

Montana Medicaid Preferred Drug List (PDL)

Revised April 10, 2023

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Clinical criteria can be found here: [Mountain-Pacific Quality Health – Medicaid Pharmacy \(mpghf.org\)](https://www.mpgqh.org)

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ANALGESICS

ANALGESICS, OPIOID – LONG-ACTING

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

ANTI-MIGRAINE

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

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NSAIDS

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

NEUROPATHIC PAIN

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

OPIOID REVERSAL AGENTS

| Preferred Agents | Non-Preferred | -- | Limitations |
|--------------------|-----------------------------|----|-------------|
| naloxone syringe | <i>Kloxxado</i> | | N/A |
| naloxone vial | <i>naloxone nasal spray</i> | | |
| Narcan Nasal Spray | <i>Zimhi</i> | | |

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SUBSTANCE USE DISORDER TREATMENTS

| Preferred Agents | Non-Preferred | -- | Limitations |
|-------------------------------|---|-------------------------|-----------------------------|
| naltrexone Suboxone Film % | Bunavail % buprenorphine SL % buprenorphine/naloxone SL films/tabs % | Lucemyra % Zubsolv % | % Clinical criteria applies |

ANTI-INFECTIVES

ANTIBIOTICS: 2ND GENERATION QUINOLONES

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

ANTIBIOTICS: 3RD GENERATION QUINOLONES

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

ANTIBIOTICS, GI

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

ANTIBIOTICS: INHALED

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

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ANTIBIOTICS: MACROLIDES/KETOLIDES

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

ANTIBIOTICS: 2ND GENERATION CEPHA

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

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

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

ANTIBIOTICS: TETRACYCLINES

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

ANTIBIOTICS, TOPICAL

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

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ANTIBIOTICS, VAGINAL

| Preferred Agents | Non-Preferred | -- | Limitations |
|---|---|-----------------------------------|-------------------------|
| Cleocin ovules Clindesse # metronidazole vaginal 0.75% gel Nuversa vaginal gel # | Cleocin cream clindamycin vaginal 2% cream | Metrogel vaginal gel Vandazole | # Quantity limits apply |

ANTIFUNGALS, ORAL

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

ANTIFUNGALS AND COMBOS, TOPICAL

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

ANTIVIRALS: HERPES – ORAL AGENTS

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

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ANTIVIRALS: INFLUENZA

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

ANTIVIRALS, TOPICAL

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

HEPATITIS C: PEGYLATED INTERFERONS

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

HEPATITIS C: OTHER

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

HEPATITIS C: RIBAVIRIN PRODUCTS

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

CARDIOVASCULAR

ACE INHIBITORS

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

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ACE INHIBITOR COMBINATIONS

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

ANGIOTENSIN MODULATOR

| Preferred Agents | Non-Preferred | -- | Limitations |
|---|---|--|---|
| irbesartan losartan olmesartan valsartan | <i>Atacand</i> <i>Avapro *</i> <i>Benicar *</i> <i>candesartan</i> <i>Cozaar *</i> <i>Diovan *</i> | <i>Edarbi</i> <i>Entresto %</i> <i>eprosartan</i> <i>Micardis</i> <i>telmisartan</i> | Trial of 2 preferred agents required % Clinical criteria applies |

ANGIOTENSIN II RECEPTOR BLOCKER COMBOS

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

ANGIOTENSIN MODULATOR COMBINATIONS

| Preferred Agents | Non-Preferred | -- | Limitations |
|---|---|--|-------------|
| amlodipine/benazepril amlodipine/valsartan | <i>amlodipine/olmesartan w or w/o HCTZ</i> <i>amlodipine/valsartan/HCTZ</i> <i>Azor</i> <i>Exforge *</i> <i>Exforge HCT</i> | <i>Lotrel *</i> <i>Tarka</i> <i>telmisartan/amlodipine</i> <i>trandolapril/verapamil ER</i> <i>Tribenzor</i> | N/A |

