

Montana Healthcare Programs Preferred Drug List (PDL)

Revised June 13, 2024

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ANALGESICS

ANALGESICS, OPIOID – LONG-ACTING

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

ANTI-MIGRAINE

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

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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 potassium tabs	celecoxib 50mg and 400mg	mefenamic acid	# Quantity limits apply
diclofenac sodium EC/DR	Daypro	meloxicam cap (gen Vivlodex)	
ibuprofen tablet/susp Rx	diclofenac potassium caps	Mobic	% Clinical criteria applies
indomethacin capsule IR	diclofenac sodium ER/SR	nabumetone	
ketorolac (oral) #	diclofenac sodium /misoprostol	Nalfon	
meloxicam tablet	diclofenac topical & transdermal	Naprelan	
naproxen tablet (Naprosyn)	# (except 1% gel)	naproxen EC	
sulindac	diflunisal	naproxen sodium Rx (gen Anaprox)	
	Elyxyb sol	naproxen susp	
	etodolac	naprox/esomep (gen Vimovo) %	
	etodolac tab SR	oxaprozin	
	Feldene	Pennsaid #	
	fenoprofen	piroxicam	
	Flector #	Qmiiz ODT	
	flurbiprofen	Relafen DS	
	ibuprofen susp OTC	Sprix %	
	ibuprofen/famotidine (gen Duexis)	Tivorbex	
	Indocin supp/susp	tolmetin sodium	
	indomethacin capsule ER	Vimovo %	
	ketoprofen/ER	Vivlodex	
	ketorolac tromethamine (gen Sprix) %	Zipsor %	
		Zorvolex	

NEUROPATHIC PAIN

Preferred Agents	Non-Preferred	--	Limitations
duloxetine (all except 40mg)	Cymbalta *	Lyrica solution % μ	% Clinical criteria applies
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		
	Zimhi		

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SUBSTANCE USE DISORDER TREATEMENTS

Preferred Agents	Non-Preferred	--	Limitations
naltrexone Suboxone Film +	buprenorphine SL % buprenorphine/naloxone SL films/tabs %	Lucemyra % Zubsolv %	+ one-time attestation per NPI required % 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
metronidazole tablet tinidazole vancomycin HCL vancomycin soln (gen Firvanq)	Aemcolo Dificid tab/susp % Firvanq soln Flagyl Likmez metronidazole capsule neomycin sulfate	nitazoxanide (gen Alinia) paromomycin Solosec Vancocin Vowst % 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. 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 & 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 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 & XL</i>		
	<i>Innopran XL</i>		
	<i>Kapsargo 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>	N/A
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>	N/A
Dilt XR	<i>Cardizem *</i>	<i>verapamil 360 capsule</i>	
diltiazem HCl IR	<i>Cardizem CD/LA</i>	<i>verapamil capsule ER</i>	
diltiazem ER capsule	<i>diltiazem LA</i>	<i>verapamil ER PM</i>	
Taztia XT	<i>Matzim LA</i>	<i>Verelan</i>	
verapamil HCl IR	<i>Tiazac</i>	<i>Verelan PM</i>	
verapamil ER tablets			

