

Montana Healthcare Programs Preferred Drug List (PDL)

Revised August 28, 2025

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ANALGESICS

ANALGESICS, OPIOID – LONG-ACTING

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

ANTI-MIGRAINE

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

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NSAIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
celecoxib 100mg and 200mg	<i>Arthrotec</i>	<i>Licart Patch</i>	Trial of 2 preferred agents required
diclofenac 1% gel OTC (generic Voltaren) #	<i>Celebrex *</i>	<i>meclofenamate</i>	
diclofenac potassium tabs	<i>celecoxib 50mg and 400mg</i>	<i>mefenamic acid</i>	# Quantity limits apply
diclofenac sodium EC/DR	<i>Daypro</i>	<i>meloxicam cap (gen Vivlodex)</i>	
ibuprofen tablet (except 300mg)/susp Rx	<i>diclofenac potassium caps</i>	<i>Mobic</i>	% Clinical criteria applies
indomethacin capsule IR	<i>diclofenac sodium ER/SR</i>	<i>naproxen sodium Rx (gen Anaprox)</i>	
ketorolac (oral) #	<i>diclofenac sodium /misoprostol</i>	<i>Nalfon</i>	
meloxicam tablet	<i>diclofenac topical & transdermal</i>	<i>Naprelan</i>	
naproxen tablet (Naprosyn)	<i># (except 1% gel)</i>	<i>naproxen sodium Rx (gen Anaprox)</i>	
naproxen EC	<i>diflunisal</i>	<i>naproxen susp</i>	
sulindac	<i>Dolobid</i>	<i>naprox/esomep (gen Vimovo) %</i>	
	<i>Elyxyb sol</i>	<i>oxaprozin</i>	
	<i>etodolac</i>	<i>Pennsaid #</i>	
	<i>etodolac tab SR</i>	<i>piroxicam</i>	
	<i>Feldene</i>	<i>Qmiiz ODT</i>	
	<i>fenoprofen</i>	<i>Relafen DS</i>	
	<i>Flector #</i>	<i>Sprix %</i>	
	<i>Flurbiprofen</i>	<i>Tivorbex</i>	
	<i>ibuprofen 300mg tab</i>	<i>tolmetin sodium</i>	
	<i>ibuprofen susp OTC</i>	<i>Vimovo %</i>	
	<i>ibuprofen/famotidine (gen Duexis)</i>	<i>Vivlodex</i>	
	<i>Indocin supp/susp</i>	<i>Zipsor %</i>	
	<i>indomethacin capsule ER</i>	<i>Zorvolex</i>	
	<i>ketoprofen/ER</i>		
	<i>ketorolac tromethamine (gen Sprix) %</i>		

NEUROPATHIC PAIN

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

OPIOID REVERSAL AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
naloxone nasal spray OTC	<i>Kloxxado</i>	<i>Opvee</i>	N/A
naloxone syringe	<i>naloxone nasal spray Rx</i>	<i>Rextovy nasal spray</i>	
naloxone vial	<i>Narcan nasal spray OTC</i>	<i>Zimhi</i>	

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SUBSTANCE USE DISORDER TREATEMENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Brixadi %	buprenorphine/naloxone SL films	N/A	+ one-time attestation per NPI required
buprenorphine SL +	lofexidine (generic Lucemyra) %		
buprenorphine/naloxone SL tabs +	Lucemyra %		
Naltrexone	Vivitrol %		% Clinical criteria applies
Sublocade %	Zubsolv %		
Suboxone Film +			

ANTI-INFECTIVES

ANTIOBIOTICS: 2ND GENERATION QUINOLONES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Cipro suspension	Cipro tabs *	ofloxacin	N/A
ciprofloxacin tablet	ciprofloxacin susp		

ANTIBIOTICS: 3RD GENERATION QUINOLONES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
levofloxacin tablet	Baxdela	Levofloxacin solution moxifloxacin	N/A

ANTIBIOTICS, GI

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
metronidazole tablet	Aemcolo	neomycin sulfate	% Clinical criteria applies
tinidazole	Difacid tab/susp %	nitazoxanide (gen Alinia)	
vancomycin HCL	Firvanq soln	paromomycin	
vancomycin soln (gen Firvanq)	Flagyl	Solosec	
	Likmez	Vancocin	
	metronidazole 125mg tab	Vowst %	
	metronidazole capsule	Xifaxan %	

