

Montana Medicaid Preferred Drug List (PDL) Revised August 25, 2021

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ANALGESICS

ANALGESICS, OPIOID – LONG-ACTING

Preferred Agents	Non-Preferred	--	Limitations
Butrans Patch # morphine sulfate SR tab #	<i>Arymo #</i> <i>Belbuca% #</i> <i>buprenorphine (Butrans) #</i> <i>Conzip ER % #</i> <i>Duragesic patch * #</i> <i>Exalgo</i> <i>fentanyl patch #</i> <i>hydrocodone ER cap %</i> <i>hydrocodone ER tab # %</i> <i>hydromorphone ER tab</i> <i>Hysingla ER # %</i> <i>Kadian #</i> <i>Morphabond ER#</i>	<i>morphine ER (Avinza) #</i> <i>morphine sulfate ER cap (Kadian) #</i> <i>MS Contin * #</i> <i>Nucynta ER # %</i> <i>Opana/ER</i> <i>oxycodone ER #</i> <i>OxyContin #</i> <i>oxymorphone ER #</i> <i>tramadol ER % #</i> <i>Xtampza ER #</i> <i>Zohydro ER %</i>	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 % Imitrex nasal spray rizatriptan ODT rizatriptan tablet sumatriptan tablets, vial, syringe, cartridge Ubrelvy %	<i>Aimovig %</i> <i>almotriptan</i> <i>Amerge</i> <i>Cambia %</i> <i>eletriptan (gen Relpax)</i> <i>Emgality 100mg %</i> <i>Frova</i> <i>frovatriptan</i> <i>Imitrex * tabs, pen, cartridge</i> <i>Maxalt *</i> <i>Maxalt MLT *</i> <i>Naratriptan</i> <i>Nurtec ODT %</i>	<i>Onzetra Xsail</i> <i>Relpax</i> <i>Reyvow %</i> <i>sumatriptan inj (SUN & PRASCO Mfrs)</i> <i>sumatriptan nasal spray</i> <i>sumatriptan/naproxen 85-500</i> <i>Sumavel Dosepro%</i> <i>Tosymra</i> <i>Treximet</i> <i>Ubrelvy %</i> <i>Zembrace</i> <i>Zolmitriptan all forms</i> <i>Zomig all forms</i>	Quantity limits apply to this class % Clinical criteria applies

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NSAIDS

Preferred Agents	Non-Preferred	--	Limitations
Celecoxib 100mg and 200mg diclofenac 1% gel (generic Voltaren) # diclofenac sodium EC/DR ibuprofen tablet Rx indomethacin capsule IR ketorolac (oral) # meloxicam tablet naproxen tablet (Naprosyn) sulindac Voltaren 1% gel Rx #	Arthrotec Celebrex * celecoxib 50mg and 400mg Daypro diclofenac potassium 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 Lidoderm # Lyrica Capsule μ +	Cymbalta * Drizalma sprinkle duloxetine 40 mg cap Gralise % μ Horizant % μ lidocaine patch #	Lyrica solution % μ Lyrica CR μ Neurontin μ pregabalin caps/solution μ pregabalin ER 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

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SUBSTANCE USE DISORDER TREATMENTS

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

ANTI-INFECTIVES

ANTIBIOTICS: 2ND GENERATION QUINOLONES

Preferred Agents	Non-Preferred	--	Limitations
Cipro suspension ciprofloxacin tablet	Cipro tabs * Cipro XR ciprofloxacin susp	ciprofloxacin ER 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	Difucid 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

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ANTIBIOTICS: MACROLIDES/KETOLIDES

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

ANTIBIOTICS: 2ND GENERATION CEPHA

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

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

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

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	<i>demeclocycline</i> <i>Doryx</i> <i>doxycycline hyclate DR tab</i> <i>doxycycline IR-DR 40mg cap%</i> <i>(gen Oracea)</i> <i>doxycycline suspension</i> <i>doxycycline monohydrate 75mg and 150mg capsule</i> <i>Minocin</i>	<i>minocycline tablet</i> <i>minocycline ER</i> <i>Minolira ER</i> <i>Morgidox Kit</i> <i>Nuzyra</i> <i>Oracea %</i> <i>Solodyn %</i> <i>tetracycline</i> <i>Vibramycin</i> <i>Ximino ER</i>	% Clinical criteria applies

