

Montana Medicaid Preferred Drug List (PDL) Revised April 21, 2022

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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 * tabs, pen, cartridge</i> <i>Maxalt</i> * <i>Maxalt MLT</i> * <i>Naratriptan</i> <i>Nurtec ODT</i> %	<i>Onzetra Xsail</i> <i>Qulipta</i> % <i>Relpax</i> <i>Reyvow</i> % <i>sumatriptan inj (SUN & PRASCO Mfrs)</i> <i>sumatriptan nasal spray</i> <i>sumatriptan/naproxen 85-500</i> <i>Tosymra</i> <i>Treximet</i> <i>Trudhesa</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	<i>Arthrotec</i>	<i>Licart Patch</i>	Trial of 2 preferred agents required
diclofenac 1% gel RX (generic Voltaren) #	<i>Celebrex *</i>	<i>meclofenamate</i>	
diclofenac sodium EC/DR	<i>celecoxib 50mg and 400mg</i>	<i>mefenamic acid</i>	# Quantity limits apply
ibuprofen tablet Rx	<i>Daypro</i>	<i>meloxicam cap (gen Vivlodex)</i>	
indomethacin capsule IR	<i>diclofenac potassium</i>	<i>Mobic</i>	% Clinical criteria applies
ketorolac (oral) #	<i>diclofenac sodium ER/SR</i>	<i>napumetone</i>	
meloxicam tablet	<i>diclofenac sodium /misoprostol</i>	<i>Nalfon</i>	
naproxen tablet (Naprosyn)	<i>diclofenac topical & transdermal</i>	<i>Naprelan</i>	
sulindac	<i># (except 1% gel)</i>	<i>naproxen EC</i>	
Voltaren 1% gel Rx #	<i>diflunisal</i>	<i>naproxen sodium Rx (gen Anaprox)</i>	
	<i>Duexis</i>	<i>naproxen susp</i>	
	<i>etodolac</i>	<i>naprox/esomep (gen Vimovo) %</i>	
	<i>etodolac tab SR</i>	<i>oxaprozin</i>	
	<i>Feldene</i>	<i>Pennsaid #</i>	
	<i>fenoprofen</i>	<i>piroxicam</i>	
	<i>Flector #</i>	<i>Qmiiz ODT</i>	
	<i>flurbiprofen</i>	<i>Relafen DS</i>	
	<i>ibuprofen susp</i>	<i>Sprix %</i>	
	<i>ibuprofen/famotidine (gen Duexis)</i>	<i>Tivorbex</i>	
	<i>Indocin supp/susp</i>	<i>tolmetin sodium</i>	
	<i>indomethacin capsule ER</i>	<i>Vimovo %</i>	
	<i>ketoprofen/ER</i>	<i>Vivlodex</i>	
	<i>ketorolac tromethamine (gen Sprix) %</i>	<i>Zipsor %</i>	
		<i>Zorvolex</i>	

NEUROPATHIC PAIN

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

OPIOID REVERSAL AGENTS

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

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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 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

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ANTIBIOTICS: MACROLIDES/KETOLIDES

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

ANTIBIOTICS: 2ND GENERATION CEPHA

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

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

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

ANTIBIOTICS: TETRACYCLINES

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

ANTIBIOTICS, TOPICAL

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

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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>Brexafemme</i> <i>Cresemba</i> <i>Diflucan *</i> <i>flucytosine</i> <i>griseofulvin micro</i> <i>griseofulvin ultra</i> <i>itraconazole caps & sol</i> <i>ketconazole %</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>sulconazole cr/sol (gen Exelderm)</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

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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	Eplclusa 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

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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

ANGIOTENSIN 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

ANGIOTENSIN 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

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ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

BETA BLOCKERS AND COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS (DHP)

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

CALCIUM CHANNEL BLOCKERS (NON-DHP)

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

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DIRECT RENIN INHIBITORS

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

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

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

LIPOTROPICS: OTHERS

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

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

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

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

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

For Prior Authorization please call or fax: Mountain Pacific Quality Health Clinical Call Center
Telephone: (800) 395-7961/(406) 443-6002 Fax: (800) 294-1350/406-513-1928

