

# Montana Healthcare Programs Preferred Drug List (PDL) Revised August 29, 2024

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## ANALGESICS

### ANALGESICS, OPIOID – LONG-ACTING

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

## ANTI-MIGRAINE

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

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### NSAIDS

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

### NEUROPATHIC PAIN

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

### OPIOID REVERSAL AGENTS

Preferred Agents	Non-Preferred	--	Limitations
naloxone syringe	Kloxxado		N/A
naloxone vial	naloxone nasal spray		
Narcan Nasal Spray OTC	Opvee		
	Rextovy nasal spray		
	Zimhi		

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### SUBSTANCE USE DISORDER TREATMENTS

Preferred Agents	Non-Preferred	--	Limitations
buprenorphine SL + buprenorphine/naloxone SL tabs + Naltrexone Suboxone Film +	<i>buprenorphine/naloxone SL films</i>	<i>Lucemyra % Zubsolv %</i>	+ <a href="#">one-time attestation per NPI required</a>  % Clinical criteria applies

### ANTI-INFECTIVES

#### ANTIBIOTICS: 2ND GENERATION QUINOLONES

Preferred Agents	Non-Preferred	--	Limitations
Cipro suspension ciprofloxacin tablet	<i>Cipro tabs * ciprofloxacin susp</i>	<i>ofloxacin</i>	N/A

#### ANTIBIOTICS: 3RD GENERATION QUINOLONES

Preferred Agents	Non-Preferred	--	Limitations
levofloxacin tablet	<i>Baxdela</i>	<i>Levofloxacin solution moxifloxacin</i>	N/A

#### ANTIBIOTICS, GI

Preferred Agents	Non-Preferred	--	Limitations
metronidazole tablet tinidazole vancomycin HCL vancomycin soln (gen Firvanq)	<i>Aemcolo Difigid tab/susp % Firvanq soln Flagyl Likmez metronidazole capsule neomycin sulfate</i>	<i>nitazoxanide (gen Alinia) paromomycin Solosec Vancocin Vowst % Xifaxan %</i>	% Clinical criteria applies

#### ANTIBIOTICS: INHALED

Preferred Agents	Non-Preferred	--	Limitations
Bethkis Kitabis	<i>Arikayce Cayston Tobi</i>	<i>Tobi Podhaler tobramycin inhalation</i>	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. 200mg susp</i>	<i>erythromycin ES tablet</i>	
erythromycin DR capsule	<i>E.E.S. 400 filmtab</i>	<i>erythromycin filmtab</i>	
erythromycin ES 200mg/5ml susp	<i>Ery-Ped susp</i>	<i>Zithromax *</i>	
	<i>Ery-Tab EC</i>		
	<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>Solodyn %</i>	
	<i>doxycycline monohydrate 75mg and 150mg capsule</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>	

## ANTIBIOTICS, VAGINAL

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

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## ANTIFUNGALS, ORAL

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

## ANTIFUNGALS AND COMBOS, TOPICAL

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

## ANTIVIRALS: HERPES – ORAL AGENTS

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

## ANTIVIRALS: INFLUENZA

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

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### ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
Acyclovir 5% ointment Docosanol OTC (gen Abreva)	acyclovir cream Denavir penciclovir (gen Denavir)	Xerese Zovirax Cream/Ointment	N/A

### HEPATITIS C: PEGYLATED INTERFERONS

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

## CARDIOVASCULAR

### ACE INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
benazepril enalapril lisinopril quinapril ramipril	Accupril * Altace captopril enalapril sol (gen Epaned) Epaned Oral Soln fosinopril Lotensin *	moexipril perindopril Prinivil * Qbrelisl trandolapril Vasotec * Zestril *	Trial of 2 preferred agents required

### ACE INHIBITOR COMBINATIONS

Preferred Agents	Non-Preferred	--	Limitations
enalapril w/HCTZ lisinopril w/HCTZ quinapril w/HCTZ	Accuretic * benazepril w/HCTZ captopril w/HCTZ fosinopril w/HCTZ Lotensin HCT	Vaseretic * Zestoretic *	Trial of 2 preferred agents required

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### ANGIOTENSIN MODULATOR

Preferred Agents	Non-Preferred	--	Limitations
Entresto irbesartan losartan olmesartan valsartan	Atacand Avapro * Benicar * candesartan Cozaar * Diovan *	Edarbi Entresto Sprinkles eprosartan Micardis Telmisartan valsartan sol	Trial of 2 preferred agents required

### 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	Aspruzyo Sprinkle Ranexa ER		N/A

### ANTIHYPERTENSIVES, SYMPATHOLYTICS

Preferred Agents	Non-Preferred	--	Limitations
clonidine IR oral clonidine transdermal guanfacine IR methyldopa	Catapres oral * clonidine ER (gen Nexiclon)		N/A