ANTIBIOTICS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
mupirocin ointment	<i>Centany</i> <i>Centany AT</i>	<i>gentamicin cream/oint</i> <i>mupirocin cream</i> <i>Xepi</i>	N/A

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ANTIBIOTICS, VAGINAL

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

ANTIFUNGALS AND COMBOS, TOPICAL

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

ANTIVIRALS: HERPES – ORAL AGENTS

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

ANTIVIRALS: INFLUENZA

Preferred Agents	Non-Preferred	--	Limitations
oseltamivir suspension and capsule Xofluza	flumadine Relenza rimantadine HCl Tamiflu		

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ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
Zovirax Cream	Acyclovir cream/oint Denavir	Xerese Zovirax Ointment	N/A

HEPATITIS C: PEGYLATED INTERFERONS

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

HEPATITIS C: OTHER

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

HEPATITIS C: RIBAVIRIN PRODUCTS

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

CARDIOVASCULAR

ACE INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
benazepril 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

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ANGIOTENSIN MODULATOR

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

ANGIOTENSION II RECEPTOR BLOCKER COMBOS

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

ANGIOTENSION MODULATOR COMBINATIONS

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

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BETA BLOCKERS AND COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS (DHP)

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

CALCIUM CHANNEL BLOCKERS (NON-DHP)

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

DIRECT RENIN INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
N/A	<i>aliskiren</i>	<i>Tekturna HCT</i>	Clinical criteria applies to this class
	<i>Tekturna</i>		

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

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

LIPOTROPICS: OTHERS

Preferred Agents	Non-Preferred	--	Limitations
cholestyramine/aspartame	<i>Antara</i>	<i>Lovaza % *</i>	% Clinical criteria applies
cholestyramine/sucrose	<i>colesevelam tab & powder (gen Welchol)</i>	<i>Nexletol %</i>	
colestipol tablets	<i>Welchol</i>	<i>Nexlizet %</i>	
fenofibrate 48mg & 145mg-- (generic Tricor)	<i>Colestid granules & tabs</i>	<i>Niacor</i>	
gemfibrozil	<i>colestipol granules</i>	<i>Niaspan *</i>	
niacin ER	<i>fenofibrate – gen Antara</i>	<i>Praluent %</i>	
omega-3 ethyl esters %	<i>fenofibrate – gen Lipofen</i>	<i>Questran *</i>	
Prevalite	<i>fenofibrate – gen Lofibra</i>	<i>Questran Light *</i>	
	<i>fenofibric acid – gen Trilipix</i>	<i>Repatha %</i>	
	<i>Fenoglide</i>	<i>Tricor *</i>	
	<i>Fibracor</i>	<i>Triglide</i>	
	<i>icosapent ethyl (gen Vascepa) %</i>	<i>Trilipix</i>	
	<i>Juxtapid %</i>	<i>Vascepa %</i>	
	<i>Lipofen</i>	<i>Welchol tab & powder</i>	
	<i>Lopid *</i>		

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

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

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

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

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ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

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

ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

Preferred Agents	Non-Preferred	--	Limitations
Diastat rectal % gabapentin capsule μ gabapentin solution μ gabapentin tablet μ lamotrigine IR tabs & chews/dispersible lamotrigine starter pak levetiracetam IR levetiracetam solution Lyrica capsule μ topiramate tablets zonisamide	Banzel % Briviact clobazam tab & susp % Diacomit % diazepam rectal % Elepsia XR Epidiolex % Fintepla % Fycompa Gabitril % Keppra * @ Keppra XR Lamictal * Lamictal ODT & ODT Starter pak @ Lamictal Starter pak Lamictal XR % lamotrigine ER % lamotrigine ODT @ levetiracetam ER Lyrica solution μ Lyrica CR μ	Nayzilam % Neurontin solution @ μ Neurontin tablet/capsule * μ Onfi % pregabalin caps/solution μ pregabalin ER μ Qudexy XR rufinamide tab & susp (gen Banzel) % Sabril Spritam Sympazan % @ Tiagabine % Topamax Sprinkle Cap @ Topamax tablet * topiramate sprinkle cap @ topiramate ER Trokendi XR Valtoco % vigabatrin powder (gen Sabril) vigabatrin tablet Vimpat % Xcopri	Note: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA % Clinical criteria applies μ Cross duplication not allowed between gabapentin and Lyrica

