

Montana Medicaid Preferred Drug List (PDL) Revised February 26, 2021

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ANALGESICS

ANALGESICS, OPIOID – LONG-ACTING

Preferred Agents	Non-Preferred	--	Limitations
Butrans Patch # morphine sulfate SR tab #	<i>Arymo #</i> <i>Belbuca% #</i> <i>buprenorphine (Butrans) #</i> <i>Conzip ER % #</i> <i>Duragesic patch * #</i> <i>Exalgo</i> <i>fentanyl patch #</i> <i>hydrocodone ER cap %</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>Opana/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 % rizatriptan ODT rizatriptan tablet sumatriptan tablets, vial, nasal spray, syringe, cartridge	<i>Aimovig %</i> <i>almotriptan</i> <i>Amerge</i> <i>Cambia %</i> <i>eletriptan (gen Relpax)</i> <i>Emgality 100mg %</i> <i>Frova</i> <i>frovatriptan</i> <i>Imitrex * all forms</i> <i>Maxalt *</i> <i>Maxalt MLT *</i> <i>Naratriptan</i> <i>Nurtec ODT %</i>	<i>Onzetra Xsail</i> <i>Relpax</i> <i>Reyvow %</i> <i>sumatriptan inj/nasal spray (SUN & PRASCO Mfrs)</i> <i>sumatriptan/naproxen 85-500</i> <i>Sumavel Dosepro%</i> <i>Tosymra</i> <i>Treximet</i> <i>Ubrelvy %</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>mefenamic acid</i>	Trial of 2 preferred agents required
diclofenac 1% gel (generic Voltaren) #	<i>Celebrex *</i>	<i>meloxicam cap (gen Vivlodex)</i>	
diclofenac sodium EC/DR	<i>celecoxib 50mg and 400mg</i>	<i>Mobic</i>	# Quantity limits apply
ibuprofen tablet Rx	<i>Daypro</i>	<i>napametone</i>	
indomethacin capsule IR	<i>diclofenac potassium</i>	<i>Nalfon</i>	% Clinical criteria applies
ketorolac (oral) #	<i>diclofenac sodium ER/SR</i>	<i>Naprelan</i>	
meloxicam tablet	<i>diclofenac sodium /misoprostol</i>	<i>naproxen EC</i>	
naproxen tablet (Naprosyn)	<i>diclofenac topical & transdermal # (except 1% gel)</i>	<i>naproxen sodium Rx (gen Anaprox)</i>	
sulindac	<i>diflunisal</i>	<i>naproxen susp</i>	
Voltaren 1% gel Rx #	<i>Duexis</i>	<i>naprox/esomep (gen Vimovo) %</i>	
	<i>etodolac</i>	<i>oxaprozin</i>	
	<i>etodolac tab SR</i>	<i>Pennsaid #</i>	
	<i>Feldene</i>	<i>piroxicam</i>	
	<i>fenoprofen</i>	<i>Qmiiz ODT</i>	
	<i>Flector #</i>	<i>Relafen DS</i>	
	<i>flurbiprofen</i>	<i>Sprix %</i>	
	<i>ibuprofen susp</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>Xrylix Kit</i>	
	<i>Licart Patch</i>	<i>Zipsor %</i>	
	<i>meclofenamate</i>	<i>Zorvolex</i>	

NEUROPATHIC PAIN

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

OPIOID REVERSAL AGENTS

Preferred Agents	Non-Preferred	--	Limitations
naloxone syringe			N/A
naloxone vial			
Narcan Nasal Spray			

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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 * Cipro XR ciprofloxacin susp	ciprofloxacin ER ofloxaci	N/A

ANTIBIOTICS: 3RD GENERATION QUINOLONES

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

ANTIBIOTICS, GI

Preferred Agents	Non-Preferred	--	Limitations
Firvanq metronidazole tablet	Difcid % Flagyl metronidazole capsule neomycin sulfate nitazoxanide (gen Alinia) paromomycin	Solosec Tindamax tinidazole Vancocin vancomycin HCl vancomycin soln (gen Firvanq) Xifaxan %	% Clinical criteria applies

