

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

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## ANALGESICS

### ANALGESICS, OPIOID – LONG-ACTING

Preferred Agents	Non-Preferred	--	Limitations
Butrans Patch # morphine sulfate SR tab #	<i>Belbuca</i> # <i>buprenorphine (Butrans)</i> # <i>Conzip ER</i> % # <i>Duragesic patch</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>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</i> * tabs, pen, cartridge <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 &amp; PRASCO Mfrs)</i> <i>sumatriptan nasal spray</i> <i>sumatriptan/naproxen 85-500</i> <i>Tosymra</i> <i>Treximet</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 RX (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 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 * ciprofloxacin susp	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	Difcid tab/susp % Flagyl metronidazole capsule neomycin sulfate nitazoxanide (gen Alinia) paromomycin	Solosec 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>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>	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>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 #	<i>Cleocin cream</i> <i>clindamycin vaginal 2% cream</i>	<i>Metrogel vaginal gel</i> <i>metronidazole vaginal 0.75% gel</i> <i>Vandazole</i>	# Quantity limits apply

## ANTIFUNGALS, ORAL

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

## ANTIFUNGALS AND COMBOS, TOPICAL

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

## ANTIVIRALS: HERPES – ORAL AGENTS

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

## ANTIVIRALS: INFLUENZA

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

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## ANTIVIRALS, TOPICAL

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

## HEPATITIS C: PEGYLATED INTERFERONS

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

## HEPATITIS C: OTHER

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

## HEPATITIS C: RIBAVIRIN PRODUCTS

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

## CARDIOVASCULAR

### ACE INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
benazepril 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	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 *		

## 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</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>	% Clinical criteria applies
Coreg CR	<i>bisoprolol (gen Zebeta)</i>	<i>nadolol/bendroflumethazide</i>	
labetalol	<i>bisoprolol/HCTZ</i>	<i>pindolol</i>	
metoprolol succinate ER	<i>carvedilol ER</i>	<i>propranolol/HCTZ</i>	
metoprolol tartrate	<i>Coreg *</i>	<i>sotalol/Betapace /Batapace AF</i>	
propranolol IR	<i>Hemangeol</i>	<i>/Sorine</i>	
propranolol ER	<i>Inderal LA &amp; XL</i>	<i>Sotylize</i>	
	<i>Innopran XL</i>	<i>Tenormin /Tenoretic</i>	
	<i>Kaspargo Sprinkle</i>	<i>timolol</i>	
		<i>Toprol XL *</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 &amp; powder (gen Welchol)</i>	<i>Nexletol %</i>	
colestipol tablets	<i>Welchol</i>	<i>Nexlizet %</i>	
fenofibrate 48mg & 145mg-- (generic Tricor)	<i>Colestid granules &amp; tabs</i>	<i>Niaspan *</i>	
gemfibrozil	<i>colestipol granules</i>	<i>Praluent %</i>	
niacin ER	<i>fenofibrate – gen Antara</i>	<i>Questran *</i>	
omega-3 ethyl esters %	<i>fenofibrate – gen Lipofen</i>	<i>Questran Light *</i>	
Prevalite	<i>fenofibrate – gen Lofibra</i>	<i>Repatha %</i>	
	<i>fenofibric acid – gen Trilipix</i>	<i>Tricor *</i>	
	<i>Fenoglide</i>	<i>Trilipix</i>	
	<i>Fibracor</i>	<i>Vascepa %</i>	
	<i>icosapent ethyl (gen Vascepa) %</i>	<i>Welchol tab &amp; powder</i>	
	<i>Juxtapid %</i>		
	<i>Lipofen</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 ER</i>	
	<i>donepezil ODT</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	<i>Aptiom</i>	<i>Tegretol tablets *</i>	NOTE: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA
carbamazepine tab	<i>Carbamazepine susp @</i>	<i>Trileptal tablets *</i>	
Carbatrol ER	<i>carbamazepine ER</i>		
Epitol	<i>carbamazepine XR</i>		
oxcarbazepine tabs	<i>Equetro</i>		
Tegretol susp @	<i>oxcarbazepine susp</i>		
Tegretol XR	<i>Oxtellar XR</i>		
Trileptal oral suspension @			