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ANTI-DEPRESSANTS: SSRIS

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

ANTI-DEPRESSANTS: NOVEL

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

ADHD/CNS STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Adderall XR	<i>Adhansia XR</i>	<i>methylphenidate CD</i>	Trial of 2 preferred agents required for stimulants
amphetamine salt IR combo (generic for Adderall)	<i>Adzenys XR @</i>	<i>methylphenidate chew @</i>	
Aptensio XR	<i>amphetamine sulfate (gen</i>	<i>methylphenidate ER cap (gen</i>	Quantity limits apply to class
Concerta	<i>Evekeo)</i>	<i>Aptensio)</i>	
dexamethylphenidate IR	<i>amphetamine susp ER (gen</i>	<i>methylphenidate ER tab 10 and</i>	@ Alternative dosage forms require PA
Focalin XR	<i>Adzenys)</i>	<i>20mg (generic for Ritalin SR</i>	
methylphenidate IR (generic for Ritalin)	<i>Cotempla XR ODT</i>	<i>Tab)</i>	#1 Dose limit 1/day
methylphenidate solution @	<i>Daytrana @</i>	<i>methylphenidate ER tab</i>	
Vyvanse Cap #1	<i>Dexedrine SA</i>	<i>18 mg, 27, 36, 54 mg</i>	
Vyvanse Chewable @	<i>dexamethylphenidate ER</i>	<i>(generic for Concerta)</i>	
	<i>dextroamphetamine SA (generic</i>	<i>methylphenidate LA</i>	
	<i>for Dexedrine SA)</i>	<i>methylphenidate SR cap</i>	
	<i>dextroamphetamine tab/soln</i>	<i>(20, 30, 40mg)</i>	
	<i>dextroamp-amphet ER</i>	<i>Mydayis</i>	
	<i>Dyanavel XR</i>	<i>Procentra</i>	
	<i>Evekeo</i>	<i>Quillichew ER @</i>	
	<i>Evekeo ODT @</i>	<i>Quillivant XR @</i>	
	<i>Focalin IR</i>	<i>Rellexii ER</i>	
	<i>Jornay PM</i>	<i>Ritalin *</i>	
	<i>Metadate ER</i>	<i>Ritalin LA</i>	
	<i>Methylin solution @</i>	<i>Zenzedi</i>	

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Preferred Agents	Non-Preferred	--	Limitations
atomoxetine guanfacine ER clonidine ER & IR	<i>Intuniv *</i> <i>Qelbree</i>	<i>Strattera *</i>	

ATYPICAL ANTIPSYCHOTICS

Preferred Agents	Non-Preferred	--	Limitations
Abilify Maintena @ aripiprazole tablets Aristada @ Aristada Initio @ clozapine tablet Invega Sustenna @ Invega Trinza @ Latuda olanzapine olanzapine ODT @ Perseris @ quetiapine quetiapine ER Risperdal Consta @ risperidone solution @ risperidone tablet ziprasidone HCl Zyprexa Relprev @	<i>Abilify Mycite %</i> <i>Abilify tablet *</i> <i>Adasuve</i> <i>aripiprazole sol/ODT</i> <i>asenapine (gen Saphris)</i> <i>Caplyta</i> <i>clozapine ODT @</i> <i>Clozaril *</i> <i>Fanapt</i> <i>Fanapt titration pack</i> <i>Fazaclo</i> <i>Geodon *</i> <i>Invega</i> <i>Nuplazid</i> <i>olanzapine/fluoxetine</i> <i>paliperidone ER</i> <i>Rexulti %</i> <i>Risperdal *</i>	<i>risperidone tab rapdis @</i> <i>Saphris</i> <i>Secuado</i> <i>Seroquel IR & XR *</i> <i>Symbyax</i> <i>Versacloz</i> <i>Vraylar %</i> <i>Zyprexa tablet *</i> <i>Zyprexa Zydis * @</i>	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 seven and under