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### BETA BLOCKERS AND COMBINATIONS

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

### CALCIUM CHANNEL BLOCKERS (DHP)

Preferred Agents	Non-Preferred	--	Limitations
amlodipine	<i>Adalat CC</i>	<i>nimodipine</i>	Trial of 2 preferred agents required
nifedipine ER (generic for Procardia XL)	<i>felodipine ER</i>	<i>nisoldipine ER</i>	
	<i>isradipine</i>	<i>Norliqva</i>	
	<i>Katerzia</i>	<i>Norvasc *</i>	
	<i>levamlodipine (gen Conjupri)</i>	<i>Nymalize</i>	
	<i>nicardipine HCl</i>	<i>Procardia XL *</i>	
	<i>nifedipine IR</i>	<i>Sular (reformulated)</i>	

### CALCIUM CHANNEL BLOCKERS (NON-DHP)

Preferred Agents	Non-Preferred	--	Limitations
Cartia XT	<i>Calan/Calan SR</i>	<i>Tiazac 420</i>	Trial of 2 preferred agents required
Dilt XR	<i>Cardizem *</i>	<i>verapamil 360 capsule</i>	
diltiazem HCl IR	<i>Cardizem CD/LA</i>	<i>verapamil capsule ER</i>	
diltiazem ER capsule	<i>diltiazem LA</i>	<i>verapamil ER PM</i>	
Taztia XT	<i>Matzim LA</i>	<i>Verelan</i>	
verapamil HCl IR	<i>Tiazac</i>	<i>Verelan PM</i>	
verapamil ER tablets			

### DIRECT RENIN INHIBITORS

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

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

Preferred Agents	Non-Preferred	--	Limitations
atorvastatin	<i>Altoprev</i>	<i>Lescol XL</i>	% Clinical criteria applies
ezetimibe	<i>amlodipine-atorvastatin</i>	<i>Lipitor *</i>	
lovastatin	<i>Atorvaliq @</i>	<i>Livalo</i>	@ Alternative dosage forms require PA
pravastatin	<i>Caduet</i>	<i>pitavastatin</i>	
rosuvastatin	<i>Crestor *</i>	<i>Vytorin %</i>	
simvastatin %	<i>Ezallor Sprinkle @</i>	<i>Zetia *</i>	
	<i>ezetimibe/simvastatin %</i>	<i>Zocor %</i>	
	<i>fluvastatin</i>	<i>Zypitamag</i>	
	<i>fluvastatin XL</i>		

### LIPOTROPICS: OTHERS

Preferred Agents	Non-Preferred	--	Limitations
cholestyramine/aspartame	<i>Antara</i>	<i>Lipofen</i>	% Clinical criteria applies
cholestyramine/sucrose	<i>colesevelam tab &amp; powder (gen Welchol)</i>	<i>Lopid *</i>	
colestipol tablets	<i>colestipol granules</i>	<i>Lovaza % *</i>	
fenofibrate 48mg & 145mg– (gen Tricor)	<i>fenofibrate – gen Antara</i>	<i>Nexletol %</i>	
fenofibrate 54mg & 160mg tab– (gen Lofibra)	<i>fenofibrate – gen Lipofen</i>	<i>Nexlizet %</i>	
gemfibrozil	<i>fenofibric acid – gen Trilipix</i>	<i>Niaspan *</i>	
niacin ER	<i>Fenoglide</i>	<i>Praluent %</i>	
omega-3 ethyl esters %	<i>Fibricor</i>	<i>Questran *</i>	
Prevalite	<i>icosapent ethyl (gen Vascepa) %</i>	<i>Questran Light *</i>	
Vascepa %	<i>Juxtapid %</i>	<i>Repatha %</i>	
	<i>Leqvio %</i>	<i>Trilipix</i>	
		<i>Welchol tab &amp; powder</i>	

## CENTRAL NERVOUS SYSTEM

### ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

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

### ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

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

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### ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

Preferred Agents	Non-Preferred	--	Limitations
carbamazepine chew tabs	<i>Aptiom</i>	Trileptal tablets *	NOTE: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA
carbamazepine tab	<i>Carbamazepine susp @</i>		
carbamazepine ER tabs	<i>carbamazepine ER caps</i>		
Epitol	<i>Carbatrol ER</i>		
oxcarbazepine tabs	<i>Equetro</i>		
Tegretol susp @	<i>oxcarbazepine susp</i>		
Tegretol & 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>methsuximide (gen Celontin)</i>	
divalproex sodium IR and ER	<i>Dilantin-125 oral suspension *@</i>	<i>Mysoline *</i>	
ethosuximide caps	<i>divalproex sodium sprinkle</i>	<i>Phenytek</i>	
ethosuximide susp @		<i>Zarontin Syr @</i>	
phenobarbital		<i>Zarontin caps</i>	
phenytoin caps and suspension			
phenytoin infatabs			
primidone			
valproic acid capsule and syrup			

### ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

Preferred Agents	Non-Preferred	--	Limitations
Diastat rectal (while available) %	<i>Banzel %</i>	<i>Neurontin solution @ μ</i>	Note: DAW 7 may be used ONLY for seizure diagnosis
diazepam rectal %	<i>Briviact</i>	<i>Neurontin tablet/capsule * μ</i>	
gabapentin capsule μ	<i>clobazam tab &amp; susp %</i>	<i>Onfi %</i>	@ Alternative dosage forms require PA
gabapentin solution μ	<i>Diacomit %</i>	<i>pregabalin caps/solution μ</i>	
gabapentin tablet μ	<i>Elepsia XR</i>	<i>pregabalin ER μ</i>	
lacosamide tab/sol (generic Vimpat) %	<i>Epidiolex %</i>	<i>rufinamide tab &amp; susp (gen Banzel) %</i>	% Clinical criteria applies
lamotrigine IR tabs & chews/dispersible	<i>Eprontia @</i>		
levetiracetam IR	<i>Fintepla %</i>	<i>Sabril</i>	μ Cross duplication not allowed between gabapentin and Lyrica
levetiracetam solution	<i>Fycompa</i>	<i>Spritam</i>	
Lyrica capsule μ	<i>Keppra * @</i>	<i>Sympazan % @</i>	
Nayzilam %	<i>Keppra XR</i>	<i>Tiagabine %</i>	
Qudexy XR	<i>lacosamide dose cups %</i>	<i>Topamax Sprinkle Cap @</i>	
topiramate tablets	<i>Lamictal *</i>	<i>Topamax tablet *</i>	
Valtoco %	<i>Lamictal ODT &amp; ODT Starter pak @</i>	<i>topiramate sprinkle cap @</i>	
zonisamide	<i>Lamictal Starter pak</i>	<i>topiramate ER</i>	
	<i>Lamictal XR %</i>	<i>Trokendi XR</i>	
	<i>lamotrigine ER %</i>	<i>vigabatrin powder (gen Sabril)</i>	
	<i>lamotrigine ODT @</i>	<i>vigabatrin tablet</i>	
	<i>lamotrigine starter pak</i>	<i>Vimpat %</i>	
	<i>levetiracetam ER</i>	<i>Xcopri</i>	
	<i>Libervant %</i>	<i>Zonisade</i>	
	<i>Lyrica solution μ</i>	<i>Ztalmy %</i>	
	<i>Lyrica CR μ</i>		
	<i>Motpoly XR %</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>paroxetine susp</i>	
fluoxetine capsules	<i>citalopram caps</i>	<i>Paxil *</i>	% Clinical criteria applies
fluoxetine solution	<i>escitalopram solution #</i>	<i>Paxil CR</i>	
fluoxetine tablets	<i>fluoxetine DR %</i>	<i>Paxil Susp</i>	# Dose limits apply
fluvoxamine	<i>fluvoxamine CR</i>	<i>Pexeva</i>	
paroxetine	<i>Lexapro * #</i>	<i>Prozac *</i>	
sertraline tabs	<i>paroxetine 7.5mg %</i>	<i>Prozac Weekly %</i> <i>sertraline caps</i> <i>Zoloft *</i>	

### ANTI-DEPRESSANTS: NOVEL

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

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## ADHD/CNS STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Adderall XR amphetamine salt IR & XR combo (generic for Adderall and Adderall XR) Concerta dexamylphenidate IR & XR Daytrana methylphenidate IR (generic for Ritalin) methylphenidate solution @ Vyvanse Cap #1 Vyvanse Chewable @	Adhansia XR Adzenys XR @ amphetamine sulfate (gen Evekeo) amphetamine susp ER (gen Adzenys) Aptensio XR Azstarys Cotempla XR ODT @ Dexedrine SA dexamylphenidate ER dextroamphetamine SA (generic for Dexedrine SA) dextroamphetamine tab dextroamphetamine soln @ dextroamp-amphet ER (gen Adderall XR & Mydayis) Dyanavel XR @ Evekeo Evekeo ODT @ Focalin IR & XR Jornay PM lisdexamfetamine cap #1 Methylin solution @ methylphenidate CD methylphenidate chew @	methylphenidate ER cap (gen Aptensio) methylphenidate ER tab 10 and 20mg (generic for Ritalin SR Tab) methylphenidate ER tab 18 mg, 27, 36, 54 mg (generic for Concerta) methylphenidate ER tab 45mg, 63mg (generic Relexxii ER) methylphenidate LA methylphenidate SR cap (20, 30, 40mg) methylphenidate patch (gen Daytrana) Mydayis Procentra @ Quillichew ER @ Quillivant XR @ Relexxii ER Ritalin * Ritalin LA Xelstrym Zenzedi	Trial of 2 preferred agents required for stimulants  Quantity limits apply to class  @ Alternative dosage forms require PA  #1 Dose limit 1/day
atomoxetine guanfacine ER clonidine ER & IR	Intuniv * Qelbree %	Strattera *	% Clinical criteria applies

