

# Montana Medicaid Preferred Drug List (PDL)

## Revised September 8, 2023

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### ANALGESICS

#### ANALGESICS, OPIOID – LONG-ACTING

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

### ANTI-MIGRAINE

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

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## NSAIDS

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

## NEUROPATHIC PAIN

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

## OPIOID REVERSAL AGENTS

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

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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 vancomycin HCL	Aemcolo Dificid tab/susp % Flagyl metronidazole capsule neomycin sulfate nitazoxanide (gen Alinia) paramomycin	Solosec Vancocin vancomycin soln (gen Firvanq) Vowst % Xifaxan %	% Clinical criteria applies

## ANTIBIOTICS: INHALED

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

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## ANTIBIOTICS: MACROLIDES/KETOLIDES

Preferred Agents	Non-Preferred	--	Limitations
azithromycin	<i>clarithromycin ER</i>	<i>erythromycin ES 400mg/5ml susp</i>	N/A
clarithromycin	<i>E.E.S. 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 #	<i>Cleocin cream</i> <i>clindamycin vaginal 2% cream</i>	<i>Metrogel vaginal gel</i> <i>Vandazole</i>	# Quantity limits apply

## ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred	--	Limitations
clotrimazole fluconazole griseofulvin suspension Noxafil tab nystatin suspension terbinafine	<i>Ancobon</i> <i>Brexafemme</i> <i>Cresemba</i> <i>Diflucan *</i> <i>flucytosine</i> <i>griseofulvin micro</i> <i>griseofulvin ultra</i> <i>itraconazole caps &amp; sol</i> <i>ketoconazole %</i>	<i>Noxafil packet/susp</i> <i>nystatin oral tablet</i> <i>Oravig</i> <i>posaconazole tab/susp</i> <i>Sporanox</i> <i>Tolsura</i> <i>Vfend</i> <i>Vivjoa</i> <i>voriconazole</i>	% 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	<i>Bensal HP</i> <i>Ciclodan cream/kit</i> <i>ciclopirox (Ciclodan/Loprox)</i> <i>cr/gel/kit/shmp/susp</i> <i>clotrim/betameth lotion</i> <i>econazole cream</i> <i>Ertaczo cream</i> <i>Exelderm cream/sol</i> <i>Extina foam</i> <i>Jublia soln %</i> <i>Kerydin soln</i> <i>ketoconazole foam</i> <i>Ketodan Foam/Kit</i> <i>Loprox shmp/cream/susp</i>	<i>luliconazole cream</i> <i>Luzu cream</i> <i>miconazole/zinc oxide/</i> <i>petrolatum (gen Vusion)</i> <i>naftifine cream/gel</i> <i>Naftin cream/gel</i> <i>nystatin/triamcin cream/oint</i> <i>oxiconazole cream</i> <i>Oxistat cream/lotion</i> <i>sulconazole cr/sol (gen Exelderm)</i> <i>tavaborole (gen Kerydin)</i> <i>Vusion</i>	N/A

## ANTIVIRALS: HERPES – ORAL AGENTS

Preferred Agents	Non-Preferred	--	Limitations
acyclovir cap/tab/susp famciclovir valacyclovir	<i>Sitavig Buccal</i>	<i>Valtrex *</i> <i>Zovirax susp</i>	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>penciclovir (gen 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	Accuretic * benazepril w/HCTZ captopril w/HCTZ fosinopril w/HCTZ Lotensin HCT	Vaseretic * Zestoretic *	Trial of 2 preferred agents required

## ANGIOTENSIN MODULATOR

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

## ANGIOTENSION II RECEPTOR BLOCKER COMBOS

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

## ANGIOTENSION MODULATOR COMBINATIONS

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

## ANTIANGINAL & ANTIISCHEMIC

Preferred Agents	Non-Preferred	--	Limitations
ranolazine ER	Aspruzyo Sprinkle Ranexa ER		N/A

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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 &amp; 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>Atoprev</i> <i>amlodipine-atorvastatin</i> <i>Atorvaliq @</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  @ Alternative dosage forms require PA

## 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 &amp; powder (gen Welchol)</i> <i>Colestid 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 &amp; 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>methsuximide (gen Celontin)</i>	
divalproex sodium IR and ER	<i>Dilantin-125 oral suspension *@</i>	<i>Mysoline *</i>	
ethosuximide susp @	<i>divalproex sodium sprinkle</i>	<i>Phenytek</i>	
phenobarbital	<i>ethosuximide caps</i>	<i>Zarontin Syr @</i>	
phenytoin caps and suspension			
phenytoin infatabs			
primidone			
valproic acid capsule and syrup			
Zarontin caps			

## ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

Preferred Agents	Non-Preferred	--	Limitations
Diastat rectal %	<i>Banzel %</i>	<i>Neurontin solution @ μ</i>	Note: DAW 7 may be used ONLY for seizure diagnosis
gabapentin capsule μ	<i>Briviact</i>	<i>Neurontin tablet/capsule * μ</i>	
gabapentin solution μ	<i>clobazam tab &amp; susp %</i>	<i>Onfi %</i>	@ Alternative dosage forms require PA
gabapentin tablet μ	<i>Diacomit %</i>	<i>pregabalin caps/solution μ</i>	
lacosamide tab/sol (generic Vimpat) %	<i>diazepam rectal %</i>	<i>pregabalin ER μ</i>	
lamotrigine IR tabs & chews/dispersible	<i>Elepsia XR</i>	<i>Qudexy XR</i>	% Clinical criteria applies
levetiracetam IR	<i>Epidiolex %</i>	<i>rufinamide tab &amp; susp (gen Banzel) %</i>	
levetiracetam solution	<i>Eprontia @</i>	<i>Sabril</i>	μ Cross duplication not allowed between gabapentin and Lyrica
Lyrica capsule μ	<i>Fintepla %</i>	<i>Spritam</i>	
Nayzilam %	<i>Fycompa</i>	<i>Sympazan % @</i>	
topiramate tablets	<i>Keppra * @</i>	<i>Tiagabine %</i>	
Valtoco %	<i>Keppra XR</i>	<i>Topamax Sprinkle Cap @</i>	
zonisamide	<i>lacosamide dose cups %</i>	<i>Topamax tablet *</i>	
	<i>Lamictal *</i>	<i>topiramate sprinkle cap @</i>	
	<i>Lamictal ODT &amp; ODT Starter pak @</i>	<i>topiramate ER</i>	
	<i>Lamictal Starter pak</i>	<i>Trokendi XR</i>	
	<i>Lamictal XR %</i>	<i>vigabatrin powder (gen Sabril)</i>	
	<i>lamotrigine ER %</i>	<i>vigabatrin tablet</i>	
	<i>lamotrigine ODT @</i>	<i>Vimpat %</i>	
	<i>lamotrigine starter pak</i>	<i>Xcopri</i>	
	<i>levetiracetam ER</i>	<i>Zonisade</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)	<i>Brisdelle %</i>	<i>paroxetine CR</i>	Trial of 2 preferred agents required
escitalopram tablet #	<i>Celexa * #</i>	<i>paroxetine susp</i>	
fluoxetine capsules	<i>citalopram caps</i>	<i>Paxil *</i>	% Clinical criteria applies
fluoxetine solution	<i>escitalopram solution #</i>	<i>Paxil CR</i>	
fluoxetine 10 mg & 20 mg tablet	<i>fluoxetine 60mg tablet</i>	<i>Paxil Susp</i>	# Dose limits apply
fluvoxamine	<i>fluoxetine DR %</i>	<i>Pexeva</i>	
paroxetine	<i>fluvoxamine CR</i>	<i>Prozac *</i>	
sertraline tabs	<i>Lexapro * #</i>	<i>Prozac Weekly %</i>	
	<i>paroxetine 7.5mg %</i>	<i>sertraline caps</i>	
		<i>Zoloft *</i>	

## ANTI-DEPRESSANTS: NOVEL

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

## ADHD/CNS STIMULANTS AND RELATED AGENTS

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

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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 Asimtufi</i> @ <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 &amp; XR</i> * <i>Symbyax</i> % <i>Uzedy</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 dalfampridine ER dimethyl fumarate (gen Tecfidera) fingolimod (gen Gilenya) Kesimpta Rebif Rebidose teriflunomide (gen Aubagio)	<i>Ampyra</i> <i>Aubagio</i> <i>Bafiertam</i> <i>Copaxone 40mg Syringe</i> <i>Extavia</i> <i>Gilenya</i> <i>glatiramer 20&amp;40mg</i> <i>Glatopa</i>	<i>Mavenclad</i> <i>Mayzent</i> <i>Plegridy &amp; Pen</i> <i>Ponvory</i> <i>Rebif syringe</i> <i>Tascenso ODT</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	
	Lodosyn	Zelapar	
	Mirapex *		
	Mirapex ER %		
	Neupro		

## SEDATIVE HYPNOTIC AGENTS

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

## SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non-Preferred	--	Limitations
baclofen tablet	Amrix %	Lyvispah	% Clinical criteria applies
chlorzoxazone	baclofen solution	metaxalone	
cyclobenzaprine HCl 5mg & 10mg	cyclobenzaprine 7.5mg%	Norgesic/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 Ingrezza tetrabenazine	Austedo XR Ingrezza initiation Pack Xenazine		Clinical criteria applies to this class; Quantity limits apply