ANTIANGINAL & ANTIISCHEMIC

| Preferred Agents | Non-Preferred | -- | Limitations |
|------------------|--|----|-------------|
| ranolazine ER | <i>Aspruzyo Sprinkle</i> <i>Ranexa ER</i> | | N/A |

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ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

BETA BLOCKERS AND COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS (DHP)

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

CALCIUM CHANNEL BLOCKERS (NON-DHP)

| Preferred Agents | Non-Preferred | -- | Limitations |
|---|---|---|-------------|
| Cartia XT Dilt XR diltiazem HCl IR diltiazem ER capsule Taztia XT verapamil HCl IR verapamil ER tablets | <i>Calan/Calan SR</i> <i>Cardizem *</i> <i>Cardizem CD/LA</i> <i>diltiazem LA</i> <i>Matzim LA</i> <i>Tiazac</i> | <i>Tiazac 420</i> <i>verapamil 360 capsule</i> <i>verapamil capsule ER</i> <i>verapamil ER PM</i> <i>Verelan</i> <i>Verelan PM</i> | N/A |

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DIRECT RENIN INHIBITORS

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

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

| Preferred Agents | Non-Preferred | -- | Limitations |
|---|--|---|-----------------------------|
| atorvastatin ezetimibe lovastatin pravastatin rosuvastatin simvastatin % | <i>Altoprev</i> <i>amlodipine-atorvastatin</i> <i>Caduet</i> <i>Crestor *</i> <i>Ezallor Sprinkle</i> <i>ezetimibe/simvastatin %</i> <i>fluvastatin</i> <i>fluvastatin XL</i> | <i>Lescol XL</i> <i>Lipitor *</i> <i>Livalo</i> <i>Vytorin %</i> <i>Zetia *</i> <i>Zocor %</i> <i>Zypitamag</i> | % Clinical criteria applies |

LIPOTROPICS: OTHERS

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

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

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

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

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

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ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

| Preferred Agents | Non-Preferred | -- | Limitations |
|-----------------------------|-----------------------------|----------------------------|--|
| carbamazepine chew tabs | <i>Aptiom</i> | <i>Tegretol tablets *</i> | NOTE: DAW 7 may be used ONLY for seizure diagnosis @ Alternative dosage forms require PA |
| carbamazepine tab | <i>Carbamazepine susp @</i> | <i>Trileptal tablets *</i> | |
| Carbatrol ER | <i>carbamazepine ER</i> | | |
| Epitol | <i>carbamazepine XR</i> | | |
| oxcarbazepine tabs | <i>Equetro</i> | | |
| Tegretol susp @ | <i>oxcarbazepine susp</i> | | |
| Tegretol XR | <i>Oxtellar XR</i> | | |
| Trileptal oral suspension @ | | | |

ANTI-CONVULSANTS: FIRST GENERATION

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

ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

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

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ANTI-DEPRESSANTS: SSRIS

| Preferred Agents | Non-Preferred | -- | 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 10 mg tablet | fluoxetine 20mg and 60mg tablet | Paxil Susp | # Dose limits apply |
| fluvoxamine | fluoxetine DR % | Pexeva | |
| paroxetine | fluvoxamine CR | Prozac * | |
| sertraline tabs | Lexapro * # | Prozac Weekly % | |
| | paroxetine 7.5mg % | sertraline caps | |
| | | Zoloft * | |

ANTI-DEPRESSANTS: NOVEL

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

ADHD/CNS STIMULANTS AND RELATED AGENTS

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

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

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| Preferred Agents | Non-Preferred | -- | Limitations |
|---|--------------------------------------|--------------------|-----------------------------|
| atomoxetine guanfacine ER clonidine ER & IR | <i>Intuniv *</i> <i>Qelbree %</i> | <i>Strattera *</i> | % Clinical criteria applies |