ANTIBIOTICS: INHALED

Preferred Agents	Non-Preferred	--	Limitations
Bethkis Kitabis TobiPodhaler (requires trial of 1 other preferred product)	Arikayce Cayston Tobi	tobramycin inhalation	Clinical criteria applies to class

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ANTIBIOTICS: MACROLIDES/KETOLIDES

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

ANTIBIOTICS: 2ND GENERATION CEPHA

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

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

Preferred Agents	Non-Preferred	--	Limitations
cefdinir	cefixime caps/susp cefpodoxime	Suprax chewable	N/A

ANTIBIOTICS: TETRACYCLINES

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

ANTIBIOTICS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
mupirocin ointment	Centany Centany AT	gentamicin cream/oint mupirocin cream	N/A

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

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ANTIFUNGALS, ORAL

Preferred Agents	Non-Preferred	--	Limitations
clotrimazole	<i>Ancobon</i>	<i>Noxafil</i>	% Clinical criteria applies
fluconazole	<i>Cresemba</i>	<i>nystatin oral tablet</i>	
griseofulvin suspension	<i>Diflucan *</i>	<i>Onmel</i>	
nystatin suspension	<i>flucytosine</i>	<i>Oravig</i>	
terbinafine	<i>griseofulvin micro</i>	<i>posaconazole</i>	
	<i>griseofulvin ultra</i>	<i>Sporanox</i>	
	<i>Gris-peg</i>	<i>Tolsura</i>	
	<i>itraconazole caps & sol</i>	<i>Vfend</i>	
	<i>ketoconazole %</i>	<i>voriconazole</i>	

ANTIFUNGALS AND COMBOS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
Ciclodan 8% solution	<i>Bensal HP</i>	<i>Lotrisone cream *</i>	N/A
ciclopirox 8% solution	<i>Ciclodan cream/kit</i>	<i>luliconazole cream</i>	
clotrimazole cream/solution	<i>ciclopirox (Ciclodan/Loprox)</i>	<i>Luzu cream</i>	
clotrimazole/betamethasone cream	<i>cr/gel/kit/shmp/susp</i>	<i>Mentax cream</i>	
ketoconazole cream/shampoo	<i>clotrim/betameth lotion</i>	<i>miconazole/zinc oxide/ petrolatum (gen Vusion)</i>	
nystatin cream/oint/powder	<i>Dermacinrx Therazole pk</i>	<i>naftifine cream/gel</i>	
	<i>econazole cream</i>	<i>Naftin cream/gel</i>	
	<i>Ertaczo cream</i>	<i>Nizoral shampoo *</i>	
	<i>Exelderm cream/sol</i>	<i>nystatin/triamcin cream/oint</i>	
	<i>Extina foam</i>	<i>oxiconazole cream</i>	
	<i>Jublia soln %</i>	<i>Oxistat cream/lotion</i>	
	<i>Kerydin soln</i>	<i>Penlac</i>	
	<i>ketoconazole foam</i>	<i>Vusion</i>	
	<i>Loprox shmp/cream/susp</i>		

ANTIVIRALS: HERPES – ORAL AGENTS

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

ANTIVIRALS: INFLUENZA

Preferred Agents	Non-Preferred	--	Limitations
oseltamivir suspension and capsule	<i>flumadine</i>		% Clinical criteria applies
	<i>Relenza</i>		
	<i>rimantadine HCl</i>		
	<i>Tamiflu</i>		
	<i>Xofluza %</i>		

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ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
Zovirax Cream	Acyclovir cream/oint Denavir	Xerese Zovirax Ointment	N/A