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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 & 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>	
lamotrigine starter pak	<i>Elepsia XR</i>	<i>pregabalin ER μ</i>	% Clinical criteria applies
levetiracetam IR	<i>Epidiolex %</i>	<i>Qudexy XR</i>	
levetiracetam solution	<i>Eprontia @</i>	<i>rufinamide tab & susp (gen Banzel) %</i>	μ Cross duplication not allowed between gabapentin and Lyrica
Lyrica capsule μ	<i>Fintepla %</i>	<i>Sabril</i>	
topiramate tablets	<i>Fycompa</i>	<i>Spritam</i>	
zonisamide	<i>Gabitril %</i>	<i>Sympazan % @</i>	
	<i>Keppra * @</i>	<i>Tiagabine %</i>	
	<i>Keppra XR</i>	<i>Topamax Sprinkle Cap @</i>	
	<i>Lamictal *</i>	<i>Topamax tablet *</i>	
	<i>Lamictal ODT & ODT Starter pak @</i>	<i>topiramate sprinkle cap @</i>	
	<i>Lamictal Starter pak</i>	<i>topiramate ER</i>	
	<i>Lamictal XR %</i>	<i>Trokendi XR</i>	
	<i>lamotrigine ER %</i>	<i>Valtoco %</i>	
	<i>lamotrigine ODT @</i>	<i>vigabatrin powder (gen Sabril)</i>	
	<i>levetiracetam ER</i>	<i>vigabatrin tablet</i>	
	<i>Lyrica solution μ</i>	<i>Vimpat %</i>	
	<i>Lyrica CR μ</i>	<i>Xcopri</i>	

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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	% Clinical criteria applies
fluoxetine solution	fluoxetine 20mg and 60mg tablet	Paxil Susp	
fluoxetine 10 mg tablet	fluoxetine DR %	Pexeva	# Dose limits apply
fluvoxamine	fluvoxamine CR	Prozac *	
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 @ Remeron *	
duloxetine (except 40mg)	Cymbalta *	Remeron SolTab @	# Quantity limits apply
mirtazapine	desvenlafaxine ER #	Trintellix	
Pristiq ER #	desvenlafaxine fum ER	venlafaxine ER tabs	@ Alternative dosage forms require PA
trazodone	desvenlafaxine suc ER #	Viibryd	
venlafaxine IR	duloxetine 40mg	Viibryd DS PK	
venlafaxine ER caps 24H	Effexor XR * 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)	
dexamylphenidate 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	dexamylphenidate 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 @		

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

ATYPICAL ANTIPSYCHOTICS

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

MULTIPLE SCLEROSIS AGENTS

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

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ANTI-PARKINSON'S AGENTS

Preferred Agents	Non-Preferred	--	Limitations
amantadine caps/soln	<i>Apokyn %</i>	<i>Nourianz %</i>	% Clinical criteria applies
benztropine	<i>Azilect</i>	<i>Ongentys</i>	
carbidopa/levodopa IR and ER	<i>amantadine tabs</i>	<i>Osmolex ER</i>	
entacapone	<i>bromocriptine</i>	<i>pramipexole ER %</i>	
pramipexole dihydrochloride	<i>carbidopa</i>	<i>rasagiline</i>	
ropinirole	<i>carbidopa/levodopa ODT</i>	<i>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 & 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>	
cyclobenzaprine HCl 5mg & 10mg	<i>cyclobenzaprine ER %</i>	<i>Robaxin *</i>	# Quantity limits apply
methocarbamol	<i>Dantrium</i>	<i>Skelaxin</i>	
orphenadrine citrate	<i>dantrolene sodium</i>	<i>tizanidine capsule % #</i>	
tizanidine HCl tablet	<i>Fexmid %</i>	<i>Zanaflex capsule % #</i>	
	<i>Lorzone *</i>	<i>Zanaflex tablet *</i>	

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MOVEMENT DISORDER DRUGS

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

ENDOCRINE AND METABOLIC AGENTS

ANDROGENIC AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Androgel pump	Androderm Androgel pak 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 (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

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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>Jentaduetto</i>	<i>Oseni %</i>	
Tradjenta	<i>Jentaduetto XR</i>	<i>Trijardy XR</i>	
	<i>Kazano</i>		

DIABETES: GLP1 RECEPTOR AGONISTS

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

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>Semglee-YFGN Pen/Vial</i>	
Humulin N Vial	<i>Humulin Pen</i>	<i>Soliqua 100-33</i>	
Humulin R Vial	<i>Humulin N Pen OTC</i>	<i>Toujeo</i>	
Humulin R U-500 Pen	<i>Humulin R U-500 Vial</i>	<i>Tresiba Vial/FlexTouch</i>	
insulin aspart cartridge/flexpen/vial	<i>insulin glargine-YFGN Pen/Vial</i>	<i>Xultophy 100-3.6</i>	
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	Fortamet	metformin ER (gen for Fortamet)	N/A
metformin	glipizide-metformin	metformin ER (gen for Glumetza)	
metformin ER (generic for Glucophage XR)	Glumetza	Riomet	
	metformin solution		

DIABETES: SGLT2 AND COMBOS

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

DIABETES: SULFONYLUREAS

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

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

ESTROGEN PREPARATIONS, VAGINAL

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

GROWTH HORMONES

Preferred Agents	Non-Preferred	--	Limitations
Genotropin Cartridge, Syringe Norditropin	<i>Humatrope</i> <i>Nutropin AQ</i> <i>Omnitrope</i>	<i>Saizen</i> <i>Serostim</i> <i>Skytrofa</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
Myfembree 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 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 mesalamine kit (gen Rowasa) Rowasa kit	mesalamine enema 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 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