ANTIBIOTICS: INHALED

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

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ANTIBIOTICS: MACROLIDES/KETOLIDES

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

ANTIBIOTICS: 2ND GENERATION CEPHA

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

ANTIBIOTICS: TETRACYCLINES

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

ANTIBIOTICS, TOPICAL

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

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ANTIFUNGALS, ORAL

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

ANTIVIRALS: HERPES – ORAL AGENTS

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

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ANTIVIRALS, TOPICAL

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

HEPATITIS C: PEGYLATED INTERFERONS

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

HEPATITIS C: OTHER

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

HEPATITIS C: RIBAVIRIN PRODUCTS

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

CARDIOVASCULAR

ACE INHIBITORS

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

ACE INHIBITOR COMBINATIONS

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

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ANGIOTENSIN MODULATOR

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

ANGIOTENSION II RECEPTOR BLOCKER COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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	Non-Preferred Cont.	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	Non-Preferred Cont.	Limitations
ranolazine ER	Ranexa ER	N/A	N/A

ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

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BETA BLOCKERS AND COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS (DHP)

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

CALCIUM CHANNEL BLOCKERS (NON-DHP)

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

DIRECT RENIN INHIBITORS

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

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

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

LIPOTROPICS: OTHERS

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

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

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

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
memantine tablet	memantine sol @/dosepak	Namzaric	@ Alternative dosage forms require PA
	memantine ER		
	memantine-donepezil (gen Namzaric)		
	Namenda dosepak		

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ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
carbamazepine 100mg chew tabs	<i>Aptiom</i>	<i>oxcarbazepine susp</i>	NOTE: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA
carbamazepine tab	<i>carbamazepine 200mg chew tabs</i>	<i>oxcarbazepine ER (generic</i>	
carbamazepine ER tabs	<i>carbamazepine susp @</i>	<i>Oxtellar XR</i>	
Epitol	<i>carbamazepine ER caps</i>	<i>Oxtellar XR</i>	
oxcarbazepine tabs	<i>Carbatrol ER</i>	<i>Trileptal tablets *</i>	
Tegretol susp @	<i>Equetro</i>		
Tegretol & Tegretol XR	<i>Eslicarbazepine (gen Aptiom)</i>		
Trileptal oral suspension @			

ANTI-CONVULSANTS: FIRST GENERATION

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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			

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ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
clobazam tab & susp %	Banzel %	Motpoly XR %	Note: DAW 7 may be used ONLY for seizure diagnosis
Diastat rectal (while available) %	Briviact	Neurontin solution @ μ	
diazepam rectal %	Diacomit %	Neurontin tablet/capsule * μ	@ Alternative dosage forms require PA
gabapentin capsule μ	Elepsia XR	Onfi %	
gabapentin solution μ	Epidiolex %	perampanel (gen Fycompa)	% Clinical criteria applies
gabapentin tablet μ	Eprontia @	pregabalin caps/solution μ	
lacosamide tab/sol (generic Vimpat)	Fintepla %	pregabalin ER μ	μ Cross duplication not allowed between gabapentin and Lyrica
lamotrigine IR tabs & chews/dispersible	Fycompa	rufinamide tab & susp (gen Banzel) %	
levetiracetam IR	Keppra * @	Sabril	
levetiracetam solution	Keppra XR	Spritam	
Lyrica capsule μ	lacosamide dose cups %	Sympazan % @	
Nayzilam %	Lamictal *	Tiagabine %	
topiramate tablets	Lamictal ODT & ODT Starter pak @	Topamax Sprinkle Cap @	
Valtoco %	Lamictal Starter pak	Topamax tablet *	
zonisamide	Lamictal XR %	topiramate sprinkle cap @	
	lamotrigine ER %	topiramate ER	
	lamotrigine ODT @	Trokendi XR	
	lamotrigine starter pak	vigabatrin powder (gen Sabril)	
	levetiracetam (gen Spritam)	vigabatrin tablet	
	levetiracetam ER	Vigafyde	
	Libervant %	Vimpat	
	Lyrica solution μ	Xcopri	
	Lyrica CR μ	Zonisade	
		Ztalmu %	