HEPATITIS C: PEGYLATED INTERFERONS

Preferred Agents	Non-Preferred	--	Limitations
N/A	Pegasys ProClick/syringe/vial PEG-Intron		Clinical criteria applies to this class

HEPATITIS C: OTHER

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

HEPATITIS C: RIBAVIRIN PRODUCTS

Preferred Agents	Non-Preferred	--	Limitations
ribavirin capsules and tablets	Moderiba	Rebetol Ribasphere	Clinical criteria applies to this class

CARDIOVASCULAR

ACE INHIBITORS

Preferred Agents	Non-Preferred	--	Limitations
benazepril lisinopril	Accupril Altace captopril enalapril Epaned Epaned Oral Soln fosinopril Lotensin *	moexipril perindopril Prinivil * Qbrelis quinapril ramipril trandolapril Vasotec Zestril *	Trial of 2 preferred agents required

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ACE INHIBITOR COMBINATIONS

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

ANGIOTENSIN MODULATOR

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

ANGIOTENSION II RECEPTOR BLOCKER COMBOS

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

ANGIOTENSION MODULATOR COMBINATIONS

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

ANTIANGINAL & ANTIISCHEMIC

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

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ANTIHYPERTENSIVES, SYMPATHOLYTICS

Preferred Agents	Non-Preferred	--	Limitations
Catapres-TTS clonidine IR oral guanfacine IR methyldopa methyldopa/HCTZ	Catapres oral * clonidine transdermal		N/A

BETA BLOCKERS AND COMBINATIONS

Preferred Agents	Non-Preferred	--	Limitations
atenolol carvedilol Coreg CR metoprolol succinate ER metoprolol tartrate propranolol IR propranolol ER	acebutolol/Sectral atenolol/chlorthalidone betaxolol bisoprolol (gen Zebeta) bisoprolol/HCTZ Bystolic Byvalson % carvedilol ER Coreg * Corzide Hemangeol Inderal LA & XL Innopran XL Kaspargo Sprinkle labetalol (gen Trandate)	Lopressor* metoprolol/HCTZ nadolol/Corgard nadolol/bendroflumethazide pindolol propranolol/HCTZ sotalol/Betapace /Batapace AF /Sorine Sotylize Tenormin /Tenoretic timolol Toprol XL * Ziac	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)	Adalat CC felodipine ER isradipine Katerzia nicardipine HCl nifedipine IR/Procardia nimodipine	nisoldipine ER Norvasc * Nymalize Procardia XL * Sular (reformulated)	N/A

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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

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>Pravachol *</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– (generic Tricor) gemfibrozil niacin ER Prevalite	<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>fenofibrate – gen Lofibra</i> <i>fenofibric acid – gen Trilipix</i> <i>Fenoglide</i> <i>Fibracor</i> <i>icosapent ethyl (gen Vascepa) %</i> <i>Juxtapid %</i> <i>Lipofen</i> <i>Lopid *</i>	<i>Lovaza %</i> <i>Nexletol</i> <i>Nexlizet</i> <i>Niacor</i> <i>Niaspan *</i> <i>omega-3 ethyl esters %</i> <i>Praluent %</i> <i>Questran *</i> <i>Questran Light *</i> <i>Repatha %</i> <i>Tricor *</i> <i>Triglide</i> <i>Trilipix</i> <i>Vascepa %</i> <i>Welchol tab & powder</i>	% Clinical criteria applies

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CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

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

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

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

ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

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

ANTI-CONVULSANTS: FIRST GENERATION

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

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ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