DIRECT RENIN INHIBITORS

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

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

Preferred Agents	Non-Preferred	--	Limitations
atorvastatin	<i>Altoprev</i>	<i>Lescol XL</i>	% Clinical criteria applies
ezetimibe	<i>amlodipine-atorvastatin</i>	<i>Lipitor *</i>	
lovastatin	<i>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 & 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 & 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>	<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>methsuximide (gen Celontin)</i>	
divalproex sodium IR and ER	<i>Dilantin-125 oral suspension *@</i>	<i>Mysoline *</i>	
ethosuximide susp @	<i>divalproex sodium sprinkle</i>	<i>Phenytek</i>	
phenobarbital	<i>ethosuximide caps</i>	<i>Zarontin Syr @</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 (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 & 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>	% Clinical criteria applies
lacosamide tab/sol (generic Vimpat) %	<i>Epidiolex %</i>	<i>Qudexy XR</i>	
lamotrigine IR tabs & chews/dispersible	<i>Eprontia @</i>	<i>rufinamide tab & susp (gen Banzel) %</i>	μ Cross duplication not allowed between gabapentin and Lyrica
levetiracetam IR	<i>Fintepla %</i>	<i>Sabril</i>	
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>	
topiramate tablets	<i>lacosamide dose cups %</i>	<i>Topamax Sprinkle Cap @</i>	
Valtoco %	<i>Lamictal *</i>	<i>Topamax tablet *</i>	
zonisamide	<i>Lamictal ODT & ODT Starter pak @</i>	<i>topiramate sprinkle cap @</i>	
	<i>Lamictal Starter pak</i>	<i>topiramate ER</i>	
	<i>Lamictal XR %</i>	<i>Trokendi XR</i>	
	<i>lamotrigine ER %</i>	<i>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>Lyrica solution μ</i>	<i>Zonisade</i>	
	<i>Lyrica CR μ</i>	<i>Ztalmly %</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 10 mg & 20 mg tablet	<i>fluoxetine 60mg tablet</i>	<i>Paxil Susp</i>	# Dose limits apply
fluvoxamine	<i>fluoxetine DR</i> %	<i>Pexeva</i>	
paroxetine	<i>fluvoxamine CR</i>	<i>Prozac</i> *	
sertraline tabs	<i>Lexapro</i> * #	<i>Prozac Weekly</i> %	
	<i>paroxetine 7.5mg</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>	
duloxetine (except 40mg)	<i>bupropion XL 450mg (gen</i>	<i>mirtazapine rapdis</i> @	% Clinical criteria applies
mirtazapine	<i>Forfivo)</i>	<i>Remeron</i> *	
Pristiq ER #	<i>Cymbalta</i> *	<i>Remeron SolTab</i> @	# Quantity limits apply
trazodone	<i>desvenlafaxine ER</i> #	<i>Trintellix</i>	
venlafaxine IR	<i>desvenlafaxine fum ER</i>	<i>venlafaxine ER tabs</i>	@ Alternative dosage forms require PA
venlafaxine ER caps 24H	<i>desvenlafaxine suc ER</i> #	<i>Viibryd DS PK</i>	
Viibryd	<i>duloxetine 40mg</i>	<i>vilazodone (gen Viibryd)</i>	
	<i>Effexor XR</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 combo (generic for Adderall) Aptensio XR Concerta dexamethylphenidate IR Daytrana Focalin XR 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) Azstarys Cotempla XR ODT @ Dexedrine SA dexamethylphenidate 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 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 Zenedi	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 Mycite %	risperidone IM (gen Consta)	Oral therapies require an FDA approved diagnosis and trial of 2 preferred agents FDA approved for same diagnosis
Abilify Maintena @	Abilify tablet *	risperidone tab rapdis @	
aripiprazole tablets	Adasuve	Saphris	Dose optimization edits apply to many in class
Aristada @	aripiprazole sol/ODT @	Secuado @	
Aristada Initio @	asenapine (gen Saphris)	Seroquel IR & XR *	@ Alternative dosage forms require PA
clozapine tablet	Caplyta	Symbyax %	
Invega Hafyera @	clozapine ODT @	Versacloz	% Clinical criteria applies
Invega Sustenna @	Clozaril *	Vraylar	
Invega Trinza @	Fanapt	Zyprexa tablet *	PA for class required for members eight and under
lurasidone	Fanapt titration pack	Zyprexa Zydis * @	
olanzapine	Fazaclo		Non-preferred combination products require trial of combination of components
olanzapine ODT @	Geodon *		
Perseris @	Invega		
quetiapine	Latuda *		
quetiapine ER	Lybalvi %		
Risperdal Consta @	Nuplazid %		
risperidone solution @	olanzapine/fluoxetine		
risperidone tablet	paliperidone ER		
Uzedly @	Rexulti		
ziprasidone HCl	Risperdal *		
Zyprexa Relprevv @			

MULTIPLE SCLEROSIS AGENTS

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

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

SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non-Preferred	--	Limitations
baclofen tablet	<i>Amrix %</i>	<i>Lyvispah</i>	% Clinical criteria applies
chlorzoxazone	<i>baclofen solution</i>	<i>metaxalone</i>	
cyclobenzaprine HCl 5mg & 10mg	<i>cyclobenzaprine 7.5mg%</i>	<i>Norgesic/Norgesic Forte</i>	# Quantity limits apply
methocarbamol	<i>cyclobenzaprine ER %</i>	<i>Robaxin *</i>	
orphenadrine citrate	<i>Dantrium</i>	<i>Skelaxin</i>	
tizanidine HCl tablet	<i>dantrolene sodium</i>	<i>tizanidine capsule % #</i>	
	<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 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) 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>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	<i>dapagliflozin</i>	<i>Steglatro</i>	
Glyxambi	<i>dapagliflozin/metformin ER</i>	<i>Steglujan</i>	
Invokamet	<i>Inpefa</i>	<i>Synjardy XR</i>	
Invokana	<i>Invokamet XR</i>	<i>Trijardy XR</i>	
Jardiance	<i>Qtern</i>		
Synjardy	<i>Segluromet</i>		
Xigduo XR			

