Montana Healthcare Programs Preferred Drug List (PDL)
Revised September 25, 2025

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ANALGESICS

ANALGESICS, OPIOID – LONG-ACTING

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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) #*	
	Conzip ER % #	*MS Contin * #*	**# Quantity limits apply**
	*Duragesic patch * #*	*oxycodone ER #*	
	fentanyl patch #	*OxyContin #*	**% Clinical criteria applies**
	hydrocodone ER cap %	*oxymorphone ER #*	
	hydrocodone ER tab # %	*tramadol ER % #*	**MME restriction applies to this class**
	hydromorphone ER tab	*Zohydro ER %*	
	Hysingla ER # %		
	Kadian #		
	Morphabond ER#		

ANTI-MIGRAINE

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

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NSAIDS

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

NEUROPATHIC PAIN

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

OPIOID REVERSAL AGENTS

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

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SUBSTANCE USE DISORDER TREATEMENTS

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

ANTI-INFECTIVES

ANTIOBIOTICS: 2ND GENERATION QUINOLONES

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

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 tinidazole vancomycin HCL vancomycin soln (gen Firvanq)	*Aemcolo* *Dificid tab/susp %* *Firvanq soln* *Flagyl* *Likmez* *metronidazole 125mg tab* *metronidazole capsule*	*neomycin sulfate* *nitazoxanide (gen Alinia)* *paromomycin* *Solosec* *Vancocin* *Vowst %*	**% Clinical criteria applies** **Xifaxan is no longer rebate eligible and will no longer be covered. Patient assistance is available** here

ANTIBIOTICS: INHALED

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

ANTIBIOTICS: 2ND GENERATION CEPHA

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

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

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

ANTIBIOTICS: TETRACYCLINES

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

ANTIBIOTICS, TOPICAL

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

ANTIBIOTICS, VAGINAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Cleocin cream	*clindamycin vaginal 2% cream*	*Nuvessa vaginal gel #*	**# Quantity limits apply**
Cleocin ovules	*Metrogel vaginal gel*	*Vandazole*	
Clindesse #		*Xaciato*	
metronidazole vaginal 0.75% gel			

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ANTIFUNGALS, ORAL

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

ANTIFUNGALS AND COMBOS, TOPICAL

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

ANTIVIRALS: HERPES – ORAL AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
acyclovir cap/tab/susp	*Sitavig Buccal*	*Valtrex **	**N/A**
famciclovir		*Zovirax susp*	
valacyclovir			

ANTIVIRALS: INFLUENZA

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
oseltamivir suspension and capsule	*flumadine*	*rimantadine HCl*	
Xofluza	*Relenza*	*Tamiflu*	

ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Acyclovir 5% ointment	*acyclovir cream*	*penciclovir (gen Denavir)*	**N/A**
Docosanol OTC (gen Abreva)	*Denavir*		

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HEPATITIS C: PEGYLATED INTERFERONS

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

HEPATITIS C: OTHER

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Mavyret tabs/pellet pak	*Epclusa 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	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	*Accupril ** *Altace* *captopril* *enalapril sol (gen Epaned)* *Epaned Oral Soln* *fosinopril* *Lotensin **	*moexipril* *perindopril* *Prinivil ** *Qbrelisl* *quinapril* *trandolapril* *Zestril **	**Trial of 2 preferred agents required**

ACE INHIBITOR COMBINATIONS

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

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**

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ANGIOTENSION II RECEPTOR BLOCKER COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
irbesartan/HCTZ	*Atacand HCT*	*Edarbyclor*	**N/A**
losartan/HCTZ	*Avalide **	*Hyzaar **	
olmesartan/HCTZ	*Benicar HCT **	*Micardis HCT*	
valsartan/HCT	*candesartan/HCTZ*	*telmisartan/HCTZ*	
	*Diovan HCT **		