Preferred Agents	Non-Preferred	--	Limitations
diazepam 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>Diastat rectal %</i>	<i>pregabalin caps/solution μ</i>	% Clinical criteria applies
lamotrigine starter pak	<i>Epidiolex %</i>	<i>Qudexy XR</i>	
levetiracetam IR	<i>Fintepla</i>	<i>rufinamide susp (gen Banzel) %</i>	μ Cross duplication not allowed between gabapentin and Lyrica
levetiracetam solution	<i>Fycompa</i>	<i>Sabril</i>	
Lyrica capsule μ	<i>Gabitril %</i>	<i>Spritam</i>	
topiramate tablets	<i>Keppra * @</i>	<i>Sympazan % @</i>	
zonisamide	<i>Keppra XR</i>	<i>tiagabine</i>	
	<i>Lamictal *</i>	<i>Topamax Sprinkle Cap @</i>	
	<i>Lamictal ODT & ODT Starter pak @</i>	<i>Topamax tablet *</i>	
	<i>Lamictal Starter pak</i>	<i>topiramate sprinkle cap @</i>	
	<i>Lamictal XR %</i>	<i>topiramate ER</i>	
	<i>lamotrigine ER %</i>	<i>Trokendi XR</i>	
	<i>lamotrigine ODT @</i>	<i>Valtoco %</i>	
	<i>levetiracetam ER</i>	<i>vigabatrin powder (gen Sabril)</i>	
	<i>Lyrica solution μ</i>	<i>vigabatrin tablet</i>	
	<i>Lyrica CR μ</i>	<i>Vimpat %</i>	
		<i>Xcopri</i>	

ANTI-DEPRESSANTS: SSRIS

Preferred Agents	Non-Preferred	--	Limitations
citalopram # (limit 40 mg/day)	<i>Brisdelle</i>	<i>paroxetine CR</i>	Trial of 2 preferred agents required
escitalopram tablet #	<i>Celexa * #</i>	<i>Paxil *</i>	
fluoxetine capsules	<i>escitalopram solution #</i>	<i>Paxil CR</i>	% Clinical criteria applies
fluoxetine solution	<i>fluoxetine 20mg and 60mg tablet</i>	<i>Paxil Susp</i>	
fluoxetine 10 mg tablet	<i>fluoxetine DR</i>	<i>Pexeva</i>	# Dose limits apply
fluvoxamine	<i>fluvoxamine CR</i>	<i>Prozac *</i>	
paroxetine	<i>Lexapro * #</i>	<i>Prozac Weekly %</i>	
sertraline	<i>paroxetine 7.5mg</i>	<i>Zoloft *</i>	

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ANTI-DEPRESSANTS: NOVEL

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

ADHD/CNS STIMULANTS AND RELATED AGENTS

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

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ATYPICAL ANTIPSYCHOTICS

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

MULTIPLE SCLEROSIS AGENTS

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

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ANTI-PARKINSON'S AGENTS

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

SEDATIVE HYPNOTIC AGENTS

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

SKELETAL MUSCLE RELAXANTS

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

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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 Axiron Fortesta	Testim testosterone gel Vogelxo	Clinical criteria applies to this class

BONE: RESORPTION AND RELATED AGENTS

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

ANTI-HYPOGLYCEMIC AGENTS

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

DIABETES: ALPHA-GLUCOSIDASE INHIBITORS

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

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DIABETES: DPP-IV INHIBITORS

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

DIABETES: GLP1 RECEPTOR AGONISTS

Preferred Agents	Non-Preferred	--	Limitations
Bydureon Pen Byetta Pens Victoza	<i>Adlyxin</i> <i>Bydureon BCISE</i> <i>Ozempic</i>	<i>Rybelsus</i> <i>Tanzeum</i> <i>Trulicity</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 Humulin N Pen OTC Humulin N Vial Humulin R Vial Humulin R U-500 Pen Lantus vial Lantus SoloStar Levemir vial Levemir FlexTouch NovoLog Pen/Vial NovoLog Mix 70/30 Pen/Vial NovoLog Cartridge	<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 R U-500 Vial</i> <i>insulin aspart cartridge/ flexpen/vial</i> <i>insulin aspart/insulin aspart protamine pen/vial</i>	<i>insulin lispro vial/kwikpen</i> <i>insulin lispro JR kwikpen</i> <i>insulin lispro protamine mix</i> <i>Lyumjev</i> <i>Novolin N Vial/Cartridge</i> <i>Novolin R Vial/Cartridge</i> <i>Novolin 70/30</i> <i>Semglee</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