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MISCELLANEOUS AGENTS

ANTIHYPURICEMICS

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

BILE SALTS

Preferred Agents	Non-Preferred	--	Limitations
ursodiol tablet/capsule	<i>Bylvay (caps/pellet)</i>	<i>Ocaliva %</i>	% Clinical criteria applies
	<i>Chenodal %</i>	<i>Reltone</i>	
	<i>Cholbam %</i>	<i>Urso/Urso Forte tablet</i>	
	<i>Livmarli</i>		

IMMUNOLOGIC AGENTS

ANTINEOPLASTIC AGENTS, TOPICAL

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

HAE TREATMENTS

Preferred Agents	Non-Preferred	--	Limitations
Berinert	<i>Cinryze</i>		Clinical criteria applies to this class
Haegarda	<i>Firazyr</i>		
icatibant (gen Firazyr)	<i>Orladeyo</i>		
Kalbitor	<i>Ruconest</i>		
Takhzyro			

IMMUNOMODULATORS

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

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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>Rezurock</i>	
tacrolimus caps	<i>mycophenolate susp</i>	<i>Sandimmune solution</i>	
Zortress		<i>sirolimus soln</i>	
		<i>Tavneos</i>	

IMMUNOMODULATORS, ATOPIC DERMATITIS

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

IMMUNOMODULATORS, TOPICAL

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

METHOTREXATE PRODUCTS

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

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

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

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ANTIBIOTIC-STEROID COMBINATIONS

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

ANTI-INFLAMMATORIES – NSAIDS

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

ANTI-INFLAMMATORIES – STEROIDS

Preferred Agents	Non-Preferred	--	Limitations
Durezol fluorometholone Lotemax Drops prednisolone acetate	<i>dexamethasone</i> <i>difluprednate (gen Durezol)</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 Ocudose)</i> <i>Timoptic *</i> <i>Timoptic Ocudose</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	<i>Tyrvaya</i>		

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

OTIC ANTIBIOTICS

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

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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

PLATELET AGGREGATION INHIBITORS

PLATELET AGGREGATION INHIBITORS

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

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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 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

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	cetirizine caps OTC cetirizine chewable OTC cetirizine soln 5mg/5mL OTC cetirizine-D OTC Clarinx Clarinx-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

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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

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	<i>Alkindi Sprinkle</i> <i>Cortef</i> <i>cortisone</i> <i>Decadron</i> <i>dexamethasone elixir</i> <i>dexamethasone pak (gen Dexpak)</i> <i>Emflaza %</i> <i>Entocort EC</i> <i>Hemady</i> <i>Medrol</i> <i>Medrol DS PK</i> <i>methylprednisolone 8mg, 16mg, and 32mg tabs</i>	<i>Millipred DP tab DS Pk</i> <i>Millipred tablet</i> <i>Ortikos</i> <i>Prednisone Intensol</i> <i>prednisolone ODT</i> <i>prednisolone sod phos sol (gen Millipred & Veripred)</i> <i>Rayos %</i> <i>Taperdex (gen Dexpak)</i>	% Clinical criteria applies

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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

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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 0.5% (gen Sklice)</i> <i>lindane shampoo</i> <i>malathion</i>	<i>Ovide</i> <i>piperonyl butoxide/pyrethrins kit</i> <i>OTC</i> <i>spinosad</i> <i>Vanalice</i>	Monthly limits apply – One application per 34 days.

ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
calcipotriene cream calcipotriene solution	<i>calcipotriene foam/oint</i> <i>calcipotriene-betameth 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

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. (Benzaclin 1-5%)</i> <i>clindamycin/benzoyl perox. (Acanya 1.2-2.5%)</i> <i>clindamycin phosphate 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>Rosamil</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> <i>Winlevi</i>	Trial of 2 preferred agents required

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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 foam (gen Fabior)</i> <i>tazarotene cream (gen Tazorac)</i> <i>tretinoin cream/gel</i> <i>tretinoin microspheres</i> <i>Ziana</i>	Requires clinical PA if > 26 years old.

TOPICAL, ROSACEA AGENTS

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

LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	--	Limitations
Derma-Smoothe FS hydrocortisone cream/oint 1% Rx hydrocortisone cream/oint/lot 2.5%	<i>alclometasone dipro cream/ ointment</i> <i>Aqua-Glycolic HC</i> <i>Capex Shampoo</i> <i>Desonate gel</i> <i>desonide cream/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

Montana Medicaid Preferred Drug List (PDL) Revised April 21, 2022

*Indicates a generic is available without prior authorization

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

HIGH POTENCY TOPICAL STEROIDS

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

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/oint</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 & spray</i>	<i>Temovate</i>	
	<i>Clodan</i>	<i>Tovet kit</i>	
		<i>Ultravate cream/lot/oint</i>	
		<i>Ultravate X PAC cream/oint</i>	