ANGIOTENSION MODULATOR COMBINATIONS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
amlodipine/benazepril	*amlodipine/olmesartan w or w/o HCTZ*	*Tarka*	**N/A**
amlodipine/valsartan	*amlodipine/valsartan/HCTZ*	*telmisartan/amlodipine*	
	Azor	*trandolapril/verapamil ER*	
	*Exforge **	*Tribenzor*	
	Exforge HCT		

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	*Catapres oral **	*N/A*	**N/A**
clonidine transdermal	*clonidine ER (gen Nexiclon)*		
guanfacine IR			
methyldopa			

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*	
labetalol	*bisoprolol/HCTZ*	*pindolol*	**% Clinical criteria applies**
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 **	
	Kapspargo 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*	*verapamil 360 capsule*	**Trial of 2 preferred agents required**
Dilt XR	*diltiazem LA*	*verapamil capsule ER*	
diltiazem HCl IR	*Matzim LA*	*verapamil ER PM*	
diltiazem ER capsule		*Verelan*	
Taztia XT		*Verelan PM*	
verapamil HCl IR			
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		

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

ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

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

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ANTI-CONVULSANTS: FIRST GENERATION

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Depakote sprinkle	*Celontin*	*felbamate*	**NOTE: DAW 7 may be used ONLY for seizure diagnosis**
Dilantin 30mg Kapseal	*Depakote IR and ER **	*Felbatol tabs and susp*	**@ Alternative dosage forms require PA**
Dilantin 50mg chew tab	*Dilantin capsule **	*methsuximide (gen Celontin)*	
divalproex sodium IR and ER	*Dilantin-125 oral suspension *@ divalproex sodium sprinkle*	*Phenytek*	
ethosuximide caps		*Zarontin Syr @*	
ethosuximide susp @		*Zarontin caps*	
phenobarbital			
phenytoin caps and suspension			
phenytoin infatabs			
primidone			
valproic acid capsule and syrup			

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**
diazepam rectal %	*Briviact*	*Neurontin solution @ µ*	
gabapentin capsule µ	*Diacomit %*	*Neurontin tablet/capsule * µ*	**@ Alternative dosage forms require PA**
gabapentin solution µ	*Elepsia XR*	*Onfi*	
gabapentin tablet µ	*Epidiolex %*	*perampanel (gen Fycompa)*	**% Clinical criteria applies**
lacosamide tab/sol (generic Vimpat)	*Eprontia @*	*pregabalin caps/solution µ*	
lamotrigine IR tabs & chews/dispersible	*Fintepla %*	*pregabalin ER µ*	**µ Cross duplication not allowed between gabapentin and Lyrica**
levetiracetam IR	*Fycompa*	*rufinamide tab & susp (gen Banzel) %*	
levetiracetam solution	*Keppra * @*	*Sabril*	
Lyrica capsule µ	*Keppra XR*	*Spritam*	
Nayzilam %	*lacosamide dose cups %*	*Sympazan @*	
topiramate tablets	*Lamictal **	*Tiagabine %*	
Valtoco %	*Lamictal ODT & ODT Starter pak @*	*Topamax Sprinkle Cap @*	
zonisamide	*Lamictal Starter pak*	*Topamax tablet **	
	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*	
		Ztalmy %	

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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 **	
fluoxetine solution	*escitalopram solution #*	*Paxil CR*	**% Clinical criteria applies**
fluoxetine tablets	*fluoxetine DR %*	*Paxil Susp*	
fluvoxamine	*fluvoxamine CR*	*Pexeva*	**# Dose limits apply**
paroxetine	*Lexapro * #*	*sertraline caps*	
sertraline tabs and soln	*paroxetine 7.5mg %*	*Zoloft **	