MULTIPLE SCLEROSIS AGENTS

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

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ANTI-PARKINSON'S AGENTS

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

SEDATIVE HYPNOTIC AGENTS

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

SKELETAL MUSCLE RELAXANTS

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

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MOVEMENT DISORDER DRUGS

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

ENDOCRINE AND METABOLIC AGENTS

ANDROGENIC AGENTS

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

BONE: RESORPTION AND RELATED AGENTS

Preferred Agents	Non-Preferred	--	Limitations
alendronate tablet 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 # Zegalogue pen/syringe #		# Quantity limits apply

DIABETES: ALPHA-GLUCOSIDASE INHIBITORS

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

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DIABETES: DPP-IV INHIBITORS

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

DIABETES: GLP1 RECEPTOR AGONISTS

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

DIABETES: INSULIN AND COMBO

Preferred Agents	Non-Preferred	--	Limitations
Humalog JR Kwikpen Humalog U-100 Kwikpen Humalog Mix Pen/Vial Humalog Vial/Cartridge Humulin Vial OTC Humulin 70/30 Vial/pen Humulin N Vial Humulin R Vial Humulin R U-500 Pen 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	<i>Admelog Vial/SoloStar</i> <i>Afrezza</i> <i>Apidra Vial/Solostar</i> <i>Basaglar Kwikpen</i> <i>Fiasp Vial/FlexTouch/ Cartridge</i> <i>Humalog U-200 Kwikpen</i> <i>Humulin Pen</i> <i>Humulin N Pen OTC</i> <i>Humulin R U-500 Vial</i>	<i>Lyumjev</i> <i>Novolin N Vial/Cartridge</i> <i>Novolin R Vial/Cartridge</i> <i>Novolin 70/30</i> <i>Semglee</i> <i>Soliqua 100-33</i> <i>Toujeo</i> <i>Tresiba Vial/FlexTouch</i> <i>Xultophy 100-3.6</i>	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 * 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

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ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

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

ESTROGEN PREPARATIONS, VAGINAL

Preferred Agents	Non-Preferred	--	Limitations
Estring Premarin Vaginal Cream Vagifem	<i>Estrace</i> <i>estradiol (gen Estrace)</i> <i>estradiol (gen Yuvaferm)</i>	<i>Femring</i> <i>Intrarosa</i> <i>Yuvaferm</i>	N/A

GROWTH HORMONES

Preferred Agents	Non-Preferred	--	Limitations
Genotropin Cartridge, Syringe Norditropin	<i>Humatrope</i> <i>Nutropin AQ</i> <i>Omnitrope</i>	<i>Saizen</i> <i>Serostim</i> <i>Zomacton Vial</i> <i>Zorbtive</i>	Clinical criteria applies to this class

PANCREATIC ENZYMES

Preferred Agents	Non-Preferred	--	Limitations
Creon Zenpep	<i>Pancreaze</i> <i>Pertzye</i>	<i>Viokace</i>	N/A

PROGESTINS FOR CACHEXIA

Preferred Agents	Non-Preferred	--	Limitations
megestrol suspension	<i>Megace *</i> <i>Megace ES</i>	<i>megestrol ES 625mg/5mL suspension</i>	N/A

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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 Talcia Vimovo % Zegerid Zegerid packet @	Trial of two preferred molecules required @ Alternative dose forms require PA. Quantity limits apply to class % Clinical criteria applies

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ULCERATIVE COLITIS – ORAL

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

ULCERATIVE COLITIS – RECTAL

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

GENITOURINARY AND RENAL

ALPHA BLOCKERS FOR BPH

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

ANDROGEN HORMONE INHIBITORS AND COMBOS

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

PDE-5 FOR BPH

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

PHOSPHATE BINDERS

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

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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 Gemtesa	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

