

Montana Medicaid Preferred Drug List (PDL) Revised June 16, 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 Nurtec ODT % Ubrelvy %	<i>Aimovig %</i> <i>almotriptan</i> <i>Amerge</i> <i>Cambia %</i> <i>eletriptan (gen Relpax)</i> <i>Elyxyb sol</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>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>Elyxyb sol</i>	<i>naprox/esomep (gen Vimovo) %</i>	
	<i>etodolac</i>	<i>oxaprozin</i>	
	<i>etodolac tab SR</i>	<i>Pennsaid #</i>	
	<i>Feldene</i>	<i>piroxicam</i>	
	<i>fenoprofen</i>	<i>Qmiiz ODT</i>	
	<i>Flector #</i>	<i>Relafen DS</i>	
	<i>flurbiprofen</i>	<i>Sprix %</i>	
	<i>ibuprofen susp</i>	<i>Tivorbex</i>	
	<i>ibuprofen/famotidine (gen Duexis)</i>	<i>tolmetin sodium</i>	
	<i>Indocin supp/susp</i>	<i>Vimovo %</i>	
	<i>indomethacin capsule ER</i>	<i>Vivlodex</i>	
	<i>ketoprofen/ER</i>	<i>Zipsor %</i>	
	<i>ketorolac tromethamine (gen Sprix) %</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	<i>Zimhi</i>		

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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	Levofloxacin solution moxifloxacin	N/A

ANTIBIOTICS, GI

Preferred Agents	Non-Preferred	--	Limitations
Firvanq soln metronidazole tablet tinidazole	Aemcolo Difucid tab/susp % Flagyl metronidazole capsule neomycin sulfate nitazoxanide (gen Alinia) paramomycin	Solosec Vancocin vancomycin HCl vancomycin soln (gen Firvanq) Xifaxan %	% Clinical criteria applies

ANTIBIOTICS: INHALED

Preferred Agents	Non-Preferred	--	Limitations
Bethkis Kitabis	Arikayce Cayston Tobi	Tobi Podhaler tobramycin inhalation	Clinical criteria applies to class

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ANTIBIOTICS: MACROLIDES/KETOLIDES

Preferred Agents	Non-Preferred	--	Limitations
azithromycin	<i>clarithromycin ER</i>	<i>erythromycin ES 400mg/5ml susp</i>	N/A
clarithromycin	<i>E.E.S. 400 filmtab</i>	<i>erythromycin ES tablet</i>	
E.E.S. 200 suspension	<i>Ery-Ped susp</i>	<i>erythromycin filmtab</i>	
erythromycin DR capsule	<i>Ery-Tab EC</i>	<i>Zithromax *</i>	
erythromycin ES 200mg/5ml susp	<i>Erythrocin filmtab</i>		

ANTIBIOTICS: 2ND GENERATION CEPHA

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

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

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

ANTIBIOTICS: TETRACYCLINES

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

ANTIBIOTICS, TOPICAL

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

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ANTIBIOTICS, VAGINAL

Preferred Agents	Non-Preferred	--	Limitations
Cleocin ovules Clindesse # metronidazole vaginal 0.75% gel Nuessa vaginal gel #	<i>Cleocin cream</i> <i>clindamycin vaginal 2% cream</i>	<i>Metrogel vaginal gel</i> <i>Vandazole</i>	# Quantity limits apply

ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred	--	Limitations
clotrimazole fluconazole griseofulvin suspension Noxafil 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>ketoconazole %</i>	<i>nystatin oral tablet</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/</i> <i>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	<i>flumadine</i> <i>Relenza</i> <i>rimantadine HCl</i> <i>Tamiflu</i>		

ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
Acyclovir 5% ointment Zovirax Cream	<i>acyclovir cream</i> <i>Denavir</i>	<i>Xerese</i> <i>Zovirax Ointment</i>	N/A

HEPATITIS C: PEGYLATED INTERFERONS

Preferred Agents	Non-Preferred	--	Limitations
N/A	<i>Pegasys ProClick/syringe/vial</i>		Clinical criteria applies to this class

HEPATITIS C: OTHER

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

HEPATITIS C: RIBAVIRIN PRODUCTS

Preferred Agents	Non-Preferred	--	Limitations
ribavirin capsules and tablets	N/A		Clinical criteria applies to this class