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## ATYPICAL ANTIPSYCHOTICS

Preferred Agents	Non-Preferred	--	Limitations
Abilify Asimtufi @ Abilify Maintena @ aripiprazole tablets Aristada @ Aristada Initio @ clozapine tablet Invega Hafyera @ Invega Sustenna @ Invega Trinza @ lurasidone olanzapine olanzapine ODT @ Perseris @ quetiapine quetiapine ER Risperdal Consta @ risperidone solution @ risperidone tablet Uzedy @ ziprasidone HCl Zyprexa Relprevv @	Abilify Mycite % Abilify tablet * Adasuve aripiprazole sol/ODT @ asenapine (gen Saphris) Caplyta clozapine ODT @ Clozaril * Fanapt Fanapt titration pack Fazaclo Geodon * Invega Latuda * Lybalvi % Nuplazid % olanzapine/fluoxetine paliperidone ER Rexulti Risperdal *	risperidone IM (gen Consta) risperidone tab rapdis @ Saphris Secuado @ Seroquel IR & XR * Symbyax % Versacloz Vraylar Zyprexa tablet * Zyprexa Zydys * @	Oral therapies require an FDA approved diagnosis and trial of 2 preferred agents FDA approved for same diagnosis  Dose optimization edits apply to many in class  @ Alternative dosage forms require PA  % Clinical criteria applies  PA for class required for members eight and under  Non-preferred combination products require trial of combination of components

## MULTIPLE SCLEROSIS AGENTS

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

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## ANTI-PARKINSON'S AGENTS

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

## SEDATIVE HYPNOTIC AGENTS

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

## SKELETAL MUSCLE RELAXANTS

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

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### MOVEMENT DISORDER DRUGS

Preferred Agents	Non-Preferred		Limitations
Austedo Austedo XR Ingrezza tetrabenazine	Austedo XR titration kit Ingrezza initiation Pack Ingrezza Sprinkles Xenazine	--	Clinical criteria applies to this class; Quantity limits apply

### ENDOCRINE AND METABOLIC AGENTS

#### ANDROGENIC AGENTS

Preferred Agents	Non-Preferred		Limitations
testosterone 1.62% gel pump (gen Androgel)	Androderm	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 Jentadueto Tradjenta	alogliptin alogliptin-metformin alogliptin-pioglitazone Jentadueto XR Kazano Nesina Oseni %	saxagliptin (gen Onglyza) saxagliptin-metformin ER (gen Kombiglyze) sitagliptin (gen Zituvio) sitagliptin/metformin (gen Zituvimet) Trijardy XR Zituvio	% Clinical criteria applies

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### DIABETES: GLP-1/GIP AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
Byetta Pens Ozempic Trulicity Victoza	<i>Bydureon BCISE</i> <i>liraglutide (gen Victoza)</i> <i>Mounjaro</i>	<i>Rybelsus</i>	Electronic edits apply to class

### DIABETES: INSULIN AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
Humalog JR Kwikpen Humalog U-100 Kwikpen Humalog Mix Pen/Vial Humalog Tempo pen Humalog Vial/Cartridge Humulin 70/30 Pen Novolin N Vial Novolin R Vial Humulin R U-500 Pen insulin aspart Flexpen/Vial insulin aspart/insulin aspart protamine Pen/Vial insulin glargine Pen/Vial Lantus Vial Lantus SoloStar Levemir Vial Levemir Flexpen NovoLog Vial/Cartridge/Penfill NovoLog Mix 70/30 Flexpen	<i>Admelog Vial/SoloStar</i> <i>Afrezza</i> <i>Apidra Vial/Solostar</i> <i>Basaglar Kwikpen/Tempo pen</i> <i>Fiasp Vial/FlexTouch/ Cartridge/ Pumpcart</i> <i>Humalog U-200 Kwikpen</i> <i>Humulin N Vial</i> <i>Humulin R Vial</i> <i>Humulin Pen</i> <i>Humulin N Pen OTC</i> <i>Humulin R U-500 Vial</i> <i>insulin aspart Cartridge</i> <i>insulin degludec Pen/Vial</i> <i>insulin glargine-YFGN Pen/Vial</i> <i>insulin glargine max solostar</i> <i>insulin lispro Vial/Kwikpen</i> <i>insulin lispro JR kwikpen</i> <i>insulin lispro protamine mix</i>	<i>Lyumjev Vial/Kwikpen/Tempo pen</i> <i>Novolin N Flexpen</i> <i>Novolin R Flexpen</i> <i>Novolin 70/30</i> <i>Novolog Flexpen</i> <i>NovoLog Mix 70/30 Vial</i> <i>Rezvoglar Kwikpen</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 625mg</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	dapagliflozin	Steglatro	
Glyxambi	dapagliflozin/metformin ER	Steglujan	
Invokamet	Inpefa	Synjardy XR	
Invokana	Invokamet XR	Trijardy XR	
Jardiance	Qtern		
Synjardy	Segluromet		
Xigduo XR			

