Montana Medicaid Preferred Drug List (PDL)
Revised March 16, 2022

***Indicates a generic is available without prior authorization**

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ANALGESICS

ANALGESICS, OPIOID – LONG-ACTING

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

ANTI-MIGRAINE

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

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NSAIDS

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

NEUROPATHIC PAIN

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

OPIOID REVERSAL AGENTS

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

SUBSTANCE USE DISORDER TREATEMENTS

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

ANTI-INFECTIVES

ANTIOBIOTICS: 2ND GENERATION QUINOLONES

Preferred Agents	Non-Preferred	--	Limitations
Cipro suspension ciprofloxacin tablet	*Cipro tabs ** *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 soln metronidazole tablet tinidazole	*Aemcolo* *Dificid 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**

ANTIBIOTICS: MACROLIDES/KETOLIDES

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

ANTIBIOTICS: 2ND GENERATION CEPHA

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

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

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

ANTIBIOTICS: TETRACYCLINES

Preferred Agents	Non-Preferred	--	Limitations
doxycycline hyclate capsule	*demeclocycline*	*minocycline tablet*	**% Clinical criteria applies**
doxycycline hyclate tabs (20,75,100,150mg)	*Doryx*	*minocycline ER*	
doxycycline monohydrate 50mg and 100mg capsule	*doxycycline hyclate DR tab*	*Minolira ER*	
	doxycycline IR-DR 40mg cap% (gen Oracea)	*Morgidox Kit*	
doxycycline monohydrate tablet		*Nuzyra*	
minocycline capsules	*doxycycline suspension*	*Oracea %*	
	doxycycline monohydrate 75mg and 150mg capsule	*Solodyn %*	
		tetracycline	
		Vibramycin	
		Ximino ER	

ANTIBIOTICS, TOPICAL

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

ANTIBIOTICS, VAGINAL

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

ANTIFUNGALS, ORAL

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

ANTIFUNGALS AND COMBOS, TOPICAL

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

ANTIVIRALS: HERPES – ORAL AGENTS

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

ANTIVIRALS: INFLUENZA

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

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 tabs/pellet pak	*Epclusa tabs/pellet pak* *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* *enalapril sol (gen 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**

ANGIOTENSIN MODULATOR

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

ANGIOTENSION II RECEPTOR BLOCKER COMBOS

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

ANGIOTENSION MODULATOR COMBINATIONS

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

ANTIANGINAL & ANTIISCHEMIC

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

ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

BETA BLOCKERS AND COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS (DHP)

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

CALCIUM CHANNEL BLOCKERS (NON-DHP)

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

DIRECT RENIN INHIBITORS

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

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

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

LIPOTROPICS: OTHERS

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

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

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

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

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

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ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

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

ANTI-CONVULSANTS: FIRST GENERATION

Preferred Agents	Non-Preferred	--	Limitations
Depakote sprinkle	*Celontin*	*felbamate*	**NOTE: DAW 7 may be used ONLY for seizure diagnosis**
Dilantin 30mg Kapseal	*Depakote IR and ER **	*Felbatol tabs and susp*	**@ Alternative dosage forms require PA**
Dilantin 50mg chew tab	*Dilantin capsule **	*Mysoline **	
divalproex sodium IR and ER	*Dilantin-125 oral suspension *@*	*Phenytek*	
ethosuximide susp @	divalproex sodium sprinkle	*Zarontin Syr @*	
phenobarbital	*ethosuximide caps*		
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 %	*Banzel %*	*Nayzilam %*	**Note: DAW 7 may be used ONLY for seizure diagnosis**
gabapentin capsule µ	*Briviact*	*Neurontin solution @ µ*	
gabapentin solution µ	*clobazam tab & susp %*	*Neurontin tablet/capsule * µ*	**@ Alternative dosage forms require PA**
gabapentin tablet µ	*Diacomit %*	*Onfi %*	
lamotrigine IR tabs & chews/dispersible	*diazepam rectal %*	*pregabalin caps/solution µ*	**% Clinical criteria applies**
lamotrigine starter pak	*Elepsia XR*	*pregabalin ER µ*	
levetiracetam IR	*Epidiolex %*	*Qudexy XR*	**µ Cross duplication not allowed between gabapentin and Lyrica**
levetiracetam solution	*Eprontia @*	*rufinamide tab & susp (gen Banzel) %*	
Lyrica capsule µ	*Fintepla %*	*Sabril*	
topiramate tablets	*Fycompa*	*Spritam*	
zonisamide	*Gabitril %*	*Sympazan % @*	
	*Keppra * @*	*Tiagabine %*	
	Keppra XR	*Topamax Sprinkle Cap @*	
	*Lamictal **	*Topamax tablet **	
	Lamictal ODT & ODT Starter pak @	*topiramate sprinkle cap @*	
	Lamictal Starter pak	*topiramate ER*	
	Lamictal XR %	*Trokendi XR*	
	lamotrigine ER %	*Valtoco %*	
	lamotrigine ODT @	*vigabatrin powder (gen Sabril)*	
	levetiracetam ER	*vigabatrin tablet*	
	Lyrica solution µ	*Vimpat %*	
	Lyrica CR µ	*Xcopri*	