CARDIOVASCULAR

ACE INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
benazepril enalapril lisinopril quinapril	<i>Accupril *</i> <i>Altace</i> <i>captopril</i> <i>enalapril sol (gen Epaned)</i> <i>Epaned Oral Soln</i> <i>fosinopril</i> <i>Lotensin *</i>	<i>moexipril</i> <i>perindopril</i> <i>Prinivil *</i> <i>Qbrelis</i> <i>ramipril</i> <i>trandolapril</i> <i>Vasotec *</i> <i>Zestril *</i>	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

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

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ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

BETA BLOCKERS AND COMBINATIONS

Preferred Agents	Non-Preferred	--	Limitations
atenolol Bystolic carvedilol Coreg CR labetalol metoprolol succinate ER metoprolol tartrate propranolol IR propranolol ER sotalol/sorine	acebutolol atenolol/chlorthalidone betaxolol bisoprolol (gen Zebeta) bisoprolol/HCTZ carvedilol ER Coreg * Hemangeol Inderal LA & XL Innopran XL Kaspargo Sprinkle Lopressor* metoprolol/HCTZ	nadolol/Corgard nebivolol (gen Bystolic) pindolol propranolol/HCTZ Betapace /Batapace AF Sotylize Tenormin /Tenoretic timolol Toprol XL * Ziac	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)	Adalat CC felodipine ER isradipine Katerzia nicardipine HCl nifedipine IR nimodipine	nisoldipine ER Norvasc * Nymalize Procardia XL * Sular (reformulated)	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	Calan/Calan SR Cardizem * Cardizem CD/LA diltiazem LA Matzim LA Tiazac	Tiazac 420 verapamil 360 capsule verapamil capsule ER verapamil ER PM Verelan Verelan PM	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
atorvastatin ezetimibe lovastatin pravastatin rosuvastatin simvastatin %	<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>Vytorin %</i> <i>Zetia *</i> <i>Zocor %</i> <i>Zypitamag</i>	% Clinical criteria applies

LIPOTROPICS: OTHERS

Preferred Agents	Non-Preferred	--	Limitations
cholestyramine/aspartame cholestyramine/sucrose colestipol tablets fenofibrate 48mg & 145mg– (gen Tricor) fenofibrate 54mg & 160mg tab– (gen Lofibra) gemfibrozil niacin ER omega-3 ethyl esters % Prevalite Vascepa %	<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>fenofibric acid – gen Trilipix</i> <i>Fenoglide</i> <i>Fibricor</i> <i>icosapent ethyl (gen Vascepa) %</i> <i>Juxtapid %</i> <i>Leqvio %</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>Welchol tab & powder</i>	% 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	<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
memantine tablet	<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

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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>	
Valtoco %	<i>Gabitril %</i>	<i>Sympazan % @</i>	
zonisamide	<i>Keppra * @</i>	<i>Tiagabine %</i>	
	<i>Keppra XR</i>	<i>Topamax Sprinkle Cap @</i>	
	<i>lacosamide (gen Vimpat) %</i>	<i>Topamax tablet *</i>	
	<i>Lamictal *</i>	<i>topiramate sprinkle cap @</i>	
	<i>Lamictal ODT & ODT Starter pak @</i>	<i>topiramate ER</i>	
	<i>Lamictal Starter pak</i>	<i>Trokendi XR</i>	
	<i>Lamictal XR %</i>	<i>vigabatrin powder (gen Sabril)</i>	
	<i>lamotrigine ER %</i>	<i>vigabatrin tablet</i>	
	<i>lamotrigine ODT @</i>	<i>Vimpat %</i>	
	<i>levetiracetam ER</i>	<i>Xcopri</i>	
	<i>Lyrica solution μ</i>		
	<i>Lyrica CR μ</i>		