### DIABETES: SULFONYLUREAS

Preferred Agents	Non-Preferred	--	Limitations
glimepiride	glyburide micronized		N/A
glipizide			
glipizide ER/XL			
glyburide			

### DIABETES: TZD

Preferred Agents	Non-Preferred	--	Limitations
pioglitazone	Actoplus Met Actos	Duetact pioglitazone/glimepiride pioglitazone/metformin	

### ESTROGEN, OTHERS: ORAL/TRANSDERMAL

Preferred Agents	Non-Preferred	--	Limitations
<b>ORAL</b> estradiol oral Premarin oral	Duavee Estrace * Menest Osphena Veozah		N/A
<b>TRANSDERMAL</b> estradiol patch (generic for Climara) Minivelle Vivelle-Dot	Climara Divigel Dotti Elestrin estradiol gel packet (gen Divigel) estradiol gel pump	estradiol patch (generics for Minivelle/Vivelle-Dot) Evamist Lyllana Menostar	N/A

### ESTROGEN , OTHERS: 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	<i>Humatrope</i> <i>Ngenla</i> <i>Nutropin AQ</i> <i>Omnitrope</i> <i>Serostim</i>	<i>Skytrofa</i> <i>Sogroya</i> <i>Zomacton Vial</i> <i>Zorbtive</i>	Clinical criteria applies to this class

### PANCREATIC ENZYMES

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

### PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents	Non-Preferred	--	Limitations
Fensolvi Leuprolide depot (gen Lutrate Depot) Lupron Depot-Ped Supprelin LA % Synarel Triptodur	"	"	% Clinical criteria applies

### PROGESTINS FOR CACHEXIA

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

### UTERINE DISORDER TREATMENTS

Preferred Agents	Non-Preferred	--	Limitations
Myfembree Orilissa	<i>Oriahnn</i>		N/A

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## GASTROINTESTINAL

### ANTIEMETICS AGENTS

Preferred Agents	Non-Preferred	--	Limitations
metoclopramide tablets, solution	Akynzeo	metoclopramide injection	# Quantity limits apply
ondansetron injections	Aprepitant %	metoclopramide ODT %	% Clinical criteria applies
ondansetron ODT (4mg & 8mg)	Bonjesta %	ondansetron ODT 16mg	
ondansetron solution	Diclegis%	Reglan *	
ondansetron tablet	doxylamine/pyridox %	Sancuso %	
	Emend Oral %	Sustol SQ	
	Emend Oral Pak %	Zofran *	
	Gimoti		
	Granisetron #		

### GI MOTILITY AGENTS

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

### PROTON PUMP INHIBITORS, OTHERS/H. PYLORI TREATMENTS

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

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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) mesalamine ER (gen Pentasa) Uceris oral	N/A

### ULCERATIVE COLITIS – RECTAL

Preferred Agents	Non-Preferred	--	Limitations
mesalamine supp (gen Canasa)	budesonide (gen Uceris) Canasa rectal supp mesalamine enema 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	dutasteride-tamsulosin	Jalyn Natesto Proscar *	N/A

#### PDE-5 FOR BPH

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

#### PHOSPHATE BINDERS

Preferred Agents	Non-Preferred	--	Limitations
calcium acetate caps Fosrenol tabs Renvela tablets	Auryxia calcium acetate tabs Fosrenol powder lanthanum chew tab Renvela powder packets	sevelamer powder sevelamer carbonate tabs (gen Renvela) sevelamer HCL tabs (gen Renagel) Velphoro Xphozah	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
Myrbetriq tab oxybutynin ER oxybutynin 5mg IR solifenacin (gen Vesicare) tolterodine ER	darifenacin ER Detrol Detrol LA Ditropan XL fesoterodine ER (gen Toviaz) flavoxate Gemtesa mirabegron ER	Myrbetriq susp oxybutynin 2.5mg IR Oxytrol * tolterodine Toviaz 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 capsule # warfarin Xarelto 2.5mg # % Xarelto 10,15,20mg and Starter Pack #	Dabigatran # (generic Pradaxa) Pradaxa pellet pack # Savaysa # Xarelto susp %	--	# Quantity limits apply % Clinical criteria applies