DIABETES: SULFONYLUREAS

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

DIABETES: TZD

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

ESTROGEN, OTHERS: ORAL/TRANSDERMAL

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

ESTROGEN , OTHERS: VAGINAL

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

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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	Bonjesta %	Reglan *	
ondansetron solution	Diclegis%	Sancuso %	
ondansetron tablet	doxylamine/pyridox %	Sustol SQ	
	Emend Oral %	Zofran *	
	Emend Oral Pak %		
	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 Pylera)	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	
Pylera	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

ANTIHYPERURICEMICS

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 % 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	Clinical criteria applies to this class
Enbrel	adalimumab biosimilars	Siliq	
Enbrel Mini	Amjevita	Simponi	
Humira	Bimzelx	Skyrizi	
Humira Pediatric	Cibinqo	Sotyktu	
	Cimzia	Stelara	
	Cimzia Kit	Taltz	
	Enbrel vial	Tremfya	
	Enspryng	Velsipity	
	Entyvio	Xeljanz	
	Ilumya	Xeljanz solution	
	Kevzara	Xeljanz XR	
	Kineret	Zeposia	
	Litfulo	Zymfentra	
	Olumiant		
	Omvoh		
	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	
Rapamune soln	Imuran *	Tavneos	
sirolimus tab	mycophenolate susp	Zortress	
tacrolimus caps	Myfortic		

IMMUNOMODULATORS, ASTHMA

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents	Non-Preferred	--	Limitations
Elidel	Adbry %	pimecrolimus (gen Elidel)	% Clinical criteria applies
Eucrisa %	Dupixent %	Protopic	
	Opzelura %	tacrolimus ointment	
		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 methotrexate tablet methotrexate vial	<i>Jylamvo</i> <i>Otrexup</i> <i>Rasuvo</i> <i>Reditrex</i>	<i>Trexall</i> <i>Xatmep</i>	N/A

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

Preferred Agents	Non-Preferred	--	Limitations
Alphagan P brimonidine 0.2% Combigan Simbrinza	<i>apraclonidine</i> <i>brimonidine 0.1% & 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 & 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	<i>dexamethasone</i> <i>difluprednate (gen Durezol)</i> <i>Durezol</i> <i>Flarex</i> <i>FML</i> <i>FML Forte</i> <i>FML SOP</i> <i>Inveltys</i>	<i>Lotemax ointment</i> <i>loteprednol (gen Lotemax)</i> <i>Maxidex</i> <i>Pred Forte</i> <i>Pred Mild</i> <i>prednisolone sod phos</i>	N/A

BETA BLOCKERS – GLAUCOMA

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

GLAUCOMA, OTHERS

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

OPHTHALMIC ALLERGIC CONJUNCTIVITIS

Preferred Agents	Non-Preferred	--	Limitations
cromolyn sodium ketotifen OTC olopatadine 0.1% & 0.2% Rx Zaditor OTC	<i>Alomide</i> <i>Alrex</i> <i>Azelastine</i> <i>bepotastine (gen Bepreve)</i> <i>Bepreve</i>	<i>epinastine</i> <i>Lastacaft</i> <i>loteprednol (gen Alrex)</i> <i>Pataday</i> <i>Zerviate</i>	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>Iyuzeh</i> <i>Lumigan 0.01%</i> <i>tafluprost (gen Zioptan)</i> <i>travaprost</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 ofloxacin drops Vigamox	<i>Besivance</i> <i>Ciloxan drops*/ointment</i> <i>gatifloxacin</i> <i>levofloxacin</i>	<i>Moxeza</i> <i>moxifloxacin</i> <i>Ocuflox *</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

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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	<i>Bevespi</i> <i>Breztri Aerosphere</i> <i>Daliresp %</i> <i>Duaklir Pressair</i> <i>Incruse Ellipta</i> <i>Seebri Neohaler</i>	<i>Spiriva Respimat</i> <i>tiotropium (gen Spiriva handihaler)</i> <i>Trelegy Ellipta</i> <i>Tudorza</i> <i>Yupelri</i>	% Clinical criteria applies Non-preferred combination products require trial of combination of preferred products with all requested MOAs

ANTI-ALLERGENS

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

ANTIHISTAMINES 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	<i>cetirizine chewable OTC</i> <i>cetirizine soln 5mg/5mL OTC (unit dose)</i> <i>cetirizine-D OTC</i> <i>Clarinx</i> <i>Clarinx-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