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ANTI-DEPRESSANTS: SSRIS

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

ANTI-DEPRESSANTS: NOVEL

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

ADHD/CNS STIMULANTS AND RELATED AGENTS

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

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

ATYPICAL ANTIPSYCHOTICS

Preferred Agents	Non-Preferred	--	Limitations
Abilify Maintena @ aripiprazole tablets Aristada @ Aristada Initio @ clozapine tablet Invega Hafyera @ Invega Sustenna @ Invega Trinza @ Latuda olanzapine olanzapine ODT @ Perseris @ quetiapine quetiapine ER Risperdal Consta @ risperidone solution @ risperidone tablet ziprasidone HCl Zyprexa Relprevv @	<i>Abilify Mycrite</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>Fazaclio</i> <i>Geodon</i> * <i>Invega</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 Rebiodose 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>Apomorphine %</i>	<i>Ongentys</i>	
carbidopa/levodopa IR and ER	<i>Azilect</i>	<i>Osmolex ER</i>	
entacapone	<i>amantadine tabs</i>	<i>pramipexole ER %</i>	
pramipexole dihydrochloride	<i>bromocriptine</i>	<i>rasagiline</i>	
ropinirole	<i>carbidopa</i>	<i>ropinirole ER %</i>	
selegiline tabs	<i>carbidopa/levodopa ODT</i>	<i>Rytary %</i>	
trihexyphenidyl	<i>carbidopa/levodopa/ entacapone</i>	<i>Selegiline caps</i>	
	<i>Dhivy</i>	<i>Sinemet IR</i>	
	<i>Duopa</i>	<i>Stalevo</i>	
	<i>Gocovri</i>	<i>tolcapone</i>	
	<i>Inbrija</i>	<i>Xadago</i>	
	<i>Kynmobi %</i>	<i>Zelapar</i>	
	<i>Lodosyn</i>		
	<i>Mirapex *</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>	# Quantity limits apply
cyclobenzaprine HCl 5mg & 10mg	<i>cyclobenzaprine ER %</i>	<i>Robaxin *</i>	
methocarbamol	<i>Dantrium</i>	<i>Skelaxin</i>	
orphenadrine citrate	<i>dantrolene sodium</i>	<i>tizanidine capsule % #</i>	
tizanidine HCl tablet	<i>Fexmid %</i>	<i>Zanaflex capsule % #</i>	
	<i>Fleqsuvy</i>	<i>Zanaflex tablet *</i>	
	<i>Lorzone *</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 Forteo ibandronate raloxifene	Actonel alendronate solution Atelvia Boniva calcitonin-salmon %	Evista * Fosamax tabs */ PlusD risedronate sodium teriparatide Tymlos	% Clinical criteria applies

ANTI-HYPOGLYCEMIC AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Baqsimi # Glucagon # Glucagon Emergency Kit (Lilly, Amphastar) # Proglycem susp Zegalogue autoinject #	diazoxide susp Glucagon Emergency kit (Fresenius) # Gvoke pen/syringe # Zegalogue 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 % Janumet Janumet XR Januvia Tadjenta	alogliptin alogliptin-metformin alogliptin-pioglitazone Jentadueto Jentadueto XR Kazano	Kombiglyze XR Nesina Onglyza Oseni % Trijardy XR %	% Clinical criteria applies

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DIABETES: GLP1 RECEPTOR AGONISTS

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

DIABETES: INSULIN AND COMBO

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

DIABETES: MEGLITINIDES AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
Repaglinide (gen for Prandin)	<i>Nateglinide (gen for Starlix)</i>	<i>repaglinide-metformin</i>	N/A

DIABETES: METFORMINS AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
glyburide-metformin metformin metformin ER (generic for Glucophage XR)	<i>Fortamet</i> <i>glipizide-metformin</i> <i>Glumetza</i> <i>metformin solution</i>	<i>metformin ER (gen for Fortamet)</i> <i>metformin ER (gen for Glumetza)</i> <i>Riomet</i>	N/A

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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	Amaryl * Glucotrol XL * glyburide micronized	Glynase *	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 Premarin Oral	Duavee Estrace * Menest 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

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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 Pertzeye	Viokace	N/A

PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents	Non-Preferred	--	Limitations
Fensolvi Lupron Depot-Ped Supprelin LA % Synarel Triptodur	"	"	% Clinical criteria applies

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
Myfembree OriaHn Orilissa	N/A		N/A

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GASTROINTESTINAL ANTIEMETICS AGENTS

Preferred Agents	Non-Preferred	--	Limitations
metoclopramide tablets, solution	<i>Akynzeo</i>	<i>metoclopramide injection</i>	Quantity limits apply to this class % Clinical criteria applies
ondansetron injections	<i>aprepitant</i>	<i>metoclopramide ODT</i>	
ondansetron ODT	<i>Bonjesta %</i>	<i>Reglan *</i>	
ondansetron solution	<i>Diclegis%</i>	<i>Sancuso</i>	
ondansetron tablet	<i>doxylamine/pyridox %</i>	<i>Sustol SQ</i>	
	<i>Emend Oral %</i>	<i>Zofran *</i>	
	<i>Emend Oral Pak %</i>		
	<i>Gimoti</i>		
	<i>granisetron</i>		

GI MOTILITY AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Amitiza	<i>Alosetron</i>	<i>Trulance</i>	Clinical criteria applies to this class
Linzess	<i>Ibsrela</i>	<i>Viberzi</i>	
Lotronex	<i>Lubiprostone (gen Amitiza)</i>		
Movantik	<i>Motegrity</i>		
	<i>Relistor tab, syr</i>		
	<i>Symproic</i>		