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MISCELLANEOUS AGENTS

ANTIHYPURICEMICS

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 % Reltone 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 Rucconest		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

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IMMUNOSUPPRESSANTS

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

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

IMMUNOMODULATORS, TOPICAL

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

METHOTREXATE PRODUCTS

Preferred Agents	Non-Preferred	--	Limitations
methotrexate PF vial	<i>Otrexup</i>	<i>Trexall</i>	N/A
methotrexate tablet	<i>Rasuvo</i>	<i>Xatmep</i>	
methotrexate vial	<i>Reditrex</i>		

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

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

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ANTIBIOTIC-STEROID COMBINATIONS

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

ANTI-INFLAMMATORIES – NSAIDS

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

ANTI-INFLAMMATORIES – STEROIDS

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

BETA BLOCKERS – GLAUCOMA

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

CARBONIC ANHYDRASE INHIBITORS/RHO KINASE INHIBITORS – GLAUCOMA

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

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OPHTHALMIC ALLERGIC CONJUNCTIVITIS

Preferred Agents	Non-Preferred	--	Limitations
cromolyn sodium	<i>Alocril</i>	<i>epinastine</i>	N/A
ketotifen OTC	<i>Alomide</i>	<i>Lastacaft</i>	
olopatadine 0.1%	<i>Alrex</i>	<i>olopatadine 0.2%</i>	
Pazeo (while available)	<i>Azelastine</i>	<i>Pataday</i>	
Zaditor OTC	<i>bepotastine (gen Bepreve)</i>	<i>Patanol</i>	
	<i>Bepreve</i>	<i>Zerviate</i>	
	<i>Elestat</i>		

OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

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

OPHTHALMIC PROSTAGLANDIN AGONISTS

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

OPHTHALMIC QUINOLONES

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

OTICS

OTIC ANTI-INFECTIVES AND ANESTHETICS

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

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OTIC ANTIBIOTICS

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

OTIC ANTI-INFLAMMATORY

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

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

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

PROSTACYCLINS FOR PAH, INHALATION AND ORAL

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

PDE INHIBITORS AND OTHERS FOR PPH/PAH

Preferred Agents	Non-Preferred	--	Limitations
Alyq 20mg (gen Adcirca) sildenafil tabs (gen Revatio) tadalafil 20mg (gen Adcirca)	<i>Adcirca</i> <i>Adempas</i> <i>Revatio tabs and liquid</i> <i>sildenafil susp (gen Revatio)</i>		Clinical criteria applies to this class

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PLATELET AGGREGATION INHIBITORS

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Preferred Agents	Non-Preferred	--	Limitations
aspirin aspirin-dipyridamole Brilinta clopidogrel dipyridamole prasugrel	<i>Effient *</i> <i>Plavix *</i>	<i>ticlopidine</i> <i>Yosprala</i> <i>Zontivity</i>	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	<i>Bevespi μ</i> <i>Breztri Aerosphere μ</i> <i>Daliresp %</i> <i>Duaklir Pressair</i> <i>Incruse Ellipta μ</i> <i>Lonhala Magnair μ</i> <i>Seebri Neohaler μ</i>	<i>Spiriva Respimat μ</i> <i>Trelegy Ellipta μ</i> <i>Tudorza μ</i> <i>Utibron Neohaler μ</i> <i>Yupelri</i>	% Clinical criteria applies μ Duplication of ipratropium products not allowed

ANTI-ALLERGENS

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

ANTI-HISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

Preferred Agents	Non-Preferred	--	Limitations
cetirizine solution OTC cetirizine syrup Rx cetirizine tablets OTC levocetirizine tablets Rx loratadine ODT OTC loratadine syrup OTC loratadine tablets OTC	<i>cetirizine chewable OTC</i> <i>cetirizine soln 5mg/5mL OTC</i> <i>cetirizine-D OTC</i> <i>Clarinox</i> <i>Clarinox-D</i> <i>desloratadine</i> <i>fexofenadine tabs OTC</i>	<i>fexofenadine susp OTC</i> <i>fexofenadine-D OTC</i> <i>levocetirizine soln</i> <i>loratadine caps OTC</i> <i>loratadine chewable OTC</i> <i>loratadine-D OTC</i> <i>Semprex-D</i>	N/A