### ANTI-CONVULSANTS: FIRST GENERATION

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

### ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

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

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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>bupropion XL 450mg (gen Forfivo)</i>	<i>mirtazapine rapdis @ Remeron *</i>	
duloxetine (except 40mg)	<i>Cymbalta *</i>	<i>Remeron SolTab @</i>	# Quantity limits apply
mirtazapine	<i>desvenlafaxine ER #</i>	<i>Trintellix</i>	
Pristiq ER #	<i>desvenlafaxine fum ER</i>	<i>venlafaxine ER tabs</i>	@ Alternative dosage forms require PA
trazodone	<i>desvenlafaxine suc ER #</i>	<i>Viibryd</i>	
venlafaxine IR	<i>duloxetine 40mg</i>	<i>Viibryd DS PK</i>	
venlafaxine ER caps 24H	<i>Effexor XR * 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 Evekeo)</i>	<i>methylphenidate ER cap (gen Aptensio)</i>	Quantity limits apply to class
Concerta	<i>amphetamine susp ER (gen Adzenys)</i>	<i>methylphenidate ER tab 10 and 20mg (generic for Ritalin SR Tab)</i>	
dexamethylphenidate IR	<i>Cotempla XR ODT</i>	<i>methylphenidate ER tab 18 mg, 27, 36, 54 mg (generic for Concerta)</i>	@ Alternative dosage forms require PA
Focalin XR	<i>Daytrana @</i>	<i>methylphenidate LA (20, 30, 40mg)</i>	
methylphenidate IR (generic for Ritalin)	<i>Dexedrine SA</i>	<i>Mydayis</i>	#1 Dose limit 1/day
methylphenidate solution @	<i>dexamethylphenidate ER</i>	<i>Procentra</i>	
Vyvanse Cap #1	<i>dextroamphetamine SA (generic for Dexedrine SA)</i>	<i>Quillichew ER @</i>	
Vyvanse Chewable @	<i>dextroamphetamine tab/soln</i>	<i>Quillivant XR @</i>	
	<i>dextroamp-amphet ER</i>	<i>Relexxii ER</i>	
	<i>Dyanavel XR</i>	<i>Ritalin *</i>	
	<i>Evekeo</i>	<i>Ritalin LA</i>	
	<i>Evekeo ODT @</i>	<i>Zenedi</i>	
	<i>Focalin IR</i>		
	<i>Jornay PM</i>		
	<i>Methylin solution @</i>		
atomoxetine	<i>Intuniv *</i>	<i>Strattera *</i>	
guanfacine ER	<i>Qelbree</i>		
clonidine ER & IR			

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## 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 @	Abilify Mycite % Abilify tablet * Adasuve aripiprazole sol/ODT asenapine (gen Saphris) Caplyta clozapine ODT @ Clozaril * Fanapt Fanapt titration pack Fazaclo Geodon * Invega Nuplazid olanzapine/fluoxetine paliperidone ER Rexulti % Risperdal *	risperidone tab rapdis @ Saphris Secuado Seroquel IR & XR * Symbyax Versacloz Vraylar % Zyprexa tablet * Zyprexa Zydis * @	Dose optimization edits apply to many in class  @ Alternative dosage forms require PA  # Dose limits apply  % Clinical criteria applies  PA for class required for members seven and under

## MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Avonex Avonex Pen Betaseron Copaxone 20mg Rebif Rebidose Tecfidera	Ampyra Aubagio Bafiertam Copaxone 40mg Syringe dalfampridine ER dimethyl fumarate (gen Tecfidera) Extavia Gilenya glatiramer 20&40mg	Glatopa Kesimpta Mavenclad Mayzent Plegridy & Pen Ponvory Rebif syringe Vumerity Zeposia	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>ropinirole ER %</i>	
selegiline tabs	<i>carbidopa/levodopa/ entacapone</i>	<i>Rytary %</i>	
trihexyphenidyl	<i>Duopa</i>	<i>Selegiline caps</i>	
	<i>Gocovri</i>	<i>Sinemet IR</i>	
	<i>Inbrija</i>	<i>Stalevo</i>	
	<i>Kynmobi</i>	<i>tolcapone</i>	
	<i>Lodosyn</i>	<i>Xadago</i>	
	<i>Mirapex *</i>	<i>Zelapar</i>	
	<i>Mirapex ER %</i>		
	<i>Neupro</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 &amp; 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>Lunesta %</i>		