PROTON PUMP INHIBITORS AND H. PYLORI TREATMENT

Preferred Agents	Non-Preferred	--	Limitations
esomeprazole cap (Rx)	<i>Aciphex tab</i>	<i>omeprazole OTC</i>	Trial of two preferred molecules required @ Alternative dose forms require PA. Quantity limits apply to class % Clinical criteria applies
Nexium suspension @	<i>Aciphex sprinkle @</i>	<i>omeprazole/sodium bicarb</i>	
omeprazole (Rx)	<i>Dexilant</i>	<i>pantoprazole susp</i>	
pantoprazole	<i>dexlansoprazole (gen Dexilant)</i>	<i>Prevacid RX and OTC</i>	
Protonix suspension @	<i>Esomeprazole cap (OTC)</i>	<i>Prevacid SoluTab @</i>	
Pylera	<i>esomeprazole tab (OTC)</i>	<i>Prilosec (Rx) susp packet @</i>	
	<i>esomeprazole susp</i>	<i>Protonix Tablet *</i>	
	<i>lansoprazole Rx & OTC</i>	<i>Rabeprazole</i>	
	<i>lansoprazole-amox-clarith</i>	<i>Talicia</i>	
	<i>naproxen/esomeprazole (gen Vimovo) %</i>	<i>Vimovo %</i>	
	<i>Nexium OTC</i>	<i>Zegerid</i>	
	<i>Nexium Rx capsule</i>	<i>Zegerid packet @</i>	
	<i>Omeclamox-Pak</i>		

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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 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 enema mesalamine supp (gen Canasa) mesalamine kit (gen Rowasa)	Rowasa kit 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 Natesto Proscar *	N/A

PDE-5 FOR BPH

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

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PHOSPHATE BINDERS

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

POTASSIUM BINDERS

Preferred Agents	Non-Preferred	--	Limitations
Lokelma sodium polystyrene sulfonate	<i>Veltassa</i>		N/A

URINARY TRACT ANTISPASMODICS

Preferred Agents	Non-Preferred	--	Limitations
oxybutynin ER oxybutynin IR solifenacin (gen Vesicare) Toviaz	<i>darifenacin ER</i> <i>Detrol</i> <i>Detrol LA</i> <i>Ditropan XL</i> <i>flavoxate</i> <i>Gelnique</i> <i>Gemtesa</i>	<i>Myrbetriq tab/susp</i> <i>Oxytrol *</i> <i>tolterodine</i> <i>tolterodine ER</i> <i>trospium</i> <i>trospium XR</i> <i>Vesicare *</i> <i>Vesicare LS susp</i>	N/A

HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

Preferred Agents	Non-Preferred	--	Limitations
enoxaparin #	<i>Arixtra</i> <i>fondaparinux</i>	<i>Fragmin</i> <i>Lovenox * #</i>	# Quantity limits apply

ANTICOAGULANT ORAL

Preferred Agents	Non-Preferred	--	Limitations
Eliquis # Eliquis starter pack # Pradaxa # warfarin Xarelto 10,15,20mg and Starter Pack #	<i>Savaysa #</i> <i>Xarelto 2.5mg # %</i> <i>Xarelto susp %</i>		# Quantity limits apply % Clinical criteria applies

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COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred	--	Limitations
Granix syringe	<i>Fulphila</i>	<i>Nivestym</i>	N/A
Neupogen vial & syringe	<i>Leukine</i>	<i>Releuko</i>	
Nyvepria	<i>Granix vial</i>	<i>Udenyca</i>	
	<i>Neulasta</i>	<i>Zarxio</i>	
		<i>Ziextenzo</i>	

HEMATOPOIETIC AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Epogen	<i>Aranesp Syr/Vial</i>	<i>Procrit</i>	N/A
Retacrit	<i>Mircera</i>	<i>Reblozyl</i>	

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>	
probenecid	<i>colchicine tablet % (generic for Colcrys)</i>	<i>Mitigare %</i>	
probenecid/colchicine %		<i>Uloric %</i>	
		<i>Zyloprim *</i>	

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>		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			

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IMMUNOMODULATORS

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

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
Elidel	Adbry	pimecrolimus (gen Elidel)	Clinical criteria and quantity limits apply to this class
Eucrisa	Dupixent	Protopic	
	Opzelura	tacrolimus ointment	

IMMUNOMODULATORS, TOPICAL

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

METHOTREXATE PRODUCTS

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

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OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

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

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/</i> <i>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