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ANTI-DEPRESSANTS: SSRIS

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

ANTI-DEPRESSANTS: NOVEL

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

ADHD/CNS STIMULANTS AND RELATED AGENTS

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

Preferred Agents	Non-Preferred	--	Limitations
atomoxetine	*Intuniv **	*Strattera **	
guanfacine ER	*Qelbree*		
clonidine ER & IR			

ATYPICAL ANTIPSYCHOTICS

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

MULTIPLE SCLEROSIS AGENTS

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

ANTI-PARKINSON'S AGENTS

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

SEDATIVE HYPNOTIC AGENTS

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

SKELETAL MUSCLE RELAXANTS

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

MOVEMENT DISORDER DRUGS

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

ENDOCRINE AND METABOLIC AGENTS

ANDROGENIC AGENTS

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

BONE: RESPORPTION AND RELATED AGENTS

Preferred Agents	Non-Preferred	--	Limitations
alendronate tablet ibandronate raloxifene teriparatide (gen Forteo)	*Actonel* *alendronate solution* *Atelvia* *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 *(Lilly, Amphastar)* # 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**

DIABETES: DPP-IV INHIBITORS

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

DIABETES: GLP1 RECEPTOR AGONISTS

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

DIABETES: INSULIN AND COMBO

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

DIABETES: MEGLITINIDES AND COMBOS

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

DIABETES: METFORMINS AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
glyburide-metformin metformin metformin ER (generic for Glucophage XR)	*Fortamet* *glipizide-metformin* *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**

ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

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

ESTROGEN PREPARATIONS, VAGINAL

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

GROWTH HORMONES

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

PANCREATIC ENZYMES

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

PROGESTINS FOR CACHEXIA

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

UTERINE DISORDER TREATMENTS

Preferred Agents	Non-Preferred	--	Limitations
Oriahnn Orilissa	*N/A*		**N/A**

GASTROINTESTINAL

ANTIEMETICS AGENTS

Preferred Agents	Non-Preferred	--	Limitations
metoclopramide tablets, solution ondansetron injections ondansetron ODT ondansetron solution ondansetron tablet	*Akynzeo* *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 tab (OTC)* *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* *Talicia* *Vimovo %* *Zegerid* *Zegerid packet @*	**Trial of two preferred molecules required** **@ Alternative dose forms require PA.** **Quantity limits apply to class** **% Clinical criteria applies**

ULCERATIVE COLITIS – ORAL

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

ULCERATIVE COLITIS – RECTAL

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

GENITOURINARY AND RENAL

ALPHA BLOCKERS FOR BPH

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

ANDROGEN HORMONE INHIBITORS AND COMBOS

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

PDE-5 FOR BPH

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

PHOSPHATE BINDERS

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

POTASSIUM BINDERS

Preferred Agents	Non-Preferred	--	Limitations
Lokelma sodium polystyrene sulfonate	*Veltassa*		**N/A**

URINARY TRACT ANTISPASMODICS

Preferred Agents	Non-Preferred	--	Limitations
oxybutynin ER oxybutynin IR solifenacin (gen Vesicare) Toviaz	*darifenacin ER* *Detrol* *Detrol LA* *Ditropan XL* *flavoxate* *Gelnique* *Gemtesa*	*Myrbetriq tab/susp* *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* *Reblozyl*	**N/A**

MISCELLANEOUS AGENTS

ANTIHYPERURICEMICS

Preferred Agents	Non-Preferred	--	Limitations
Allopurinol Colcrys % Mitigare % probenecid probenecid/colchicine %	*colchicine capsule % (generic for Mitigare)* *colchicine tablet % (generic for Colcrys)*	*febuxostat % (gen Uloric)* *Gloperba* *Uloric %* *Zyloprim **	**% Clinical criteria applies**

BILE SALTS

Preferred Agents	Non-Preferred	--	Limitations
ursodiol tablet/capsule	*Bylvay (caps/pellet)* *Chenodal %* *Cholbam %* *Livmarli*	*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**

IMMUNOSUPPRESSANTS

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

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

IMMUNOMODULATORS, TOPICAL

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

METHOTREXATE PRODUCTS

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

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

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

ANTIBIOTIC-STEROID COMBINATIONS

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

ANTI-INFLAMMATORIES – NSAIDS

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

ANTI-INFLAMMATORIES – STEROIDS

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

BETA BLOCKERS – GLAUCOMA

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

CARBONIC ANHYDRASE INHIBITORS/RHO KINASE INHIBITORS – GLAUCOMA

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

OPHTHALMIC ALLERGIC CONJUNCTIVITIS

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

OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

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

OPHTHALMIC PROSTAGLANDIN AGONISTS

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

OPHTHALMIC QUINOLONES

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

OTICS

OTIC ANTI-INFECTIVES AND ANESTHETICS

Preferred Agents	Non-Preferred	--	Limitations
acetic acid	*acetic acid HC*		**N/A**