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	<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 Resplick</i> <i>Xopenex inh soln</i>	N/A

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BETA AGONISTS: LONG-ACTING MDI & NEBS

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

BETA AGONISTS: COMBINATION PRODUCTS

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

CORTICOSTEROIDS INHALED

Preferred Agents	Non-Preferred	--	Limitations
Arnuity Ellipta Asmanex Twisthaler fluticasone HFA Pulmicort Flexhaler Pulmicort Respules Qvar Redihaler	<i>Airsupra</i> <i>Alvesco</i> <i>Armonair</i> <i>Asmanex HFA</i> <i>budesonide respules</i>	<i>Flovent Diskus</i> <i>Fluticasone Diskus (generic Flovent)</i>	N/A

EPINEPHRINE – SELF INJECTED

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

GLUCOCORTICOIDS, ORAL

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

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IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents	Non-Preferred	Limitations
pirfenidone (generic Esbriet) Ofev	<i>Esbriet</i>	Clinical criteria applies to this class

INTRANASAL ANTIHISTAMINES AND OTHERS

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

INTRANASAL CORTICOSTEROIDS

Preferred Agents	Non-Preferred	Limitations
fluticasone RX Nasonex OTC	<i>azelastine/fluticasone</i> <i>budesonide nasal</i> <i>Dymista</i> <i>flunisolide</i> <i>fluticasone OTC</i> <i>mometasone Rx and OTC</i> <i>Nasonex</i> <i>Omnaris</i> <i>Qnasl</i> <i>Ryaltris</i> <i>triamcinolone OTC</i> <i>Xhance</i> <i>Zetonna</i>	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	<i>Accolate</i> <i>montelukast gran pak</i> <i>Singulair gran pak</i> <i>Singulair tablet/chew tab *</i> <i>zafirlukast</i>	N/A

TOBACCO CESSATION

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

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TOPICAL AGENTS

ANTIPARASITICS – TOPICAL

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

ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
calcipotriene cream calcipotriene solution	<i>calcipotriene foam/oint</i> <i>calcipotriene-betameth oint/scalp</i> <i>calcitriol</i> <i>Dovonex cream</i> <i>Duobrii</i>	<i>Enstilar foam</i> <i>Sorilux</i> <i>Taclonex ointment/scalp</i> <i>Vectical</i> <i>Vtama</i> <i>Zoryve %</i>	Clinical criteria applies to this class

MISC ACNE, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
clindamycin/benzoyl peroxide (Duac 1.2-5%) clindamycin phosphate gel/solution Erygel erythromycin gel/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>Cabtreo</i> <i>Cleocin-T</i> <i>Clindacin</i> <i>Clindagel</i> <i>clindamycin/benzoyl perox. (Benzaclin 1-5%)</i> <i>clindamycin/benzoyl perox. (Acanya 1.2-2.5%)</i> <i>clindamycin/benzoyl perox. (gen Onexton w/Pump)</i> <i>clindamycin phosphate foam/lotion/swab</i>	<i>dapsone</i> <i>Ery pads</i> <i>erythromycin 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> <i>ZMA Clear</i>	Trial of 2 preferred agents required

Montana Healthcare Programs Preferred Drug List (PDL)

Revised June 13, 2024

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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.

TOPICAL RETINOIDS

Preferred Agents	Non-Preferred	--	Limitations
adapalene gel 0.3% Rx Retin-A	<i>adapalene cream/gel pump</i> <i>adapalene gel OTC</i> <i>adapalene/benzoyl peroxide</i> <i>Aklief</i> <i>Altreno</i> <i>Atralin</i> <i>Avita</i> <i>clindamycin/tretinoin gel</i>	<i>Fabior</i> <i>Retin-A Micro pump and tube</i> <i>tazarotene foam (gen Fabior)</i> <i>tazarotene cream/gel (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
metronidazole cream metronidazole gel (tube)	<i>azelaic acid (gen Finacea gel)</i> <i>brimonidine gel pump (gen Mirvaso)</i> <i>Finacea foam</i> <i>ivermectin 1% cr (gen Soolantra)</i> <i>metronidazole gel (pump)</i> <i>metronidazole kit/lotion</i>	<i>Noritate</i> <i>Rhofade</i> <i>Rosadan kit</i> <i>Zilxi</i>	N/A

LOW POTENCY TOPICAL STEROIDS

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

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HIGH POTENCY TOPICAL STEROIDS

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

VERY HIGH POTENCY TOPICAL STEROIDS

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

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>		