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GLAUCOMA, OTHERS

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 ketotifen OTC olopatadine 0.1% Rx Pazeo (while available) Zaditor OTC	Alocril Alomide Alrex Azelastine bepotastine (gen Bepreve) Bepreve	epinastine Lastacaft olopatadine 0.2% Pataday Zerviate	N/A

OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

Preferred Agents	Non-Preferred	--	Limitations
Restasis Multidose Restasis Unit Dose Xiidra	Cequa cyclosporine (gen Restasis) Eysuvis Tyrvaya		N/A

OPHTHALMIC PROSTAGLANDIN AGONISTS

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

OPHTHALMIC QUINOLONES

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

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

OTIC ANTI-INFLAMMATORY

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

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

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

PROSTACYCLINS FOR PAH, INHALATION AND ORAL

Preferred Agents	Non-Preferred	--	Limitations
Tyvaso Inh Sol Ventavis Inh	<i>Orenitram ER</i> <i>Tyvaso DPI</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) Revatio susp sildenafil tabs (gen Revatio) tadalafil 20mg (gen Adcirca)	<i>Adcirca</i> <i>Adempas</i> <i>Revatio tabs</i> <i>sildenafil susp (gen Revatio)</i>		Clinical criteria applies to this class

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PLATELET AGGREGATION INHIBITORS

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

RESPIRATORY

COPD AGENTS

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

ANTI-ALLERGENS

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

ANTI-HISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

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

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BETA AGONISTS: SHORT-ACTING MDI AND NEBS

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

BETA AGONISTS: LONG-ACTING MDI & NEBS

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

BETA AGONISTS: COMBINATION PRODUCTS

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

CORTICOSTEROIDS INHALED

Preferred Agents	Non-Preferred	--	Limitations
Asmanex Twisthaler budesonide respules Flovent HFA	<i>Alvesco</i> <i>Armonair</i> <i>Arnuity Ellipta</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
Epipen/Epipen Jr	<i>epinephrine, self-injected</i>	<i>Symjepi</i>	N/A

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GLUCOCORTICOIDS, ORAL

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

IDIOPATHIC PULMONARY FIBROSIS

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

INTRANASAL ANTIHISTAMINES AND OTHERS

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

INTRANASAL CORTICOSTEROIDS

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

LEUKOTRIENE RECEPTOR ANTAGONISTS

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

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TOBACCO CESSATION

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

TOPICAL AGENTS

ANTIPARASITICS – TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
Natroba permethrin cream permethrin OTC piperonyl butoxide/pyrethrins liquid OTC piperonyl butoxide/pyrethrins shampoo OTC	<i>Elimite *</i> <i>Eurax Cream</i> <i>Eurax Lotion</i> <i>Ivermectin 0.5% (gen Sklice)</i> <i>lindane shampoo</i> <i>malathion</i>	<i>Ovide</i> <i>piperonyl butoxide/pyrethrins kit 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>calcitriol</i> <i>Dovonex cream</i>	<i>Duobrii</i> <i>Enstilar foam</i> <i>Sorilux</i> <i>Taclonex ointment/scalp</i> <i>Vectical</i>	Clinical criteria applies to this class

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MISC ACNE, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
clindamycin/benzoyl peroxide (Duac 1.2-5%) clindamycin phosphate solution erythromycin solution	<i>Acanya Gel</i> <i>Aczone</i> <i>Amzeeq</i> <i>Arazlo</i> <i>Avar products</i> <i>Benzaclin</i> <i>Benzamycin</i> <i>benzoyl peroxide</i> <i>BP-10-1</i> <i>Cleocin-T</i> <i>Clindacin</i> <i>Clindagel</i> <i>clindamycin/benzoyl perox.</i> <i>(Benzaclin 1-5%)</i> <i>clindamycin/benzoyl perox.</i> <i>(Acanya 1.2-2.5%)</i> <i>clindamycin phosphate</i> <i>foam/gel/lotion/swab</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>Rosanil</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

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

Montana Medicaid Preferred Drug List (PDL)

Revised June 16, 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.

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 desonide cream/lot/oint	fluocinolone 0.01% oil 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 Cutivate fluocinolone acetonide cream/oint/solution flurandrenolide fluticasone propionate lot	hydrocortisone butyrate (brand and generic all forms) hydrocortisone valerate cream/oint Luxiq Foam Pandel prednicarbate cream prednicarbate oint Synalar Synalar TS	N/A

HIGH POTENCY TOPICAL STEROIDS

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

VERY HIGH POTENCY TOPICAL STEROIDS

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