ATYPICAL ANTIPSYCHOTICS

| Preferred Agents | Non-Preferred | -- | Limitations |
|---|---|---|--|
| Abilify Maintena @ aripiprazole tablets Aristada @ Aristada Initio @ clozapine tablet Invega Hafyera @ Invega Sustenna @ Invega Trinza @ lurasidone olanzapine olanzapine ODT @ Perseris @ quetiapine quetiapine ER Risperdal Consta @ risperidone solution @ risperidone tablet ziprasidone HCl Zyprexa Relprevv @ | <i>Abilify Mycite %</i> <i>Abilify tablet *</i> <i>Adasuve</i> <i>aripiprazole sol/ODT</i> <i>asenapine (gen Saphris)</i> <i>Caplyta</i> <i>clozapine ODT @</i> <i>Clozaril *</i> <i>Fanapt</i> <i>Fanapt titration pack</i> <i>Fazaclo</i> <i>Geodon *</i> <i>Invega</i> <i>Latuda *</i> <i>Lybalvi %</i> <i>Nuplazid %</i> <i>olanzapine/fluoxetine</i> <i>paliperidone ER</i> <i>Rexulti %</i> <i>Risperdal *</i> | <i>risperidone tab rapdis @</i> <i>Saphris</i> <i>Secuado %</i> <i>Seroquel IR & XR *</i> <i>Symbyax %</i> <i>Versacloz</i> <i>Vraylar %</i> <i>Zyprexa tablet *</i> <i>Zyprexa Zydis * @</i> | Dose optimization edits apply to many in class @ Alternative dosage forms require PA # Dose limits apply % Clinical criteria applies PA for class required for members seven and under |

MULTIPLE SCLEROSIS AGENTS

| Preferred Agents | Non-Preferred | -- | Limitations |
|---|--|---|---|
| Avonex Avonex Pen Betaseron Copaxone 20mg dimethyl fumarate (gen Tecfidera) Rebif Rebidose | <i>Ampyra</i> <i>Aubagio</i> <i>Bafiertam</i> <i>Copaxone 40mg Syringe</i> <i>dalfampridine ER</i> <i>Extavia</i> <i>fingolimod (gen Gilenya)</i> <i>Gilenya</i> <i>glatiramer 20&40mg</i> <i>Glatopa</i> | <i>Kesimpta</i> <i>Mavenclad</i> <i>Mayzent</i> <i>Plegridy & Pen</i> <i>Ponvory</i> <i>Rebif syringe</i> <i>Tecfidera</i> <i>Vumerity</i> <i>Zeposia</i> | Clinical criteria applies to this class |

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ANTI-PARKINSON'S AGENTS

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

SEDATIVE HYPNOTIC AGENTS

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

SKELETAL MUSCLE RELAXANTS

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

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MOVEMENT DISORDER DRUGS

| Preferred Agents | Non-Preferred | -- | Limitations |
|---------------------|---------------|---------------|--|
| Austedo Xenazine | Ingrezza | tetrabenazine | Clinical criteria applies to this class; Quantity limits apply |

ENDOCRINE AND METABOLIC AGENTS

ANDROGENIC AGENTS

| Preferred Agents | Non-Preferred | -- | Limitations |
|------------------|---------------------------------------|---------------------------------------|---|
| Androgel pump | Androderm Androgel pak Fortesta | Testim testosterone gel Vogelxo | Clinical criteria applies to this class |

BONE: RESORPTION AND RELATED AGENTS

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

ANTI-HYPOGLYCEMIC AGENTS

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

DIABETES: ALPHA-GLUCOSIDASE INHIBITORS

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

DIABETES: DPP-IV INHIBITORS

| Preferred Agents | Non-Preferred | -- | Limitations |
|---|--|--|-----------------------------|
| Glyxambi Janumet Janumet XR Januvia Tradjenta | alogliptin alogliptin-metformin alogliptin-pioglitazone Jentaduetto Jentaduetto XR Kazano | Kombiglyze XR Nesina Onglyza Oseni % Trijardy XR | % Clinical criteria applies |

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DIABETES: GLP1 RECEPTOR AGONISTS