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DIABETES: MEGLITINIDES AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
repaglinide	nateglinide Prandin *	repaglinide-metformin Starlix	N/A

DIABETES: METFORMINS AND COMBOS

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

DIABETES: SGLT2 AND COMBOS

Preferred Agents	Non-Preferred	--	Limitations
Farxiga Glyxambi Invokamet Invokana Jardiance Xigduo XR	Invokamet XR Qtern Segluromet	Steglatro Steglujan Synjardy Synjardy XR Trijardy XR	Clinical criteria applies to this class

DIABETES: SULFONYLUREAS

Preferred Agents	Non-Preferred	--	Limitations
glimepiride glipizide glipizide ER/XL glyburide glyburide micronized	Amaryl * chlorpropamide Glucotrol *	Glucotrol XL * Glynase * tolazamide tolbutamide	N/A

DIABETES: TZD

Preferred Agents	Non-Preferred	--	Limitations
pioglitazone	Actoplus Met Actoplus Met XR Actos Avandia	Duetact pioglitazone/glimepiride pioglitazone/metformin	Clinical criteria applies to this class

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ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

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

GROWTH HORMONES

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

PANCREATIC ENZYMES

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

PROGESTINS FOR CACHEXIA

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

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UTERINE DISORDER TREATMENTS

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

GASTROINTESTINAL ANTIEMETICS AGENTS

Preferred Agents	Non-Preferred	--	Limitations
metoclopramide tablets, solution ondansetron injections ondansetron ODT ondansetron solution ondansetron tablet	Akynzeo Anzemet aprepitant Bonjesta Diclegis% doxylamine/pyridox % Emend Oral % Emend Oral Pak % granisetron	metoclopramide injection metoclopramide ODT Reglan * Sancuso Sustol SQ Varubi Zofran * Zofran ODT * Zuplenz	Quantity limits apply to this class % Clinical criteria applies

GI MOTILITY AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Amitiza Linzess Lotronex Movantik	alosetron Motegrity Relistor tab, syr Symproic	Trulance Viberzi Zelnorm	Clinical criteria applies to this class

PROTON PUMP INHIBITORS AND H. PYLORI TREATMENT

Preferred Agents	Non-Preferred	--	Limitations
Nexium suspension @ omeprazole (Rx) pantoprazole Protonix suspension @ Pylera	Aciphex tab Aciphex sprinkle @ Dexilant esomeprazole esomeprazole susp lansoprazole Rx & OTC 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 Prevacid SoluTab @ PREVPAC Prilosec (Rx) susp packet @ Protonix Tablet * rabeprazole 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 Lialda Pentasa sulfasalazine DR sulfasalazine IR	Asacol HD Azulfidine * Azulfidine DR * balsalazide budesonide ER Colazal Delzicol *	Dipentum Giazo mesalamine (gen Delzicol) mesalamine ER (gen Apriso) mesalamine (gen Asacol HD) mesalamine (gen Lialda) Uceris oral	N/A

ULCERATIVE COLITIS – RECTAL

Preferred Agents	Non-Preferred	--	Limitations
mesalamine enema mesalamine supp (gen Canasa)	Canasa rectal supp mesalamine kit Rowasa *	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 Proscar *	N/A

PDE-5 FOR BPH

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

ELECTROLYTE DEPLETERS

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

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URINARY TRACT ANTISPASMODICS

Preferred Agents	Non-Preferred	--	Limitations
oxybutynin ER oxybutynin IR solifenacin (gen Vesicare) Toviaz	<i>darifenacin ER</i> <i>Detrol</i> <i>Detrol LA</i> <i>Ditropan XL</i> <i>Enablex</i> <i>flavoxate</i> <i>Gelnique</i>	<i>Myrbetriq</i> <i>Oxytrol *</i> <i>tolterodine</i> <i>tolterodine ER</i> <i>trospium</i> <i>trospium XR</i> <i>Vesicare *</i>	N/A

HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

Preferred Agents	Non-Preferred	--	Limitations
Enoxaparin #	<i>Arixtra</i> <i>fondaparinux</i>	<i>Fragmin</i> <i>Lovenox * #</i>	# Quantity limits apply

ANTICOAGULANT ORAL

Preferred Agents	Non-Preferred	--	Limitations
Eliquis # Eliquis starter pack # Pradaxa # warfarin Xarelto 10,15,20mg and Starter Pack #	<i>Bevyxxa</i> <i>Coumadin *</i> <i>Savaysa #</i> <i>Xarelto 2.5mg # %</i>		# Quantity limits apply % Clinical criteria applies

COLONY STIMULATING FACTORS

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

HEMATOPOIETIC AGENTS

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

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MISCELLANEOUS AGENTS

ANTIHYPURICEMICS

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

BILE SALTS

Preferred Agents	Non-Preferred	--	Limitations
ursodiol tablet/capsule	Chenodal % Cholbam %	Ocaliva % 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	Tolak Solaraze	Clinical criteria applies to this class

HAE TREATMENTS

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

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IMMUNOMODULATORS

Preferred Agents	Non-Preferred	--	Limitations
Cosentyx	<i>Actemra</i>	<i>Rinvoq ER</i>	Clinical criteria applies to this class
Enbrel	<i>Cimzia</i>	<i>Siliq</i>	
Enbrel Mini	<i>Cimzia Kit</i>	<i>Simponi</i>	
Humira	<i>Enbrel vial</i>	<i>Skyrizi</i>	
Humira Pediatric	<i>Enspr yng</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 XR</i>	
	<i>Orencia</i>		
	<i>Otezla</i>		

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>Sandimmune solution</i>	
tacrolimus caps	<i>mycophenolate susp</i>	<i>sirolimus soln</i>	
Zortress			

IMMUNOMODULATORS, ATOPIC DERMATITIS

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

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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 brimonidine 0.2% Combigan Simbrinza	<i>apraclonidine</i> <i>brimonidine 0.15% (gen Alphagan P 0.15%)</i>	<i>lopidine</i>	N/A

ANTIBIOTIC-STEROID COMBINATIONS

Preferred Agents	Non-Preferred	--	Limitations
Blephamide drops neomycin/polymixin/dexamethasone Tobradex ointment Tobradex suspension	<i>Blephamide S.O.P.</i> <i>Maxitrol Drops/Oint *</i> <i>neomycin/bacitracin/ polymixin/HC</i> <i>neomycin/polymixin/HC</i>	<i>Pred-G drops/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 Ilevro	<i>Acular</i> <i>Acular LS</i> <i>Acuvail</i> <i>Bromfenac</i> <i>Bromsite</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>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>Omnipred</i> <i>Pred Forte</i> <i>Pred Mild</i> <i>prednisolone sod phos</i>	N/A

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BETA BLOCKERS – GLAUCOMA

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

CARBONIC ANHYDRASE INHIBITORS/RHO KINASE INHIBITORS – GLAUCOMA

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

OPHTHALMIC ALLERGIC CONJUNCTIVITIS

Preferred Agents	Non-Preferred	--	Limitations
cromolyn sodium ketotifen OTC Pazeo (while available) Zaditor OTC	<i>Alocril</i> <i>Alomide</i> <i>Alrex</i> <i>azelastine</i> <i>Bepreve</i> <i>Elestat</i>	<i>epinastine</i> <i>Lastacaft</i> <i>olopatadine 0.1% & 0.2%</i> <i>Pataday</i> <i>Patanol</i> <i>Zerviate</i>	N/A

OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

Preferred Agents	Non-Preferred	--	Limitations
Restasis Multidose Restasis Unit Dose	<i>Cequa</i> <i>Eysuvis</i>	<i>Xiidra</i>	N/A

OPHTHALMIC PROSTAGLANDIN AGONISTS

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

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OPHTHALMIC QUINOLONES

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

OTICS

OTIC ANTI-INFECTIVES AND ANESTHETICS

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

OTIC ANTIBIOTICS

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

OTIC ANTI-INFLAMMATORY

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

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

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

PROSTACYCLINS FOR PAH, INHALATION AND ORAL

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

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PDE INHIBITORS AND OTHERS FOR PPH/PAH

Preferred Agents	Non-Preferred	--	Limitations
Alyq 20mg (gen Adcirca) sildenafil tabs (gen Revatio) tadalafil 20mg (gen Adcirca)	Adcirca Adempas Revatio tabs and liquid 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 *	ticlopidine Yosprala Zontivity	N/A

RESPIRATORY

COPD AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Atrovent HFA μ Bevespi μ Combivent Respimat μ ipratropium neb μ ipratropium/albuterol neb μ Spiriva HandiHaler μ Stiolto Respimat μ	Anoro Ellipta μ Breztri Aerosphere μ Daliresp % Duaklir Pressair Incruse Ellipta μ Lonhala Magnair μ Seebri Neohaler μ	Spiriva Respimat μ Trelegy Ellipta μ Tudorza μ Utibron Neohaler μ Yupelri	% Clinical criteria applies μ Duplication of ipratropium products not allowed

ANTI-ALLERGENS

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

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ANTI-HISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

Preferred Agents	Non-Preferred	--	Limitations
cetirizine solution OTC	<i>cetirizine chewable OTC</i>	<i>fexofenadine susp OTC</i>	N/A
cetirizine syrup Rx	<i>cetirizine soln 5mg/5mL OTC</i>	<i>fexofenadine-D OTC</i>	
cetirizine tablets OTC	<i>cetirizine-D OTC</i>	<i>levocetirizine soln</i>	
levocetirizine tablets Rx	<i>Clarinex</i>	<i>loratadine caps OTC</i>	
loratadine ODT OTC	<i>Clarinex-D</i>	<i>loratadine chewable OTC</i>	
loratadine syrup OTC	<i>desloratadine</i>	<i>loratadine-D OTC</i>	
loratadine tablets OTC	<i>fexofenadine tabs OTC</i>	<i>Semprex-D</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	<i>albuterol HFA (generic Proventil 6.7g)</i>	<i>ProAir Respiclick</i>	
Proventil HFA	<i>levalbuterol HFA</i>	<i>Ventolin HFA</i>	
	<i>levalbuterol inh soln</i>	<i>Xopenex HFA</i> <i>Xopenex inh soln</i>	

BETA AGONISTS: LONG-ACTING MDI & NEBS

Preferred Agents	Non-Preferred	--	Limitations
Serevent Diskus	<i>Arcapta</i> <i>Brovana</i>	<i>Perforomist</i> <i>Striverdi Respimat</i>	N/A

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>Wixela</i>	
Dulera	<i>budesonide/formoterol (gen Symbicort)</i>		
Symbicort	<i>fluticasone/salmeterol (generic 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>Pulmicort Flexhaler</i>	
Flovent HFA	<i>Arnuity Elipta</i>	<i>Pulmicort Respules</i>	
	<i>Asmanex HFA</i>	<i>QVAR Redihaler</i>	