OTIC ANTIBIOTICS

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

OTIC ANTI-INFLAMMATORY

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

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

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

PROSTACYCLINS FOR PAH, INHALATION AND ORAL

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

PDE INHIBITORS AND OTHERS FOR PPH/PAH

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

PLATELET AGGREGATION INHIBITORS

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Preferred Agents	Non-Preferred	--	Limitations
aspirin aspirin-dipyridamole Brilinta clopidogrel dipyridamole prasugrel	*Effient ** *Plavix **	*Zontivity*	**N/A**

RESPIRATORY

COPD AGENTS

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

ANTI-ALLERGENS

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

ANTIHISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

Preferred Agents	Non-Preferred	--	Limitations
cetirizine solution OTC cetirizine syrup Rx cetirizine tablets OTC levocetirizine tablets Rx and OTC loratadine ODT OTC loratadine syrup OTC loratadine tablets OTC	*cetirizine caps OTC* *cetirizine chewable OTC* *cetirizine soln 5mg/5mL OTC* *cetirizine-D OTC* *Clarinex* *Clarinex-D* *desloratadine* *fexofenadine tabs OTC*	*fexofenadine-D OTC* *levocetirizine soln* *loratadine caps OTC* *loratadine chewable OTC* *loratadine-D OTC*	**N/A**

BETA AGONISTS: SHORT-ACTING MDI AND NEBS

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

BETA AGONISTS: LONG-ACTING MDI & NEBS

Preferred Agents	Non-Preferred	--	Limitations
Serevent Diskus	*arformoterol (gen Brovana)* *Brovana*	*formoterol (gen Perforomist)* *Perforomist* *Striverdi Respimat*	**N/A**

BETA AGONISTS: COMBINATION PRODUCTS

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

CORTICOSTEROIDS INHALED

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

EPINEPHRINE – SELF INJECTED

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

GLUCOCORTICOIDS, ORAL

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

IDIOPATHIC PULMONARY FIBROSIS

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

INTRANASAL ANTIHISTAMINES AND OTHERS

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

INTRANASAL CORTICOSTEROIDS

Preferred Agents	Non-Preferred	--	Limitations
fluticasone RX	*azelastine/fluticasone* *Beconase AQ* *budesonide nasal* *Dymista* *flunisolide* *fluticasone OTC* *mometasone (gen Nasonex)*	*Nasonex* *Omnaris* *Qnasl* *triamcinolone OTC* *Xhance* *Zetonna*	**N/A**

LEUKOTRIENE RECEPTOR ANTAGONISTS

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

TOBACCO CESSATION

Preferred Agents	Non-Preferred	--	Limitations
bupropion SR (gen Zyban) Chantix nicotine chewing gum OTC nicotine lozenge OTC nicotine transdermal OTC	*Nicotrol Inhaler %* *Nicotrol Nasal Spray %* *varenicline (gen Chantix)*	*Zyban **	**Quantity limits apply to class** **% Clinical criteria applies**

TOPICAL AGENTS

ANTIPARASITICS – TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
Natroba permethrin cream permethrin OTC piperonyl butoxide/pyrethrins liquid OTC piperonyl butoxide/pyrethrins shampoo OTC	*Elimite ** *Eurax Cream* *Eurax Lotion* *Ivermectin 0.5% (gen Sklice)* *lindane shampoo* *malathion*	*Ovide* *piperonyl butoxide/pyrethrins kit OTC* *spinosad* *Vanalice*	**Monthly limits apply – One application per 34 days.**

ANTIPSORIATICS – TOPICAL

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

MISC ACNE, TOPICAL

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

TOPICAL RETINOIDS

Preferred Agents	Non-Preferred	--	Limitations
Differin Rx Epiduo Forte gel pump Retin-A	*adapalene cream/gel* *adapalene/benzoyl peroxide* *Aklief* *Altreno* *Atralin* *Avita* *clindamycin/tretinoin gel* *Differin OTC*	*Fabior* *Retin-A Micro pump and tube* *tazarotene foam (gen Fabior)* *tazarotene cream (gen Tazorac)* *tretinoin cream/gel* *tretinoin microspheres* *Ziana*	**Requires clinical PA if > 26 years old.**

TOPICAL, ROSACEA AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Metrocream (if on backorder, please utilize alternate preferred product) Metrogel	*azelaic acid (gen Finacea)* *Finacea Gel/Foam* *ivermectin 1% cr (gen Soolantra)* *metronidazole cream* *metronidazole gel* *metronidazole lotion*	*Mirvaso* *Noritate* *Rhofade* *Rosadan/ kit* *Soolantra* *Zilxi*	**N/A**

LOW POTENCY TOPICAL STEROIDS

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

MEDIUM POTENCY TOPICAL STEROIDS

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

HIGH POTENCY TOPICAL STEROIDS

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

VERY HIGH POTENCY TOPICAL STEROIDS

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