ANTI-DEPRESSANTS: NOVEL

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

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ADHD/CNS STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Adderall XR amphetamine salt IR & XR combo (generic for Adderall and Adderall XR) Concerta dexmethylphenidate IR & XR Focalin XR methylphenidate ER (generic Metadate ER) methylphenidate IR (generic Ritalin) methylphenidate solution @ Vyvanse Cap #1	*Adhansia XR* *Adzenys XR @* *amphetamine sulfate (gen Evekeo)* *amphetamine susp ER (gen Adzenys)* *Aptensio XR* *Azstarys* *Cotempla XR ODT @* *Daytrana* *Dexedrine SA* *dexmethylphenidate ER* *dextroamphetamine SA (generic for Dexedrine SA)* *dextroamphetamine tab* *dextroamphetamine soln @* *dextroamp-amphet ER (gen 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* *Vyvanse Chewable @* *Xelstrym* *Zenzedi*	**Trial of 2 preferred agents required for stimulants** **Quantity limits apply to class** **@ Alternative dosage forms require PA** **#1 Dose limit 1/day**
atomoxetine guanfacine ER clonidine ER & IR	*Intuniv ** *Onyda XR* *Qelbree %*		**% Clinical criteria applies**

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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*	
Aristada @	*aripiprazole sol/ODT @*	*Secuado @*	
Aristada Initio @	*asenapine (gen Saphris)*	*Seroquel IR & XR **	
clozapine tablet	*Caplyta*	*Symbyax %*	**Dose optimization edits apply to many in class**
Invega Hafyera @	*clozapine ODT @*	*Versacloz*	
Invega Sustenna @	*Clozaril **	*Vraylar*	
Invega Trinza @	*Cobenfy*	*Zyprexa tablet **	**@ Alternative dosage forms require PA**
lurasidone	*Erzofri @*	*Zyprexa Zydis * @*	
olanzapine	*Fanapt*		
olanzapine ODT @	*Fanapt titration pack*		**% Clinical criteria applies**
Perseris @	*Fazaclo*		
quetiapine	*Geodon **		**PA for class required for members eight and under**
quetiapine ER	*Invega*		
Risperdal Consta @	*Latuda **		**Non-preferred combination products require trial of combination of components**
risperidone solution @	*Lybalvi %*		
risperidone tablet	*Nuplazid %*		
Uzedy @	*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*	
		Xadago	

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 **	
zolpidem tartrate IR tablet (initial dose limit 5mg/day for females)	*Dayvigo %*	*Rozerem*	**% Clinical criteria applies**
	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**
cyclobenzaprine HCl 5mg & 10mg	*baclofen solution*	*metaxalone*	**# Quantity limits apply**
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 **		

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: RESPORPTION 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	*alogliptin*	*saxagliptin-metformin ER (gen Kombiglyze)*	**% Clinical criteria applies**
Janumet	*alogliptin-metformin*	*sitagliptin (gen Zituvio)*	
Janumet XR	*alogliptin-pioglitazone*	*sitagliptin/metformin (gen Zituvimet)*	
Januvia	*Jentadueto XR*	*Trijardy XR*	
Jentadueto	*Kazano*	*Zituvio*	
Tradjenta	*Nesina*	*Zituvimet IR and ER*	
	Oseni %		
	saxagliptin (gen Onglyza)		

DIABETES: GLP-1/GIP AND COMBOS

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

DIABETES: INSULIN AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Humulin 70/30 Pen	*Admelog Vial/SoloStar*	*Lyumjev Vial/Kwikpen/Tempo pen*	**Clinical PA required for non-preferred insulin pens**
Humulin N Vial	*Afrezza %*	*Novolin N Flexpen/vial*	
Humulin R Vial	*Apidra Vial/Solostar*	*Novolin R Flexpen/vial*	**% Clinical criteria applies**
Humulin R U-500 Pen	*Basaglar Kwikpen/Tempo pen*	*Novolin 70/30*	
insulin aspart Cartridge/Flexpen/Vial	*Fiasp Vial/FlexTouch/ Cartridge/ Pumpcart*	*Novolog ALL formulations*	
insulin aspart/insulin aspart protamine Pen/Vial	*Humalog ALL formulations*	*Rezvoglar Kwikpen*	
insulin glargine Pen	*Humulin Pen*	*Semglee*	
insulin lispro All formulations	*Humulin N Pen OTC*	*Semglee-YFGN Pen/Vial*	
Lantus Vial	*Humulin R U-500 Vial*	*Soliqua 100-33*	
Lantus SoloStar	*insulin degludec Pen/Vial*	*Toujeo*	
	insulin glargine Vial	*Tresiba Vial/FlexTouch*	
	insulin glargine-YFGN Pen/Vial	*Xultophy 100-3.6*	
	insulin glargine max solostar Vial/Kwikpen		

