinopril* *Lotensin **	*moexipril* *perindopril* *Prinivil ** *Qbrelisl* *ramipril* *trandolapril* *Vasotec ** *Zestril **	**Trial of 2 preferred agents required**

ACE INHIBITOR COMBINATIONS

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

ANGIOTENSIN MODULATOR

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

ANGIOTENSION II RECEPTOR BLOCKER COMBOS

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

ANGIOTENSION MODULATOR COMBINATIONS

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

ANTIANGINAL & ANTIISCHEMIC

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

ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

BETA BLOCKERS AND COMBINATIONS

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

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	*Colestid granules & tabs*	*Nexlizet %*	
fenofibrate 48mg & 145mg– (generic Tricor)	*colestipol granules*	*Niacor*	
gemfibrozil	*fenofibrate – gen Antara*	*Niaspan **	
niacin ER	*fenofibrate – gen Lipofen*	*Praluent %*	
omega-3 ethyl esters %	*fenofibrate – gen Lofibra*	*Questran **	
Prevalite	*fenofibric acid – gen Trilipix*	*Questran Light **	
	Fenoglide	*Repatha %*	
	Fibricor	*Tricor **	
	icosapent ethyl (gen Vascepa) %	*Triglide*	
	Juxtapid %	*Trilipix*	
	Lipofen	*Vascepa %*	
	*Lopid **	*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		

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

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ANTI-DEPRESSANTS: SSRIS

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

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**

Preferred Agents	Non-Preferred	--	Limitations
atomoxetine	*clonidine ER %*	*Strattera **	**% Clinical criteria applies**
guanfacine ER	*Intuniv*		
clonidine IR			

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*	**@ Alternative dosage forms require PA**
Aristada Initio @	*aripiprazole sol/ODT*	*Seroquel IR & XR **	
clozapine tablet	*asenapine (gen Saphris)*	*Symbyax*	**# Dose limits apply**
Invega Sustenna @	*Caplyta*	*Versacloz*	
Invega Trinza @	*clozapine ODT @*	*Vraylar %*	**% Clinical criteria applies**
Latuda	*Clozaril **	*Zyprexa tablet **	
olanzapine	*Fanapt*	*Zyprexa Zydis * @*	**PA for class required for members seven and under**
olanzapine ODT @	*Fanapt titration pack*		
quetiapine	*Fazaclo*		
quetiapine ER	*Geodon **		
Risperdal Consta @	*Invega*		
risperidone solution @	*Nuplazid*		
risperidone tablet	*olanzapine/fluoxetine*		
ziprasidone HCl	*paliperidone ER*		
Zyprexa Relprevv @	*Perseris @*		
	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*	

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Revised July 14, 2021

***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.

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 cap/susp %	*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 ibandronate raloxifene teriparatide (gen Forteo)	*Actonel* *alendronate solution* *Atelvia* *Binosto* *Boniva* *calcitonin-salmon %*	*Evista ** *Forteo ** *Fosamax tabs */ PlusD* *Miacalcin %* *risedronate sodium* *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 %*	
Tradjenta	*Jentadueto XR*	*Trijardy XR*	
	Kazano		

DIABETES: GLP1 RECEPTOR AGONISTS

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

DIABETES: INSULIN AND COMBO

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

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 Synjardy Xigduo XR	*Invokamet XR* *Qtern* *Segluromet*	*Steglatro* *Steglujan* *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 Climara Minivelle Vivelle-Dot	*Alora* *Divigel* *Dotti* *Elestrin* *estradiol patch (generics for Climara/Minivelle/Vivelle-Dot)* *Evamist* *Lyllana* *Menostar*		**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 %* *Gimoti* *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* *Lubiprostone (gen Amitiza)* *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* *Talicia* *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**
Delzicol	*Azulfidine **	*Giazo*	
Lialda	*Azulfidine DR **	*mesalamine (gen Delzicol)*	
Pentasa	*balsalazide*	*mesalamine ER (gen Apriso)*	
sulfasalazine DR	*budesonide ER*	*mesalamine (gen Asacol HD)*	
sulfasalazine IR	*Colazal*	*mesalamine (gen Lialda)*	
		Uceris oral	

ULCERATIVE COLITIS – RECTAL

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

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		

PHOSPHATE BINDERS

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

POTASSIUM BINDERS

Preferred Agents	Non-Preferred	--	Limitations
Lokelma sodium polystyrene sulfonate	*Veltassa*		**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* *flavoxate* *Gelnique*	*Myrbetriq* *Oxytrol ** *tolterodine* *tolterodine ER* *trospium* *trospium XR* *Vesicare ** *Vesicare LS susp*	**N/A**

HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

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

ANTICOAGULANT ORAL

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* *Nyvepria* *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	*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 Haegarda icatibant (gen Firazyr) Kalbitor Takhzyro	Cinryze Firazyr *Orladeyo* *Ruconest*		**Clinical criteria applies to this class**

IMMUNOMODULATORS

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

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**
Eucrisa	*Elidel*	*tacrolimus ointment*	

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	*Otrexup*	*Trexall*	**N/A**
methotrexate tablet	*Rasuvo*	*Xatmep*	
methotrexate vial	*Reditrex*		

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

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

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

CARBONIC ANHYDRASE INHIBITORS/RHO KINASE INHIBITORS – GLAUCOMA

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

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	*Eysuvis*		

OPHTHALMIC PROSTAGLANDIN AGONISTS

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

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*	*Cortisporin-TC otic susp*	
	(gen Ciprodex)	*Otovel*	

OTIC ANTI-INFLAMMATORY

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

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

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

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 (gen Revatio) tadalafil 20mg (gen Adcirca)	*Adcirca* *Adempas* *Revatio tabs and liquid* *sildenafil susp (gen Revatio)*		**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
Anoro Ellipta µ Atrovent HFA µ Combivent Respimat µ ipratropium neb µ ipratropium/albuterol neb µ Spiriva HandiHaler µ Stiolto Respimat µ	*Bevespi µ* *Breztri Aerosphere µ* *Daliresp %* *Duaklir Pressair* *Incruse Ellipta µ* *Lonhala Magnair µ* *Seebri Neohaler µ*	*Spiriva Respimat µ* *Trelegy Ellipta µ* *Tudorza µ* *Utibron Neohaler µ* *Yupelri*	**% Clinical criteria applies** **µ Duplication of ipratropium products not allowed**

ANTI-ALLERGENS

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

ANTIHISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

Preferred Agents	Non-Preferred	--	Limitations
cetirizine solution OTC cetirizine syrup Rx cetirizine tablets OTC levocetirizine tablets Rx loratadine ODT OTC loratadine syrup OTC loratadine tablets OTC	*cetirizine chewable OTC* *cetirizine soln 5mg/5mL OTC* *cetirizine-D OTC* *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	*albuterol HFA (generic Proair 8.5g)* *albuterol HFA (generic Proventil 6.7g)* *levalbuterol HFA* *levalbuterol inh soln*	*ProAir Digihaler* *ProAir Respiclick* *Proventil HFA* *Ventolin HFA* *Xopenex HFA* *Xopenex inh soln*	**N/A**

BETA AGONISTS: LONG-ACTING MDI & NEBS

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

BETA AGONISTS: COMBINATION PRODUCTS

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

CORTICOSTEROIDS INHALED

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

EPINEPHRINE – SELF INJECTED

Preferred Agents	Non-Preferred	--	Limitations
epinephrine self-injected Adult and Jr. (generic for Epipen) (Mylan Mfr)	*epinephrine (generic for Adrenaclick)*	*Epipen ** *Symjepi*	**N/A**

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	*Alkindi Sprinkle* *Cortef* *cortisone* *Decadron* *dexamethasone elixir* *Dexpak & generic* *Dxevo* *Emflaza %* *Entocort EC* *Hemady* *Medrol* *Medrol DS PK* *methylprednisolone 8mg, 16mg, and 32mg tabs*	*Millipred DP tab DS Pk* *Millipred tablet* *Ortikos* *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**

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* *ivermectin (gen Sklice)* *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 Epiduo Forte gel pump Retin-A	*adapalene cream/gel* *adapalene/benzoyl peroxide* *Aklief* *Altreno* *Atralin* *Avita* *clindamycin/tretinoin gel* *Differin OTC*	*Fabior* *Retin-A Micro pump and tube* *tazarotene cream (gen Tazorac)* *tretinoin cream/gel* *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/oint 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*	*hydrocortisone butyrate (brand and generic all forms)* *hydrocortisone valerate cream/oint* *Luxiq Foam* *Pandel* *prednicarbate cream* *prednicarbate oint* *Synalar* *Synalar TS*	**N/A**

HIGH POTENCY TOPICAL STEROIDS

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

VERY HIGH POTENCY TOPICAL STEROIDS

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