## SKELETAL MUSCLE RELAXANTS

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

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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 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 Boniva calcitonin-salmon %	Evista * Forteo * Fosamax tabs */ PlusD risedronate sodium Tymlos	% Clinical criteria applies

### ANTI-HYPOGLYCEMIC AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Baqsimi # Glucagon # Glucagon Emergency Kit # 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	miglitol Precose *		N/A

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## DIABETES: DPP-IV INHIBITORS

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

## DIABETES: GLP1 RECEPTOR AGONISTS

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

## DIABETES: INSULIN AND COMBO

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

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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 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 * Glucotrol *	Glucotrol XL * Glynase * tolbutamide	N/A

## DIABETES: TZD

Preferred Agents	Non-Preferred	--	Limitations
pioglitazone	Actoplus Met 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
<b>ORAL</b> estradiol oral Menest Premarin Oral	<i>Duavee</i> <i>Estrace</i> * <i>Osphena</i>		N/A
<b>TRANSDERMAL</b> 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 Yuvafem)</i>	<i>Femring</i> <i>Intrarosa</i> <i>Yuvafem</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>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 aprepitant Bonjesta Diclegis% doxylamine/pyridox % Emend Oral % Emend Oral Pak % Gimoti granisetron	metoclopramide injection metoclopramide ODT Reglan * Sancuso Sustol SQ Varubi Zofran * 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	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 @ 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 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 Rebloyl	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	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

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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>Condyllox 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>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>Betimol</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% Rx	<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>Zerviate</i>	
	<i>Bepreve</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>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 and OTC loratadine ODT OTC loratadine syrup OTC loratadine tablets OTC	<i>cetirizine caps OTC</i> <i>cetirizine chewable OTC</i> <i>cetirizine soln 5mg/5mL OTC</i> <i>cetirizine-D OTC</i> <i>Clarinx</i> <i>Clarinx-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>	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>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>Prednisone Intensol</i>	
methylprednisolone 4mg	<i>dexamethasone elixir</i>	<i>prednisolone ODT</i>	
methylprednisolone tab DS pak	<i>dexamethasone pak (gen</i>	<i>prednisolone sod phos sol (gen</i>	
prednisolone sodium phos sol (gen Pediapred)	<i>Dexpak)</i>	<i>Millipred &amp; Veripred)</i>	
prednisolone solution	<i>Emflaza %</i>	<i>Rayos %</i>	
prednisone solution	<i>Entocort EC</i>	<i>Taperdex (gen Dexpak)</i>	
prednisone tab DS pak	<i>Hemady</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>azelastine 0.15% (generic</i>	<i>olopatadine</i>	N/A
ipratropium nasal	<i>Astepro)</i>	<i>Patanase</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>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>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>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>Rosanyl</i> <i>Rosula</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>	<b>Trial of 2 preferred agents required</b>

## 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>	<b>Requires clinical PA if &gt; 26 years old.</b>

## 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>Noritrate</i> <i>Rhofade</i> <i>Rosadan/ kit</i> <i>Soolantra</i> <i>Zilxi</i>	<b>N/A</b>

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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>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>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>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>Topicort</i> <i>triamcinolone spray</i> <i>Trianex ointment</i> <i>Vanos</i>	N/A

# Montana Medicaid Preferred Drug List (PDL)

## Revised September 14, 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)	<i>Apexicon E</i>	<i>halobetasol propionate</i>	N/A
Clobex shampoo	<i>Bryhali</i>	<i>cream/foam/ointment</i>	
	<i>clobetasol emollient cream/foam</i>	<i>Impeklo Lotion</i>	
	<i>clobetasol lot/shmp/spray</i>	<i>Lexette</i>	
	<i>clobetasol propionate foam</i>	<i>Olux/Olux-E</i>	
	<i>Clobex lotion &amp; spray</i>	<i>Temovate</i>	
	<i>Clodan</i>	<i>Tovet kit</i>	
		<i>Ultravate cream/lot/ointment</i>	
		<i>Ultravate X PAC cream/ointment</i>	