DIABETES: MEGLITINIDES AND COMBOS

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

DIABETES: METFORMINS AND COMBOS

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

DIABETES: SGLT2 AND COMBOS

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

DIABETES: SULFONYLUREAS

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

DIABETES: TZD

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

ESTROGEN, OTHERS: ORAL/TRANSDERMAL

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

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ESTROGEN , OTHERS: VAGINAL

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Estring	*Estrace*	*Intrarosa*	**N/A**
Femring	*estradiol (gen Estrace)*	*Yuvafem*	
Premarin vaginal cream	*estradiol (gen Yuvafem)*		
Vagifem			

GROWTH HORMONES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Genotropin Cartridge, Syringe	*Humatrope*	*Skytrofa*	**Clinical criteria applies to this class**
Norditropin	*Ngenla*	*Sogroya*	
	Omnitrope	*Zomacton Vial*	
	Serostim	*Zorbtive*	

PANCREATIC ENZYMES

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Creon	*Pertzye*	*Viokace*	**N/A**
Zenpep			

PITUITARY SUPPRESSIVE AGENTS, LHRH

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

PROGESTINS FOR CACHEXIA

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

UTERINE DISORDER TREATMENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Myfembree	*Oriahnn*	*N/A*	**N/A**
Orilissa			

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GASTROINTESTINAL

ANTIEMETICS AGENTS

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

GI MOTILITY AGENTS

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

PROTON PUMP INHIBITORS, OTHERS/H. PYLORI TREATMENTS

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

ULCERATIVE COLITIS – ORAL

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

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*	**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**

POTASSIUM BINDERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Lokelma (multidose) sodium polystyrene sulfonate	*Kionex* *Lokelma (unit dose)*	*SPS* *Veltassa*	**N/A**

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URINARY TRACT ANTISPASMODICS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Myrbetriq tab	*darifenacin ER*	*Myrbetriq susp*	**N/A**
oxybutynin ER	*Ditropan XL*	*oxybutynin 2.5mg IR*	
oxybutynin 5mg IR	*fesoterodine ER (gen Toviaz)*	*Oxytrol **	
solifenacin (gen Vesicare)	*flavoxate*	*tolterodine*	
tolterodine ER	*Gemtesa*	*Toviaz*	
	mirabegron ER	*trospium*	
		trospium XR	
		*Vesicare **	
		Vesicare LS susp	

HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

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

ANTICOAGULANT ORAL

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

COLONY STIMULATING FACTORS

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

ERYTHROPOIESIS STIMULATING AGENTS

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

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MISCELLANEOUS AGENTS

ANTIHYPERURICEMICS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	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	Non-Preferred Cont.	Limitations
ursodiol tablet/capsule	*Bylvay (caps/pellet)* *Chenodal %* *Cholbam %* *Ctexli* *Iqirvo*	*Livdelzi* *Livmarli* *Reltone* *Urso/Urso Forte tablet*	**% 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)	*Picato*	*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	*Andembry* *Cinryze* *Firazyr* *Orladeyo* *Ruconest*	*N/A*	**Clinical criteria applies to this class**

Montana Healthcare Programs Preferred Drug List (PDL)
Revised September 25, 2025

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IMMUNOMODULATORS

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

IMMUNOSUPPRESSANTS

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

IMMUNOMODULATORS, ASTHMA

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

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

IMMUNOMODULATORS, TOPICAL

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

METHOTREXATE PRODUCTS

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

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

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

ANTIBIOTIC-STEROID COMBINATIONS

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

ANTI-INFLAMMATORIES – NSAIDS

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

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ANTI-INFLAMMATORIES – STEROIDS