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

DIABETES: INSULIN AND COMBO

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

DIABETES: MEGLITINIDES AND COMBOS

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

DIABETES: METFORMINS AND COMBOS

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

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DIABETES: SGLT2 AND COMBOS

| Preferred Agents | Non-Preferred | -- | Limitations |
|------------------|---------------|-------------|-------------|
| Farxiga | Invokamet XR | Steglatro | |
| Glyxambi | Qtern | Steglujan | |
| Invokamet | Segluromet | Synjardy XR | |
| Invokana | | Trijardy XR | |
| Jardiance | | | |
| Synjardy | | | |
| Xigduo XR | | | |

DIABETES: SULFONYLUREAS

| Preferred Agents | Non-Preferred | -- | Limitations |
|------------------|----------------------|----|-------------|
| glimepiride | Amaryl * | | N/A |
| glipizide | Glucotrol XL * | | |
| glipizide ER/XL | glyburide micronized | | |
| glyburide | | | |

DIABETES: TZD

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

ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

| Preferred Agents | Non-Preferred | -- | Limitations |
|--------------------|---|----|-------------|
| ORAL | Duavee | | N/A |
| estradiol oral | Estrace * | | |
| Premarin Oral | Menest | | |
| | Osphena | | |
| TRANSDERMAL | Alora | | N/A |
| Climara | Divigel | | |
| Minivelle | Dotti | | |
| Vivelle-Dot | Elestrin | | |
| | estradiol patch (generics for Climara/Minivelle/Vivelle-Dot) | | |
| | Evamist | | |
| | Lyllana | | |
| | Menostar | | |

ESTROGEN PREPARATIONS, VAGINAL

| Preferred Agents | Non-Preferred | -- | Limitations |
|------------------------|-------------------------|-----------|-------------|
| Estring | Estrace | Femring | N/A |
| Premarin Vaginal Cream | estradiol (gen Estrace) | Intrarosa | |
| Vagifem | estradiol (gen Yuvafem) | Yuvafem | |

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GROWTH HORMONES

| Preferred Agents | Non-Preferred | -- | Limitations |
|--|---------------------------------------|---|---|
| Genotropin Cartridge, Syringe Norditropin | Humatrope Nutropin AQ Omnitrope | Saizen Serostim Skytrofa Zomacton Vial Zorbtive | Clinical criteria applies to this class |

PANCREATIC ENZYMES

| Preferred Agents | Non-Preferred | -- | Limitations |
|------------------|---------------|---------|-------------|
| Creon Zenpep | Pertzye | Viokace | N/A |

PITUITARY SUPPRESSIVE AGENTS, LHRH

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

PROGESTINS FOR CACHEXIA

| Preferred Agents | Non-Preferred | -- | Limitations |
|----------------------|--------------------------------------|----|-------------|
| megestrol suspension | megestrol ES 625mg/5mL suspension | | N/A |

UTERINE DISORDER TREATMENTS

| Preferred Agents | Non-Preferred | -- | Limitations |
|-----------------------|---------------|----|-------------|
| Myfembree Orilissa | Oriahnn | | N/A |

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GASTROINTESTINAL

ANTIEMETICS AGENTS

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

GI MOTILITY AGENTS

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

PROTON PUMP INHIBITORS AND H. PYLORI TREATMENT

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

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ULCERATIVE COLITIS – ORAL

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

ULCERATIVE COLITIS – RECTAL

| Preferred Agents | Non-Preferred | -- | Limitations |
|--------------------|---|--|-------------|
| Canasa rectal supp | mesalamine enema mesalamine supp (gen Canasa) mesalamine kit (gen Rowasa) | Rowasa kit sf Rowasa enema Uceris rectal | N/A |

GENITOURINARY AND RENAL

ALPHA BLOCKERS FOR BPH

| Preferred Agents | Non-Preferred | -- | Limitations |
|-------------------------|---------------------|-----------|-------------|
| alfuzosin tamsulosin | Flomax * Rapaflo | silodosin | N/A |