### COLONY STIMULATING FACTORS

Preferred Agents	Non-Preferred		Limitations
Fylmetra Neupogen vial & syringe	Fulphila Leukine Granix vial/syringe Neulasta Nivestym Nyvepria	Releuko Rolvedon Stimufend Udenyca Zarxio Ziextenzo	N/A

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### HEMATOPOIETIC AGENTS

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

### MISCELLANEOUS AGENTS

#### ANTIHYPERTENSIVES

Preferred Agents	Non-Preferred	--	Limitations
allopurinol colchicine tablet (generic for Colcrys) probenecid probenecid/colchicine %	allopurinol 200mg colchicine capsule (generic for Mitigare)	febuxostat % (gen Uloric) Gloperba Mitigare Uloric % Zyloprim *	% Clinical criteria applies

#### BILE SALTS

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

### IMMUNOLOGIC AGENTS

#### ANTINEOPLASTIC AGENTS, TOPICAL

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

#### HAE TREATMENTS

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

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### IMMUNOMODULATORS

Preferred Agents	Non-Preferred	--	Limitations
Cosentyx	Actemra	Rinvoq ER/liquid	Clinical criteria applies to this class
Enbrel	adalimumab biosimilars	Siliq	
Enbrel Mini	Amjevita	Simponi	
Humira	Bimzelx	Skyrizi	
Humira Pediatric	Cibinqo	Sotyktu	
	Cimzia	Spevigo	
	Cimzia Kit	Stelara	
	Enbrel vial	Taltz	
	Enspr yng	tocilizumab biosimilars	
	Entyvio	Tremfya	
	Ilumya	Velsipity	
	Kevzara	Xeljanz	
	Kineret	Xeljanz solution	
	Litfulo	Xeljanz XR	
	Olumiant	Zeposia	
	Omvoh	Zymfentra	
	Orencia		
	Otezla		

### IMMUNOSUPPRESSANTS

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

### IMMUNOMODULATORS, ASTHMA

Preferred Agents	Non-Preferred	--	Limitations
Dupixent	Nucala SQ Syringe/Auto-injector		Clinical criteria and quantity limits apply to this class
Fasenra SQ Syringe/Pen	Tezspire Pen		
Xolair			

### IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents	Non-Preferred	--	Limitations
Adbry Syringe%	Adbry Autoinjector %	pimecrolimus (gen Elidel)	% Clinical criteria applies
Dupixent %	Opzelura %	Protopic	
Elidel		tacrolimus ointment	
Eucrisa %		Zoryve Foam %	

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### IMMUNOMODULATORS, TOPICAL

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

### METHOTREXATE PRODUCTS

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

### OPHTHALMICS

#### ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

Preferred Agents	Non-Preferred	--	Limitations
Alphagan P brimonidine 0.2% Combigan Simbrinza	<i>apraclonidine</i> <i>brimonidine 0.1% &amp; 0.15% (gen Alphagan P)</i>	<i>brimonidine/timolol (gen Combigan)</i> <i>lopidine</i>	N/A

#### ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non-Preferred	--	Limitations
neomycin/polymixin/dexamethasone Tobradex ointment Tobradex suspension (while available) tobramycin/dexamethasone susp	<i>Blephamide ointment</i> <i>Maxitrol Drops/Oint *</i> <i>neomycin/bacitracin/polymixin/HC</i> <i>neomycin/polymixin/HC</i>	<i>Pred-G ointment</i> <i>sulfacetamide/prednisolone</i> <i>Tobradex ST</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 (gen Bromsite &amp; Prolensa)</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

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### ANTI-INFLAMMATORIES – STEROIDS

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

### BETA BLOCKERS – GLAUCOMA

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

### 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 0.2% OTC Zaditor OTC	Alomide Alrex Azelastine bepotastine (gen Bepreve) Bepreve	epinastine Lastacaft loteprednol (gen Alrex) olopatadine 0.1% Rx Pataday Zerviate	N/A

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## OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

Preferred Agents	Non-Preferred		Limitations
Restasis Multidose Restasis Unit Dose Xiidra	<i>Cequa</i> <i>cyclosporine (gen Restasis)</i> <i>Eysuvis</i> <i>Miebo</i> <i>Tyrvaya</i> <i>Verkazia</i> <i>Vevye</i>	--	N/A

## OPHTHALMIC PROSTAGLANDIN AGONISTS

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

## OPHTHALMIC QUINOLONES

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

## 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 (while available) ciproflox/dexameth otic susp (gen Ciprodex) neomycin/polymixin/HC soln/susp ofloxacin drops	<i>Cipro HC</i> <i>ciprofloxacin HCl otic</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