ANTI-DEPRESSANTS: SSRIS

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

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ANTI-DEPRESSANTS: NOVEL

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

ADHD/CNS STIMULANTS AND RELATED AGENTS

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

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ATYPICAL ANTIPSYCHOTICS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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 @	Cobenfy	Zyprexa tablet *	PA for class required for members eight and under
lurasidone	Erzofri @	Zyprexa Zydis * @	
olanzapine	Fanapt		Non-preferred combination products require trial of combination of components
olanzapine ODT @	Fanapt titration pack		
Perseris @	Fazaclo		
quetiapine	Geodon *		
quetiapine ER	Invega		
Risperdal Consta @	Latuda *		
risperidone solution @	Lybalvi %		
risperidone tablet	Nuplazid %		
Uzedly @	olanzapine/fluoxetine		
ziprasidone HCl	Opipza film		
Zyprexa Relprevv @	paliperidone ER		
	Rexulti		
	Risperdal *		

MULTIPLE SCLEROSIS AGENTS

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

SEDATIVE HYPNOTIC AGENTS

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

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MOVEMENT DISORDER DRUGS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Austedo Austedo XR Ingrezza Ingrezza Sprinkles @ tetrabenazine	Austedo XR titration kit Ingrezza initiation Pack Xenazine		Clinical criteria applies to this class; Quantity limits apply @ Alternative dosage forms require PA

ENDOCRINE AND METABOLIC AGENTS

ANDROGENIC AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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	Non-Preferred Cont.	Limitations
alendronate tablet Forteo ibandronate raloxifene	Actonel alendronate solution Atelvia Boniva Bonsity calcitonin-salmon %	Evista * Fosamax tabs */ PlusD risedronate sodium teriparatide Tymlos	% Clinical criteria applies

ANTI-HYPOGLYCEMIC AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Baqsimi # Glucagon # Glucagon Emergency Kit (Lilly, Amphastar) # Proglycem susp Zegalogue autoinject #	diazoxide susp Glucagon Emergency kit (Fresenius) # Gvoke pen/syringe # Zegalogue syringe #	N/A	# Quantity limits apply

DIABETES: ALPHA-GLUCOSIDASE INHIBITORS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
acarbose	miglitol Precose *	N/A	N/A

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DIABETES: DPP-IV INHIBITORS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Glyxambi Janumet Janumet XR Januvia Jentadueto Tradjenta	<i>alogliptin</i> <i>alogliptin-metformin</i> <i>alogliptin-pioglitazone</i> <i>Jentadueto XR</i> <i>Kazano</i> <i>Nesina</i> <i>Oseni</i> % <i>saxagliptin (gen Onglyza)</i>	<i>saxagliptin-metformin ER (gen Kombiglyze)</i> <i>sitagliptin (gen Zituvio)</i> <i>sitagliptin/metformin (gen Zituvimet)</i> <i>Trijardy XR</i> <i>Zituvio</i> <i>Zituvimet IR and ER</i>	% Clinical criteria applies

DIABETES: GLP-1/GIP AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Byetta Pens Ozempic Trulicity Victoza	<i>Bydureon BCISE</i> <i>exenatide pen (gen Byetta)</i> <i>liraglutide (gen Victoza)</i> <i>Mounjaro</i>	<i>Rybelsus</i>	Trial of 2 preferred agents for 6 months each required Electronic edits apply to class

DIABETES: INSULIN AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Humulin 70/30 Pen Humulin N Vial Humulin R Vial Humulin R U-500 Pen insulin aspart Cartridge/Flexpen/Vial insulin aspart/insulin aspart protamine Pen/Vial insulin glargine Pen insulin lispro All formulations Lantus Vial Lantus SoloStar	<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 ALL formulations</i> <i>Humulin Pen</i> <i>Humulin N Pen OTC</i> <i>Humulin R U-500 Vial</i> <i>insulin degludec Pen/Vial</i> <i>insulin glargine Vial</i> <i>insulin glargine-YFGN Pen/Vial</i> <i>insulin glargine max solostar Vial/Kwikpen</i>	<i>Lyumjev Vial/Kwikpen/Tempo pen</i> <i>Novolin N Flexpen/vial</i> <i>Novolin R Flexpen/vial</i> <i>Novolin 70/30</i> <i>Novolog ALL formulations</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 % Clinical criteria applies