ANDROGEN HORMONE INHIBITORS AND COMBOS

| Preferred Agents | Non-Preferred | -- | Limitations |
|----------------------------|-------------------------------------|-------------------------------|-------------|
| dutasteride finasteride | Avodart * dutasteride-tamsulosin | Jalyn Natesto Proscar * | N/A |

PDE-5 FOR BPH

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

PHOSPHATE BINDERS

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

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POTASSIUM BINDERS

| Preferred Agents | Non-Preferred | | Limitations |
|---|---------------|----|-------------|
| Lokelma sodium polystyrene sulfonate | Veltassa | -- | N/A |

URINARY TRACT ANTISPASMODICS

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

HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

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

ANTICOAGULANT ORAL

| Preferred Agents | Non-Preferred | | Limitations |
|---|--|----|--|
| Eliquis # Eliquis starter pack # Pradaxa # warfarin Xarelto 10,15,20mg and Starter Pack # | Dabigatran # (generic Pradaxa) Savaysa # Xarelto 2.5mg # % Xarelto susp % | -- | # Quantity limits apply % Clinical criteria applies |

COLONY STIMULATING FACTORS

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

HEMATOPOIETIC AGENTS

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

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MISCELLANEOUS AGENTS

ANTIHYPURICEMICS

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

BILE SALTS

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

IMMUNOLOGIC AGENTS

ANTINEOPLASTIC AGENTS, TOPICAL

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

HAE TREATMENTS

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

IMMUNOMODULATORS

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

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IMMUNOSUPPRESSANTS

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

| Preferred Agents | Non-Preferred | -- | Limitations |
|------------------|-----------------|----------------------------------|---|
| Elidel | <i>Adbry</i> | <i>pimecrolimus (gen Elidel)</i> | Clinical criteria and quantity limits apply to this class |
| Eucrisa | <i>Dupixent</i> | <i>Protopic</i> | |
| | <i>Opzelura</i> | <i>tacrolimus ointment</i> | |

IMMUNOMODULATORS, TOPICAL

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

METHOTREXATE PRODUCTS

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

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

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

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ANTIBIOTIC-STEROID COMBINATIONS

| Preferred Agents | Non-Preferred | -- | Limitations |
|--|--|--|-------------|
| neomycin/polymixin/dexamethasone Tobradex ointment Tobradex suspension | <i>Blephamide ointment</i> <i>Maxitrol Drops/Oint *</i> <i>neomycin/bacitracin/ polymixin/Hc</i> <i>neomycin/polymixin/Hc</i> | <i>Pred-G ointment</i> <i>sulfacetamide/prednisolone</i> <i>Tobradex ST</i> <i>tobramycin/dexamethasone</i> <i>Zylet</i> | N/A |

ANTI-INFLAMMATORIES – NSAIDS

| Preferred Agents | Non-Preferred | -- | Limitations |
|--|--|---|-------------|
| diclofenac sodium flurbiprofen sodium | <i>Acular</i> <i>Acular LS</i> <i>Acuvail</i> <i>Bromfenac</i> <i>Bromsite</i> | <i>Ilevro</i> <i>ketorolac ophth 0.4% (LS)</i> <i>ketorolac ophth 0.5%</i> <i>Nevanac</i> <i>Prolensa</i> | N/A |

ANTI-INFLAMMATORIES – STEROIDS

| Preferred Agents | Non-Preferred | -- | Limitations |
|---|--|--|-------------|
| Durezol fluorometholone Lotemax Drops prednisolone acetate | <i>dexamethasone</i> <i>difluprednate (gen Durezol)</i> <i>Flarex</i> <i>FML</i> <i>FML Forte</i> <i>FML SOP</i> <i>Inveltys</i> | <i>Lotemax Gel/Ointment</i> <i>loteprednol (gen Lotemax)</i> <i>Maxidex</i> <i>Pred Forte</i> <i>Pred Mild</i> <i>prednisolone sod phos</i> | N/A |