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

BETA BLOCKERS – GLAUCOMA

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

GLAUCOMA, OTHERS

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

OPHTHALMIC ALLERGIC CONJUNCTIVITIS

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

OPHTHALMIC –DRY EYE AGENTS

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

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**

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* *umeclindinium/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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ANTIHISTAMINES 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	*cetirizine chewable OTC* *cetirizine soln 5mg/5mL OTC (unit dose)* *cetirizine-D OTC* *Clarinex* *Clarinex-D* *desloratadine*	*fexofenadine tabs OTC* *fexofenadine-D OTC* *levocetirizine soln* *loratadine chewable OTC* *loratadine-D OTC* *loratadine ODT OTC*	**N/A**

BETA AGONISTS: SHORT-ACTING MDI AND NEBS

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

BETA AGONISTS: LONG-ACTING MDI & NEBS

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

BETA AGONISTS: COMBINATION PRODUCTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Advair Diskus Advair HFA Dulera Symbicort	*Breo Ellipta* *Breyna* *budesonide/formoterol (gen Symbicort)* *fluticasone/salmeterol (generic Advair)*	*fluticasone/salmeterol (generic Airduo)* *fluticasone/vilanterol (generic Breo Ellipta)* *Wixela*	**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	*Airsupra* *Flovent Diskus*	*fluticasone Diskus (generic Flovent)* *fluticasone HFA 44mcg (>=6y.o.)* *fluticasone HFA 110 and 220mcg* *Pulmicort Respules*	**Non-preferred combination products require trial of combination of preferred products with all requested MOAs**

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* *flunisolide* *fluticasone OTC* *mometasone Rx and OTC*	*Nasonex* *Omnaris* *Qnasl* *Ryaltris* *triamcinolone OTC* *Xhance* *Zetonna*	**Non-preferred combination products require trial of combination of preferred products with all requested MOAs**

LEUKOTRIENE RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred	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* *Vanalice*	**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*	*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%) clindamycin phosphate gel (gen Cleocin T 1%) clindamycin phosphate solution erythromycin gel/solution	*Aczone* *Amzeeq* *Avar products* *Benzaclin* *benzoyl peroxide* *BP-10-1* *Cleocin-T* *Clindacin* *clindamycin/benzoyl perox. (Benzaclin 1-5%)* *clindamycin/benzoyl perox. (Acanya 1.2-2.5%)* *clindamycin/benzoyl perox. (gen Onexton w/Pump)* *clindamycin phosphate foam/lotion/swab* *clindamycin phosphate gel (gen Clindagel 1%)*	*dapsone* *Ery pads* *erythromycin swab* *erythromycin-benzoyl peroxide* *Evoclin* *Neuac* *Ovace/Ovace Plus* *Rosanil* *Rosula* *SSS 10-5* *sulfacetamide* *sulfacetamide/sulfur* *sulfacetamide/sulfur/urea* *sulfacetamide sodium* *sulfacetamide sodium/sulfur* *Sumadan products* *Sumaxin products* *Winlevi* *ZMA Clear*	**Trial of 2 preferred agents required**

TOPICAL RETINOIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
adapalene gel 0.3% Rx tretinoin cream/gel (except 0.05% gel)	*adapalene cream/gel pump* *adapalene gel OTC* *adapalene/benzoyl peroxide* *Aklief* *clindamycin/tretinoin gel* *Differin cream/gel/lotion*	*Epiduo Forte* *Fabior* *tazarotene foam (gen Fabior)* *tazarotene cream/gel (gen Tazorac)* *tretinoin 0.05% gel* *tretinoin microspheres* *Twyneo*	**Requires clinical PA if > 26 years old.**

TOPICAL, ROSACEA AGENTS

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

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LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Derma-Smoothe 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* *Oralone 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*	**N/A**

VERY HIGH POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
clobetasol prop (crm, oint, sol, shmp)	*Apexicon E* *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**

***Indicates a generic is available without prior authorization**

Clinical criteria can be found here: Pharmacy Services - Mountain Pacific Grandfathering of medications does not apply if samples, patient assistance or cash pay have been used to bypass criteria or PDL placement.

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.

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*		