DIABETES: MEGLITINIDES AND COMBOS

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

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DIABETES: METFORMINS AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
glyburide-metformin metformin metformin ER (generic for Glucophage XR)	Fortamet glipizide-metformin Glumetza metformin 625mg and 750mg metformin solution	metformin ER (gen for Fortamet) metformin ER (gen for Glumetza) Riomet	N/A

DIABETES: SGLT2 AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Farxiga Glyxambi Jardiance Synjardy Xigduo XR	dapagliflozin dapagliflozin/metformin ER Inpefa Invokamet Invokana Invokamet XR	Segluromet Steglatro Steglujan Synjardy XR Trijardy XR	

DIABETES: SULFONYLUREAS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
glimepiride 1mg, 2mg, & 4mg glipizide glipizide ER/XL glyburide	glimepiride 3mg glyburide micronized	N/A	N/A

DIABETES: TZD

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

ESTROGEN, OTHERS: ORAL/TRANSDERMAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
ORAL estradiol oral Premarin oral	Duavee Estrace * Menest Osphena Veozah	N/A	N/A

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Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
TRANSDERMAL estradiol patch (generic for Climara) Minivelle Vivelle-Dot	<i>Climara</i> <i>Divigel</i> <i>Dotti</i> <i>Elestrin</i> <i>estradiol gel packet (gen Divigel)</i> <i>estradiol gel pump</i>	<i>estradiol patch (generics for Minivelle/Vivelle-Dot)</i> <i>Evamist</i> <i>Lyllana</i> <i>Menostar</i>	N/A

ESTROGEN , OTHERS: VAGINAL

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

GROWTH HORMONES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Genotropin Cartridge, Syringe Norditropin	<i>Humatrope</i> <i>Ngenla</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	Non-Preferred Cont.	Limitations
Creon Zenpep	<i>Pertzye</i>	<i>Viokace</i>	N/A

PITUITARY SUPPRESSIVE AGENTS, LHRH

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Fensolvi Leuprolide depot (gen Lutrate Depot) Lupron Depot-Ped Supprelin LA % Synarel Triptodur	N/A	N/A	% Clinical criteria applies

PROGESTINS FOR CACHEXIA

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

UTERINE DISORDER TREATMENTS

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

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Telephone: (800) 395-7961/(406) 443-6002 Fax: (800) 294-1350/406-513-1928

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GASTROINTESTINAL

ANTIEMETICS AGENTS

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

GI MOTILITY AGENTS

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

PROTON PUMP INHIBITORS, OTHERS/H. PYLORI TREATMENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
esomeprazole cap (Rx) lansoprazole OTC 15mg ODT @ lansoprazole caps Rx Nexium suspension @ omeprazole (Rx) pantoprazole Prevacid Solu Tab @ Protonix suspension @ Pylora	Aciphex tab Aciphex sprinkle @ bismuth-metronidazole-tetracycline (gen Pylora) Dexilant dexlansoprazole (gen Dexilant) Esomeprazole cap (OTC) esomeprazole tab (OTC) esomeprazole susp Konvomep lansoprazole caps OTC lansoprazole ODT Rx @ lansoprazole-amox-clarith naproxen/esomeprazole (gen Vimovo) % Nexium OTC Nexium Rx capsule	Omeclamox-Pak omeprazole OTC omeprazole/sodium bicarb pantoprazole susp Prevacid RX and OTC Prilosec (Rx) susp packet @ Protonix Tablet * Rabeprazole Talcia Vimovo % Voquezna Voquezna Dual/Triple Pak Zegerid Zegerid packet @	Trial of two preferred molecules required @ Alternative dose forms require PA. Quantity limits apply to class % Clinical criteria applies

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ULCERATIVE COLITIS – ORAL

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

ULCERATIVE COLITIS – RECTAL

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

ANDROGEN HORMONE INHIBITORS AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
dutasteride finasteride 5mg	dutasteride-tamsulosin Jalyn	Natesto Proscar *	N/A