## ENDOCRINE AND METABOLIC AGENTS

### ANDROGENIC AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Androgel pump (Abbvie only. While available) testosterone 1.62% gel pump (gen Androgel)	Androderm 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 Jentadueto Tradjenta	alogliptin alogliptin-metformin alogliptin-pioglitazone Jentadueto XR Kazano Nesina	Oseni % saxagliptin (gen Onglyza) saxagliptin-metformin ER (gen Kombiglyze) Trijardy XR	% Clinical criteria applies

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## DIABETES: GLP1 RECEPTOR AGONISTS

Preferred Agents	Non-Preferred	--	Limitations
Byetta Pens Ozempic Trulicity Victoza	Bydureon BCISE Mounjaro	Rybelsus	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 70/30 Pen Novolin N Vial Novolin R Vial Humulin R U-500 Pen insulin aspart Flexpen/Vial insulin aspart/insulin aspart protamine Pen/Vial insulin glargine Pen/Vial Lantus Vial Lantus SoloStar Levemir Vial Levemir Flexpen NovoLog Vial/Cartridge/Penfill NovoLog Mix 70/30 Flexpen	Admelog Vial/SoloStar Afrezza Apidra Vial/Solostar Basaglar Kwikpen/Tempo pen Fiasp Vial/FlexTouch/ Cartridge Humalog Tempo pen Humalog U-200 Kwikpen Humulin N Vial Humulin R Vial Humulin Pen Humulin N Pen OTC Humulin R U-500 Vial insulin aspart Cartridge insulin degludec Pen/Vial insulin glargine-YFGN Pen/Vial insulin lispro Vial/Kwikpen insulin lispro JR kwikpen insulin lispro protamine mix	Lyumjev Vial/Kwikpen/Tempo pen Novolin N Flexpen Novolin R Flexpen Novolin 70/30 Novolog Flexpen NovoLog Mix 70/30 Vial Rezvoglar Kwikpen Semglee Semglee-YFGN Pen/Vial Soliqua 100-33 Toujeo Tresiba Vial/FlexTouch Xultophy 100-3.6	Clinical PA required for non-preferred insulin pens

## DIABETES: MEGLITINIDES AND COMBOS

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

## DIABETES: METFORMINS AND COMBOS

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

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## DIABETES: SGLT2 AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
Farxiga	<i>Inpefa</i>	<i>Steglatro</i>	
Glyxambi	<i>Invokamet XR</i>	<i>Steglujan</i>	
Invokamet	<i>Qtern</i>	<i>Synjardy XR</i>	
Invokana	<i>Segluromet</i>	<i>Trijardy XR</i>	
Jardiance			
Synjardy			
Xigduo XR			

## DIABETES: SULFONYLUREAS

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

## DIABETES: TZD

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

## ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

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

## ESTROGEN PREPARATIONS, VAGINAL

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

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### GROWTH HORMONES

Preferred Agents	Non-Preferred	--	Limitations
Genotropin Cartridge, Syringe Norditropin	<i>Humatrope</i> <i>Nutropin AQ</i> <i>Omnitrope</i> <i>Serostim</i>	<i>Skytrofa</i> <i>Sogroya</i> <i>Zomacton Vial</i> <i>Zorbtive</i>	Clinical criteria applies to this class

### PANCREATIC ENZYMES

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

### PITUITARY SUPPRESSIVE AGENTS, LHRH

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

### PROGESTINS FOR CACHEXIA

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

### UTERINE DISORDER TREATMENTS

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

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### GASTROINTESTINAL

#### ANTIEMETICS AGENTS

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

#### GI MOTILITY AGENTS

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

#### PROTON PUMP INHIBITORS AND H. PYLORI TREATMENT

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

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## ULCERATIVE COLITIS – ORAL

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

## ULCERATIVE COLITIS – RECTAL

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

## GENITOURINARY AND RENAL

### ALPHA BLOCKERS FOR BPH

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

### ANDROGEN HORMONE INHIBITORS AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
dutasteride finasteride	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 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 5mg IR solifenacin (gen Vesicare) Toviaz	darifenacin ER Detrol Detrol LA Ditropan XL fesoterodine ER (gen Toviaz) flavoxate Gemtesa	Myrbetriq tab/susp oxybutynin 2.5mg IR 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 capsule # warfarin Xarelto 2.5mg # % Xarelto 10,15,20mg and Starter Pack #	Dabigatran # (generic Pradaxa) Pradaxa pellet pack # Savaysa # Xarelto susp %		# Quantity limits apply % Clinical criteria applies

## COLONY STIMULATING FACTORS

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

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### HEMATOPOIETIC AGENTS

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

### MISCELLANEOUS AGENTS

#### ANTIHYPERURICEMICS

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

#### BILE SALTS

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

### IMMUNOLOGIC AGENTS

#### ANTINEOPLASTIC AGENTS, TOPICAL

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

#### HAE TREATMENTS

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

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## IMMUNOMODULATORS

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

## IMMUNOSUPPRESSANTS

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

## IMMUNOMODULATORS, ASTHMA

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

## IMMUNOMODULATORS, ATOPIC DERMATITIS

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

## IMMUNOMODULATORS, TOPICAL

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

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## 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			