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## PAH AGENTS

### ENDOTHELIN RECEPTOR ANTAGONISTS

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

### PROSTACYCLINS FOR PAH, INHALATION AND ORAL

Preferred Agents	Non-Preferred	--	Limitations
Tyvaso Inh Sol Ventavis Inh	Orenitram ER/titration kit Tyvaso DPI Uptravi Uptravi Dose Pak		Clinical criteria applies to this class

### PDE INHIBITORS AND OTHERS FOR PPH/PAH

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

## PLATELET AGGREGATION INHIBITORS

### PLATELET AGGREGATION INHIBITORS

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

## RESPIRATORY

### COPD AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Anoro Ellipta Atrovent HFA Combivent Respimat ipratropium neb ipratropium/albuterol neb roflumilast (gen Daliresp) % Spiriva HandiHaler Stiolto Respimat	Bevespi Breztri Aerosphere Daliresp % Duaklir Pressair Incruse Ellipta Seebri Neohaler	Spiriva Respimat tiotropium (gen Spiriva handihaler) Trelegy Ellipta Tudorza Yupelri	% Clinical criteria applies  Non-preferred combination products require trial of combination of preferred products with all requested MOAs

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### ANTI-ALLERGENS

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

### ANTI-HISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

Preferred Agents	Non-Preferred	--	Limitations
cetirizine solution 1mg/ml OTC cetirizine syrup 1mg/ml Rx cetirizine tablets OTC levocetirizine tablets Rx and OTC loratadine syrup OTC loratadine tablets OTC	cetirizine chewable OTC cetirizine soln 5mg/5mL OTC (unit dose) cetirizine-D OTC Clarinet Clarinet-D desloratadine fexofenadine tabs OTC	fexofenadine-D OTC levocetirizine soln loratadine chewable OTC loratadine-D OTC loratadine ODT OTC	N/A

### BETA AGONISTS: SHORT-ACTING MDI AND NEBS

Preferred Agents	Non-Preferred	--	Limitations
albuterol nebs ProAir HFA (while available) Proventil HFA (while available) Ventolin HFA Xopenex HFA	albuterol HFA (generic Proair 8.5g) albuterol HFA (generic Proventil 6.7g) Airsupra levalbuterol HFA levalbuterol inh soln	ProAir Digihaler ProAir Respiclick Xopenex inh soln	Non-preferred combination products require trial of combination of preferred products with all requested MOAs

### BETA AGONISTS: LONG-ACTING MDI & NEBS

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

### BETA AGONISTS: COMBINATION PRODUCTS

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

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### CORTICOSTEROIDS INHALED

Preferred Agents	Non-Preferred	--	Limitations
Arnuity Ellipta Asmanex Twisthaler fluticasone HFA Pulmicort Flexhaler Pulmicort Respules Qvar Redihaler	Airsupra Alvesco Armonair Asmanex HFA budesonide respules	Flovent Diskus Fluticasone Diskus (generic Flovent)	Non-preferred combination products require trial of combination of preferred products with all requested MOAs

### EPINEPHRINE – SELF INJECTED

Preferred Agents	Non-Preferred	--	Limitations
Epipen/Epipen Jr epinephrine, self-injected (Mfr. Mylan only)	Auvi-Q epinephrine, self-injected	Symjepi	N/A

### GLUCOCORTICOID, ORAL

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

### IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents	Non-Preferred	--	Limitations
pirfenidone (generic Esbriet) Ofev	Esbriet		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	N/A

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### INTRANASAL CORTICOSTEROIDS

Preferred Agents	Non-Preferred	--	Limitations
fluticasone RX Nasonex OTC	azelastine/fluticasone budesonide nasal Dymista flunisolide fluticasone OTC mometasone Rx and OTC	Nasonex Omnaris Qnasl Ryaltris triamcinolone OTC Xhance Zetonna	Non-preferred combination products require trial of combination of preferred products with all requested MOAs

### 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) nicotine chewing gum OTC nicotine lozenge OTC nicotine transdermal OTC varenicline (gen Chantix)	Nicotrol Inhaler % Nicotrol Nasal Spray %		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 shampoo OTC	Eurax Cream Eurax Lotion Ivermectin 0.5% (gen Sklice) malathion	Ovide piperonyl butoxide/pyrethrins kit OTC spinosad Vanalice	Monthly limits apply – One application per 34 days.

#### ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
calcipotriene cream calcipotriene solution	calcipotriene foam/oint calcipotriene-betameth oint/scalp calcitriol Dovonex cream Duobrii	Enstilar foam Sorilux Taclonex ointment/scalp Vectical Vtama Zoryve 0.3% cream	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%)	<i>Acanya Gel</i>	<i>dapsone</i>	Trial of 2 preferred agents required
clindamycin phosphate gel (gen Cleocin T 1%)	<i>Aczone</i>	<i>Ery pads</i>	
clindamycin phosphate solution	<i>Amzeeq</i>	<i>erythromycin swab</i>	
Erygel	<i>Arazlo</i>	<i>erythromycin-benzoyl peroxide</i>	
erythromycin gel/solution	<i>Avar products</i>	<i>Evoclin</i>	
	<i>Benzaclin</i>	<i>Klaron</i>	
	<i>Benzamycin</i>	<i>Neuac</i>	
	<i>benzoyl peroxide</i>	<i>Onexton</i>	
	<i>BP-10-1</i>	<i>Ovace/Ovace Plus</i>	
	<i>Cabtreo</i>	<i>Rosanil</i>	
	<i>Cleocin-T</i>	<i>Rosula</i>	
	<i>Clindacin</i>	<i>SSS 10-5</i>	
	<i>Clindagel</i>	<i>sulfacetamide</i>	
	<i>clindamycin/benzoyl perox. (Benzaclin 1-5%)</i>	<i>sulfacetamide/sulfur</i>	
	<i>clindamycin/benzoyl perox. (Acanya 1.2-2.5%)</i>	<i>sulfacetamide/sulfur/urea</i>	
	<i>clindamycin/benzoyl perox. (gen Onexton w/Pump)</i>	<i>sulfacetamide sodium</i>	
	<i>clindamycin phosphate foam/lotion/swab</i>	<i>sulfacetamide sodium/sulfur</i>	
	<i>clindamycin phosphate gel (gen Clindagel 1%)</i>	<i>Sumadan products</i>	
		<i>Sumaxin products</i>	
		<i>Winlevi</i>	
		<i>ZMA Clear</i>	

### TOPICAL RETINOIDS

Preferred Agents	Non-Preferred	--	Limitations
adapalene gel 0.3% Rx	<i>adapalene cream/gel pump</i>	<i>Fabior</i>	Requires clinical PA if > 26 years old.
Retin-A	<i>adapalene gel OTC</i>	<i>Retin-A Micro pump and tube</i>	
	<i>adapalene/benzoyl peroxide</i>	<i>tazarotene foam (gen Fabior)</i>	
	<i>Aklief</i>	<i>tazarotene cream/gel (gen Tazorac)</i>	
	<i>Altreno</i>	<i>tretinoin cream/gel</i>	
	<i>Atralin</i>	<i>tretinoin microspheres</i>	
	<i>Avita</i>	<i>Ziana</i>	
	<i>clindamycin/tretinoin gel</i>		

### TOPICAL, ROSACEA AGENTS

Preferred Agents	Non-Preferred	--	Limitations
metronidazole cream	<i>azelaic acid (gen Finacea gel)</i>	<i>Noritrate</i>	N/A
metronidazole gel (tube)	<i>brimonidine gel pump (gen Mirvaso)</i>	<i>Rhofade</i>	
	<i>Finacea foam</i>	<i>Rosadan kit</i>	
	<i>ivermectin 1% cr (gen Soolantra)</i>	<i>Zilxi</i>	
	<i>metronidazole gel (pump)</i>		
	<i>metronidazole kit/lotion</i>		

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**Note: Brand Named Drugs are capitalized, generic drugs start with lower case letters.**

### LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	--	Limitations
Derma-Smooth FS hydrocortisone cream/oint 1% Rx hydrocortisone cream/oint/lot 2.5%	<i>alclometasone dipro cream/ ointment</i> <i>Aqua-Glycolic HC</i> <i>desonide cream/lot/oint</i>	<i>fluocinolone 0.01% oil</i> <i>Hydrocort Lot</i> <i>hydrocortisone lot kit</i> <i>Hydroxym gel</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 triamcinolone 0.1% paste (dental)	<i>Beser lotion/Kit</i> <i>betamethasone val foam 0.12%</i> <i>clocortolone</i> <i>Cloderm</i> <i>Cordran tape (if rebateable product available)</i> <i>Cutivate</i> <i>fluocinolone acetonide cream/oint/solution</i> <i>flurandrenolide cr/oint/lot</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>Oralene 0.1% paste</i> <i>Pandel</i> <i>prednicarbate cream</i> <i>prednicarbate oint</i> <i>Synalar</i> <i>Synalar TS</i>	N/A

### HIGH POTENCY TOPICAL STEROIDS

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

### VERY HIGH POTENCY TOPICAL STEROIDS

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

# Montana Healthcare Programs Preferred Drug List (PDL) Revised August 29, 2024

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## BRAND OVER GENERIC PREFERENCES FOR NON-REVIEWED DRUG CLASSES

In addition to the preferred brands listed in the above classes, these brands are also preferred over their generics

Preferred Agents	Non-Preferred	Limitations
Nuvaring	<i>etonogestrel/ethinyl estradiol vaginal ring</i>	Use of generic will require prior authorization and clinical rationale
Keveyis	<i>dichlorphenamide</i>	
Zavesca	<i>miglustat</i>	