PDE-5 FOR BPH

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
tadalafil	Cialis	N/A	Clinical criteria applies to this class

PHOSPHATE BINDERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
calcium acetate caps Fosrenol tabs sevelamer carbonate 800mg tabs (gen Renvela)	Auryxia calcium acetate tabs ferric citrate Fosrenol powder lanthanum chew tab Renvela tabs & powder	sevelamer powder sevelamer HCL 400 and 800mg tabs (gen Renagel) Velphoro Xphozah	N/A

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POTASSIUM BINDERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
sodium polystyrene sulfonate	Kionex Lokelma	SPS Veltassa	N/A

URINARY TRACT ANTISPASMODICS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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	Non-Preferred Cont.	Limitations
enoxaparin #	Arixtra fondaparinux	Fragmin Lovenox * #	# Quantity limits apply

ANTICOAGULANT ORAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Eliquis # Eliquis starter pack # Pradaxa capsule # warfarin Xarelto 2.5mg # Xarelto 10,15,20mg and Starter Pack #	Dabigatran # (generic Pradaxa) Pradaxa pellet pack # rivaroxaban tab Savaysa # Xarelto susp %	N/A	# Quantity limits apply % Clinical criteria applies

COLONY STIMULATING FACTORS

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

ERYTHROPOIESIS STIMULATING AGENTS

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

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MISCELLANEOUS AGENTS

ANTIHYPERTENSIVES

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

BILE SALTS

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

IMMUNOLOGIC AGENTS

ANTINEOPLASTIC AGENTS, TOPICAL

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

HAE TREATMENTS

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

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IMMUNOMODULATORS

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

IMMUNOSUPPRESSANTS

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

IMMUNOMODULATORS, ASTHMA

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Adbry % Dupixent % Eucrisa % pimecrolimus cream tacrolimus ointment	Ebglyss % Nemludio % Opzelura % Vtama %	Zoryve 0.15 % cream % Zoryve Foam %	% Clinical criteria applies

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IMMUNOMODULATORS, TOPICAL

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

METHOTREXATE PRODUCTS

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

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Alphagan P brimonidine 0.2% Combigan Simbrinza	apraclonidine brimonidine 0.1% & 0.15% (gen Alphagan P)	brimonidine/timolol (gen Combigan) lopidine	N/A

ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
neomycin/polymixin/dexamethasone Tobradex ointment Tobradex suspension (while available) tobramycin/dexamethasone susp	Blephamide ointment Maxitrol Drops/Oint * neomycin/bacitracin/ polymixin/Hc neomycin/polymixin/Hc	Pred-G ointment sulfacetamide/prednisolone Tobradex ST Zylet	N/A

ANTI-INFLAMMATORIES – NSAIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
diclofenac sodium flurbiprofen sodium	Acular Acular LS Acuvail bromfenac (gen Bromsite & Prolensa) Bromsite	Ilevro ketorolac ophth 0.4% (LS) ketorolac ophth 0.5% Nevanac Prolensa	N/A

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ANTI-INFLAMMATORIES – STEROIDS

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

GLAUCOMA, OTHERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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	Non-Preferred Cont.	Limitations
cromolyn sodium ketotifen OTC (brand & generic) olopatadine 0.2% OTC Zaditor OTC	Alrex Azelastine bepotastine (gen Bepreve) Bepreve epinastine	Lastacaft loteprednol (gen Alrex) olopatadine 0.1% Rx Pataday Zerviate	N/A

OPHTHALMIC – DRY EYE AGENTS

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

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OPHTHALMIC PROSTAGLANDIN AGONISTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
latanoprost	bimatoprost (gen Lumigan 0.03%) Iyuzeh Lumigan 0.01% tafluprost (gen Zioptan) travoprost	Vyzulta Xalatan * Xelpros Zioptan	N/A

OPHTHALMIC QUINOLONES

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

OTICS

OTIC ANTI-INFECTIVES AND ANESTHETICS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
acetic acid	acetic acid HC	N/A	N/A

OTIC ANTIBIOTICS

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

OTIC ANTI-INFLAMMATORY

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

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

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

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PROSTACYCLINS FOR PAH, INHALATION AND ORAL

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

PDE INHIBITORS AND OTHERS FOR PPH/PAH

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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