### ANTIBIOTIC-STEROID COMBINATIONS

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

### ANTI-INFLAMMATORIES – NSAIDS

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

### ANTI-INFLAMMATORIES – STEROIDS

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

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## BETA BLOCKERS – GLAUCOMA

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

## GLAUCOMA, OTHERS

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

## OPHTHALMIC ALLERGIC CONJUNCTIVITIS

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

## OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

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

## OPHTHALMIC PROSTAGLANDIN AGONISTS

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

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## 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 (gen Ciprodex)</i>	<i>Cortisporin-TC otic susp</i>	
		<i>Otovel</i>	

### OTIC ANTI-INFLAMMATORY

Preferred Agents	Non-Preferred	--	Limitations
Dermotic Oil	<i>Flac Otic Oil</i>		N/A
fluocinolone acetonide oil			

## PAH AGENTS

### ENDOTHELIN RECEPTOR ANTAGONISTS

Preferred Agents	Non-Preferred	--	Limitations
ambrisentan (gen Letairis)	<i>bosentan (gen Tracleer)</i>	<i>Opsumit</i>	Clinical criteria applies to this class
Tracleer	<i>Letairis</i>		

### PROSTACYCLINS FOR PAH, INHALATION AND ORAL

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

### PDE INHIBITORS AND OTHERS FOR PPH/PAH

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

## PLATELET AGGREGATION INHIBITORS

### PLATELET AGGREGATION INHIBITORS

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

## RESPIRATORY

### COPD AGENTS

Preferred Agents	Non-Preferred	Limitations
Anoro Ellipta Atrovent HFA Combivent Respimat ipratropium neb ipratropium/albuterol neb roflumilast (gen Daliresp) % Spiriva HandiHaler Stiolto Respimat	Bevespi Breztri Aerosphere Daliresp % Duaklir Pressair Incruse Ellipta Seebri Neohaler	Spiriva Respimat Treligy Ellipta Tudorza 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	Limitations
N/A	Oralair Palforzia	Ragwitek Clinical criteria applies to this class

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

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Preferred Agents	Non-Preferred	--	Limitations
cetirizine solution 1mg/ml OTC	<i>cetirizine chewable OTC</i>	<i>fexofenadine-D OTC</i>	N/A
cetirizine syrup 1mg/ml Rx	<i>cetirizine soln 5mg/5mL OTC (unit dose)</i>	<i>levocetirizine soln</i>	
cetirizine tablets OTC	<i>cetirizine-D OTC</i>	<i>loratadine chewable OTC</i>	
levocetirizine tablets Rx and OTC	<i>Clarinex</i>	<i>loratadine-D OTC</i>	
loratadine syrup OTC	<i>Clarinex-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>albuterol HFA (generic Proventil 6.7g)</i>	<i>ProAir Respiclick</i>	
Proventil HFA (while available)	<i>levalbuterol HFA</i>	<i>Xopenex inh soln</i>	
Ventolin HFA	<i>levalbuterol inh soln</i>		
Xopenex HFA			

## 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>	

## BETA AGONISTS: COMBINATION PRODUCTS

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

## CORTICOSTEROIDS INHALED

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

## EPINEPHRINE – SELF INJECTED

Preferred Agents	Non-Preferred	--	Limitations
Epipen/Epipen Jr	epinephrine, self-injected	Symjepi	N/A

## GLUCOCORTICOIDS, ORAL

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

## IDIOPATHIC PULMONARY FIBROSIS

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

## INTRANASAL ANTIHISTAMINES AND OTHERS

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

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## INTRANASAL CORTICOSTEROIDS

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

## LEUKOTRIENE RECEPTOR ANTAGONISTS

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

## TOBACCO CESSATION

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

## TOPICAL AGENTS

### ANTIPARASITICS – TOPICAL

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

### ANTIPSORIATICS – TOPICAL

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

## MISC ACNE, TOPICAL

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

## TOPICAL RETINOIDS

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

## TOPICAL, ROSACEA AGENTS

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

## LOW POTENCY TOPICAL STEROIDS

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

## MEDIUM POTENCY TOPICAL STEROIDS

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

## HIGH POTENCY TOPICAL STEROIDS

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

## VERY HIGH POTENCY TOPICAL STEROIDS

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

# Montana Medicaid Preferred Drug List (PDL) Revised September 8, 2023

\*Indicates a generic is available without prior authorization

Clinical criteria can be found here: [Mountain-Pacific Quality Health – Medicaid Pharmacy \(mpqhf.org\)](http://mpqhf.org)

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	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>	