BETA BLOCKERS – GLAUCOMA

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

GLAUCOMA, OTHERS

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

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OPHTHALMIC ALLERGIC CONJUNCTIVITIS

| Preferred Agents | Non-Preferred | -- | Limitations |
|----------------------------|----------------------------------|-------------------|-------------|
| cromolyn sodium | <i>Alocril</i> | <i>epinastine</i> | N/A |
| ketotifen OTC | <i>Alomide</i> | <i>Lastacaft</i> | |
| olopatadine 0.1% & 0.2% Rx | <i>Alrex</i> | <i>Pataday</i> | |
| Zaditor OTC | <i>Azelastine</i> | <i>Zerviate</i> | |
| | <i>bepotastine (gen Bepreve)</i> | | |
| | <i>Bepreve</i> | | |

OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

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

OPHTHALMIC PROSTAGLANDIN AGONISTS

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

OPHTHALMIC QUINOLONES

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

OTICS

OTIC ANTI-INFECTIVES AND ANESTHETICS

| Preferred Agents | Non-Preferred | -- | Limitations |
|------------------|-----------------------|----|-------------|
| acetic acid | <i>acetic acid HC</i> | | N/A |

OTIC ANTIBIOTICS

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

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OTIC ANTI-INFLAMMATORY

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

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

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

PROSTACYCLINS FOR PAH, INHALATION AND ORAL

| Preferred Agents | Non-Preferred | | Limitations |
|--------------------------------|---|----|---|
| Tyvaso Inh Sol Ventavis Inh | Orenitram ER Tyvaso DPI Upravi Upravi Dose Pak | -- | Clinical criteria applies to this class |

PDE INHIBITORS AND OTHERS FOR PPH/PAH

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

PLATELET AGGREGATION INHIBITORS

PLATELET AGGREGATION INHIBITORS

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

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RESPIRATORY

COPD AGENTS

| Preferred Agents | Non-Preferred | -- | Limitations |
|---------------------------|---------------------------|-------------------------|---|
| Anoro Ellipta | <i>Bevespi</i> | <i>Spiriva Respimat</i> | % Clinical criteria applies |
| Atrovent HFA | <i>Breztri Aerosphere</i> | <i>Trelegy Ellipta</i> | Non-preferred combination products require trial of combination of preferred products with all requested MOAs |
| Combivent Respimat | <i>Daliresp %</i> | <i>Tudorza</i> | |
| ipratropium neb | <i>Duaklir Pressair</i> | <i>Yupelri</i> | |
| ipratropium/albuterol neb | <i>Incruse Ellipta</i> | | |
| Spiriva HandiHaler | <i>Lonhala Magnair</i> | | |
| Stiolto Respimat | <i>Seebri Neohaler</i> | | |

ANTI-ALLERGENS

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

ANTI-HISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

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

BETA AGONISTS: SHORT-ACTING MDI AND NEBS

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

BETA AGONISTS: LONG-ACTING MDI & NEBS

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

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BETA AGONISTS: COMBINATION PRODUCTS

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

CORTICOSTEROIDS INHALED

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

EPINEPHRINE – SELF INJECTED

| Preferred Agents | Non-Preferred | -- | Limitations |
|------------------|-----------------------------------|----------------|-------------|
| Epipen/Epipen Jr | <i>epinephrine, self-injected</i> | <i>Symjepi</i> | N/A |

GLUCOCORTICOIDS, ORAL

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

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IDIOPATHIC PULMONARY FIBROSIS

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

INTRANASAL ANTIHISTAMINES AND OTHERS

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

INTRANASAL CORTICOSTEROIDS

| Preferred Agents | Non-Preferred | Limitations |
|------------------|---|---|
| fluticasone RX | <i>azelastine/fluticasone Nasonex</i> <i>Beconase AQ Omnaris</i> <i>budesonide nasal Qnasl</i> <i>Dymista Ryaltris</i> <i>flunisolide triamcinolone OTC</i> <i>fluticasone OTC Xhance</i> <i>mometasone (gen Nasonex) Zetonna</i> | Non-preferred combination products require trial of combination of preferred products with all requested MOAs |