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Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
aspirin aspirin-dipyridamole Brilinta clopidogrel dipyridamole prasugrel	Effient * Plavix * ticagrelor (gen Brilinta)	Zontivity	N/A

RESPIRATORY

COPD AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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 Ohtuvayre % Seebri Neohaler	Spiriva Respimat tiotropium (gen Spiriva handihaler) Trelegy Ellipta Tudorza umeclidinium/vilanterol (gen Anoro Ellipta) Yupelri	% Clinical criteria applies Non-preferred combination products require trial of combination of preferred products with all requested MOAs

ANTI-ALLERGENS

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

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ANTI-HISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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>Clarinex</i> <i>Clarinex-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	Non-Preferred Cont.	Limitations
albuterol nebs Ventolin HFA Xopenex HFA	<i>albuterol HFA (generic Proair 8.5g)</i> <i>albuterol HFA (generic Proventil 6.7g)</i> <i>Airsupra</i>	<i>levalbuterol HFA</i> <i>levalbuterol inh soln</i> <i>ProAir Respiclick</i> <i>Xopenex inh soln</i>	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	Non-Preferred Cont.	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	Non-Preferred Cont.	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	Non-Preferred Cont.	Limitations
Alvesco Arnuity Ellipta Asmanex HFA Asmanex Twisthaler budesonide Respules fluticasone HFA 44mcg (<=5y.o.) Pulmicort Flexhaler Qvar Redihaler	<i>Airsupra</i> <i>Flovent Diskus</i>	<i>fluticasone Diskus (generic Flovent)</i> <i>fluticasone HFA 44mcg (>=6y.o.)</i> <i>fluticasone HFA 110 and 220mcg Pulmicort Respules</i>	Non-preferred combination products require trial of combination of preferred products with all requested MOAs

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EPINEPHRINE – SELF ADMINISTERED

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

GLUCOCORTICOIDS, ORAL

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

IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
pirfenidone (generic Esbriet) Ofev	Esbriet	N/A	Clinical criteria applies to this class

INTRANASAL ANTIHISTAMINES AND OTHERS

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

INTRANASAL CORTICOSTEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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

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LEUKOTRIENE RECEPTOR ANTAGONISTS

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

TOBACCO CESSATION

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

TOPICAL AGENTS

ANTIPARASITICS – TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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 Vanallice	Monthly limits apply – One application per 34 days.

ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
calcipotriene cream calcipotriene solution	calcipotriene foam/oint calcipotriene-betameth oint/scalp calcitriol Dovonex cream Duobrii	Enstilar foam Sorilux Taclonex ointment/scalp Vectical Zoryve 0.3% cream	Clinical criteria applies to this class

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MISC ACNE, TOPICAL

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

TOPICAL, ROSACEA AGENTS

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

Montana Healthcare Programs Preferred Drug List (PDL)

Revised August 28, 2025

*Indicates a generic is available without prior authorization

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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.

LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Derma-Smoother FS fluocinolone 0.01% oil hydrocortisone cream/oint 1% Rx hydrocortisone cream/oint/lot 2.5%	alclometasone dipro cream/ ointment Aqua-Glycolic HC Capex shampoo desonide cream/lot/oint	Hydrocort Lot hydrocortisone lot kit hydrocortisone sol Hydroxym gel Texacort	N/A

MEDIUM POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
fluticasone propionate cream/oint mometasone furoate cream mometasone furoate oint mometasone furoate soln triamcinolone 0.1% paste (dental)	Beser lotion/Kit betamethasone val foam 0.12% clocortolone Cloderm Cordran tape (if rebateable product available) Cutivate fluocinolone acetonide cream/oint/solution flurandrenolide cr/oint/lot fluticasone propionate lot	hydrocortisone butyrate (brand and generic all forms) hydrocortisone valerate cream/oint Luxiq Foam Oralene 0.1% paste prednicarbate cream prednicarbate oint Synalar Synalar TS	N/A

HIGH POTENCY TOPICAL STEROIDS

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

VERY HIGH POTENCY TOPICAL STEROIDS

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

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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	Non-Preferred Cont.	Limitations
Keveyis	dichlorphenamide	N/A	Use of generic will require prior authorization and clinical rationale
Zavesca	miglustat		