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BETA AGONISTS: SHORT-ACTING MDI AND NEBS

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

BETA AGONISTS: LONG-ACTING MDI & NEBS

Preferred Agents	Non-Preferred	--	Limitations
Serevent Diskus	<i>Arcapta</i> <i>arformoterol (gen Brovana)</i> <i>Brovana</i>	<i>formoterol (gen Perforomist)</i> <i>Perforomist</i> <i>Striverdi Respimat</i>	N/A

BETA AGONISTS: COMBINATION PRODUCTS

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

CORTICOSTEROIDS INHALED

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

EPINEPHRINE – SELF INJECTED

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

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GLUCOCORTICOIDS, ORAL

Preferred Agents	Non-Preferred	--	Limitations
budesonide EC	<i>Alkindi Sprinkle</i>	<i>Millipred DP tab DS Pk</i>	% Clinical criteria applies
dexamethasone Intensol	<i>Cortef</i>	<i>Millipred tablet</i>	
dexamethasone solution and tablet	<i>cortisone</i>	<i>Ortikos</i>	
hydrocortisone	<i>Decadron</i>	<i>Pediapred</i>	
methylprednisolone 4mg	<i>dexamethasone elixir</i>	<i>Prednisone Intensol</i>	
methylprednisolone tab DS pak	<i>Dexpak & generic</i>	<i>prednisolone ODT</i>	
prednisolone sodium phos sol (gen Pediapred)	<i>Dxevo</i>	<i>prednisolone sod phos sol (gen</i>	
prednisolone solution	<i>Emflaza %</i>	<i>Millipred & Veripred)</i>	
prednisone solution	<i>Entocort EC</i>	<i>Rayos %</i>	
prednisone tab DS pak	<i>Hemady</i>	<i>Taperdex (gen Dexpak)</i>	
prednisone tablet	<i>Medrol</i>		
	<i>Medrol DS PK</i>		
	<i>methylprednisolone 8mg, 16mg, and 32mg tabs</i>		

IDIOPATHIC PULMONARY FIBROSIS

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

INTRANASAL ANTIHISTAMINES AND OTHERS

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

INTRANASAL CORTICOSTEROIDS

Preferred Agents	Non-Preferred	--	Limitations
fluticasone RX	<i>azelastine/fluticasone</i>	<i>Nasonex</i>	N/A
	<i>Beconase AQ</i>	<i>Omnaris</i>	
	<i>budesonide nasal</i>	<i>Qnasl</i>	
	<i>Dymista</i>	<i>Ticanase</i>	
	<i>Flonase OTC</i>	<i>triamcinolone OTC</i>	
	<i>flunisolide</i>	<i>Khance</i>	
	<i>fluticasone OTC</i>	<i>Zetonna</i>	
	<i>mometasone (gen Nasonex)</i>		

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LEUKOTRIENE RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred	--	Limitations
montelukast tablet/chew tablet	<i>Accolate</i> <i>montelukast gran pak</i>	<i>Singulair gran pak</i> <i>Singulair tablet/chew tab *</i> <i>zafirlukast</i>	N/A

TOBACCO CESSATION

Preferred Agents	Non-Preferred	--	Limitations
bupropion SR (gen Zyban) Chantix nicotine chewing gum OTC nicotine lozenge OTC nicotine transdermal OTC	<i>Nicoderm CQ OTC *</i> <i>Nicorette Gum OTC *</i> <i>Nicorette Lozenge OTC *</i>	<i>Nicotrol Inhaler %</i> <i>Nicotrol Nasal Spray %</i> <i>Zyban *</i>	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	<i>Elimite *</i> <i>Eurax Cream</i> <i>Eurax Lotion</i> <i>ivermectin (gen Sklice)</i> <i>lindane shampoo</i> <i>malathion</i>	<i>Ovide</i> <i>piperonyl butoxide/pyrethrins kit</i> <i>OTC</i> <i>Sklice</i> <i>spinosad</i> <i>Vanalice</i>	N/A

ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
calcipotriene cream calcipotriene solution	<i>calcipotriene oint</i> <i>calcipotriene-betameth</i> <i>oint/scalp</i> <i>Calcitrene</i> <i>calcitriol</i> <i>Dovonex cream</i>	<i>Duobrii</i> <i>Enstilar foam</i> <i>Sorilux</i> <i>Taclonex ointment/scalp</i> <i>Vectical</i>	Clinical criteria applies to this class

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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>Aczone</i> <i>Amzeeq</i> <i>Arazlo</i> <i>Avar products</i> <i>Azelex</i> <i>Benzaclin</i> <i>Benzamycin</i> <i>benzoyl peroxide</i> <i>BP-10-1</i> <i>Cleocin-T</i> <i>Clindacin</i> <i>Clindagel</i> <i>clindamycin/benzoyl perox.</i> <i>(Benzaclin 1-5%)</i> <i>clindamycin/benzoyl perox.</i> <i>(Acanya 1.2-2.5%)</i> <i>clindamycin phosphate</i> <i>foam/gel/lotion</i> <i>dapsone</i> <i>Duac *</i>	<i>Ery gel/pads</i> <i>erythromycin gel/swab</i> <i>erythromycin-benzoyl peroxide</i> <i>Evoclin</i> <i>Klaron</i> <i>Neuac</i> <i>Onexton</i> <i>Ovace/Ovace Plus</i> <i>Rosanil</i> <i>Rosula</i> <i>Seb-Prev wash</i> <i>SSS 10-5</i> <i>sulfacetamide</i> <i>sulfacetamide/sulfur</i> <i>sulfacetamide/sulfur/urea</i> <i>sulfacetamide sodium</i> <i>sulfacetamide sodium/sulfur</i> <i>Sumadan products</i> <i>Sumaxin products</i>	Trial of 2 preferred agents required

TOPICAL RETINOIDS

Preferred Agents	Non-Preferred	--	Limitations
Differin Rx Epiduo Forte gel pump Retin-A	<i>adapalene cream/gel</i> <i>adapalene/benzoyl peroxide</i> <i>Aklief</i> <i>Altreno</i> <i>Atralin</i> <i>Avita</i> <i>clindamycin/tretinoin gel</i> <i>Differin OTC</i>	<i>Fabior</i> <i>Retin-A Micro pump and tube</i> <i>tazarotene cream (gen Tazorac)</i> <i>tretinoin cream/gel</i> <i>tretinoin microspheres</i> <i>Ziana</i>	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	<i>azelaic acid (gen Finacea)</i> <i>Finacea Gel/Foam</i> <i>ivermectin cr</i> <i>metronidazole cream</i> <i>metronidazole gel</i> <i>metronidazole lotion</i>	<i>Mirvaso</i> <i>Noritate</i> <i>Rhofade</i> <i>Rosadan/ kit</i> <i>Soolantra</i> <i>Zilxi</i>	N/A

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LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	--	Limitations
Derma-Smooth FS hydrocortisone cream/oint 1% Rx hydrocortisone cream/oint/lot 2.5%	<i>alclometasone dipro cream/ ointment</i> <i>Aqua-Glycolic HC</i> <i>Capex Shampoo</i> <i>Desonate gel</i> <i>desonide cream/lot/oint</i>	<i>Desowen</i> <i>fluocinolone 0.01% oil</i> <i>hydrocortisone/min oil/pet oint 1%</i> <i>Micort-HC</i> <i>Texacort</i>	N/A

MEDIUM POTENCY TOPICAL STEROIDS

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

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	<i>amcinonide</i> <i>betamethasone dipropionate</i> <i>betamet diprop / prop glycol</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>Fluocinonide</i> <i>halcinonide 0.1% cr</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

Montana Medicaid Preferred Drug List (PDL) Revised August 25, 2021

*Indicates a generic is available without prior authorization

Clinical criteria can be found here: [Mountain-Pacific Quality Health – Medicaid Pharmacy \(mpqhf.org\)](http://mpqhf.org)

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.

VERY HIGH POTENCY TOPICAL STEROIDS

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