LEUKOTRIENE RECEPTOR ANTAGONISTS

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

TOBACCO CESSATION

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

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TOPICAL AGENTS

ANTIPARASITICS – TOPICAL

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

ANTIPSORIATICS – TOPICAL

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

MISC ACNE, TOPICAL

| Preferred Agents | Non-Preferred | -- | Limitations |
|---|--|---|--------------------------------------|
| clindamycin/benzoyl peroxide (Duac 1.2-5%) clindamycin phosphate solution erythromycin solution | <i>Acanya Gel</i> <i>Aczone</i> <i>Amzeeq</i> <i>Arazlo</i> <i>Avar products</i> <i>Benzaclin</i> <i>Benzamycin</i> <i>benzoyl peroxide</i> <i>BP-10-1</i> <i>Cleocin-T</i> <i>Clindacin</i> <i>Clindagel</i> <i>clindamycin/benzoyl perox. (Benzaclin 1-5%)</i> <i>clindamycin/benzoyl perox. (Acanya 1.2-2.5%)</i> <i>clindamycin phosphate foam/gel/lotion/swab</i> <i>dapsone</i> | <i>Ery gel/pads</i> <i>erythromycin gel/swab</i> <i>erythromycin-benzoyl peroxide</i> <i>Evoclin</i> <i>Klaron</i> <i>Neuac</i> <i>Onexton</i> <i>Ovace/Ovace Plus</i> <i>Rosanil</i> <i>Rosula</i> <i>SSS 10-5</i> <i>sulfacetamide</i> <i>sulfacetamide/sulfur</i> <i>sulfacetamide/sulfur/urea</i> <i>sulfacetamide sodium</i> <i>sulfacetamide sodium/sulfur</i> <i>Sumadan products</i> <i>Sumaxin products</i> <i>Winlevi</i> | Trial of 2 preferred agents required |

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TOPICAL RETINOIDS

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

TOPICAL, ROSACEA AGENTS

| Preferred Agents | Non-Preferred | -- | Limitations |
|--|--|--|-------------|
| metronidazole cream metronidazole gel | <i>azelaic acid (gen Finacea)</i> <i>Finacea Gel/Foam</i> <i>ivermectin 1% cr (gen Soolantra)</i> <i>metronidazole lotion</i> | <i>Noritate</i> <i>Rhofade</i> <i>Rosadan/ kit</i> <i>Zilxi</i> | N/A |

LOW POTENCY TOPICAL STEROIDS

| Preferred Agents | Non-Preferred | -- | Limitations |
|--|---|--|-------------|
| Derma-Smooth FS hydrocortisone cream/oint 1% Rx hydrocortisone cream/oint/lot 2.5% | <i>alclometasone dipro cream/ ointment</i> <i>Aqua-Glycolic HC</i> <i>desonide cream/lot/oint</i> | <i>fluocinolone 0.01% oil</i> <i>Texacort</i> | N/A |

MEDIUM POTENCY TOPICAL STEROIDS

| Preferred Agents | Non-Preferred | -- | Limitations |
|---|--|---|-------------|
| fluticasone propionate cream/oint mometasone furoate cream mometasone furoate oint mometasone furoate soln | <i>Beser lotion/Kit</i> <i>betamethasone val foam 0.12%</i> <i>clocortolone</i> <i>Cloderm</i> <i>Cutivate</i> <i>fluocinolone acetonide cream/oint/solution</i> <i>flurandrenolide</i> <i>fluticasone propionate lot</i> | <i>hydrocortisone butyrate (brand and generic all forms)</i> <i>hydrocortisone valerate cream/oint</i> <i>Luxiq Foam</i> <i>Pandel</i> <i>prednicarbate cream</i> <i>prednicarbate oint</i> <i>Synalar</i> <i>Synalar TS</i> | N/A |

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HIGH POTENCY TOPICAL STEROIDS

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

VERY HIGH POTENCY TOPICAL STEROIDS

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

BRAND OVER GENERIC PREFERENCES FOR NON-REVIEWED DRUG CLASSES

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

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