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EPINEPHRINE – SELF INJECTED

Preferred Agents	Non-Preferred	--	Limitations
epinephrine self-injected Adult and Jr. (generic for Epipen) (Mylan Mfr)	<i>epinephrine (generic for Adrenaclick)</i>	<i>Epipen * 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>Pediapred</i>	
methylprednisolone 4mg	<i>dexamethasone elixir</i>	<i>Prednisone Intensol</i>	
methylprednisolone tab DS pak	<i>Dexpak & generic</i>	<i>prednisolone ODT</i>	
prednisolone sodium phos sol (gen Pediapred)	<i>Dxevo</i>	<i>prednisolone sod phos sol (gen</i>	
prednisolone solution	<i>Emflaza %</i>	<i>Millipred & Veripred)</i>	
prednisone solution	<i>Entocort EC</i>	<i>Rayos %</i>	
prednisone tab DS pak	<i>Hemady</i>	<i>Taperdex (gen Dexpak)</i>	
prednisone tablet	<i>Medrol</i>		
	<i>Medrol DS PK</i>		
	<i>methylprednisolone 8mg, 16mg, and 32mg tabs</i>		

IDIOPATHIC PULMONARY FIBROSIS

Preferred Agents	Non-Preferred	--	Limitations
Esbriet Ofev	N/A		Clinical criteria applies to this class

INTRANASAL ANTIHISTAMINES AND OTHERS

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

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INTRANASAL CORTICOSTEROIDS

Preferred Agents	Non-Preferred	--	Limitations
fluticasone RX	<i>azelastine/fluticasone</i> <i>Beconase AQ</i> <i>budesonide nasal</i> <i>Dymista</i> <i>Flonase OTC</i> <i>flunisolide</i> <i>fluticasone OTC</i> <i>mometasone (gen Nasonex)</i>	<i>Nasonex</i> <i>Omnaris</i> <i>Qnasl</i> <i>Ticanase</i> <i>triamcinolone OTC</i> <i>Khance</i> <i>Zetonna</i>	N/A

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)	<i>Nicoderm CQ OTC *</i>	<i>Nicotrol Inhaler %</i>	Quantity limits apply to class
Chantix	<i>Nicorette Gum OTC *</i>	<i>Nicotrol Nasal Spray %</i>	
nicotine chewing gum OTC	<i>Nicorette Lozenge OTC *</i>	<i>Zyban *</i>	% Clinical criteria applies
nicotine lozenge OTC			
nicotine transdermal OTC			

TOPICAL AGENTS

ANTIPARASITICS – TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
Natroba	<i>Elimite *</i>	<i>Ovide</i>	N/A
permethrin cream	<i>Eurax Cream</i>	<i>piperonyl butoxide/pyrethrins kit</i>	
permethrin OTC	<i>Eurax Lotion</i>	<i>OTC</i>	
piperonyl butoxide/pyrethrins liquid OTC	<i>ivermectin (gen Sklice)</i>	<i>Sklice</i>	
piperonyl butoxide/pyrethrins shampoo OTC	<i>lindane shampoo</i>	<i>spinosad</i>	
	<i>malathion</i>	<i>Vanallice</i>	

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ANTIPSORIATICS – TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
calcipotriene cream calcipotriene solution	<i>calcipotriene oint</i> <i>calcipotriene-betameth oint/scalp</i> <i>Calcitrene</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>	Clinical criteria applies to this class

MISC ACNE, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
clindamycin/benzoyl peroxide (Duac 1.2-5%) clindamycin phosphate solution & swab erythromycin solution	<i>Acanya Gel</i> <i>Aczone</i> <i>Amzeeq</i> <i>Arazlo</i> <i>Avar products</i> <i>Azelex</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</i> <i>dapsone</i> <i>Duac *</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>Seb-Prev wash</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>	Trial of 2 preferred agents required

TOPICAL RETINOIDS

Preferred Agents	Non-Preferred	--	Limitations
Differin Rx Tazorac cream Tazorac gel tretinoin cream tretinoin gel 0.01% and 0.025% (gen Avita/Retin-A)	<i>adapalene cream/gel</i> <i>adapalene/benzoyl peroxide</i> <i>Aklief</i> <i>Altreno</i> <i>Atralin</i> <i>Avita</i> <i>clindamycin/tretinoin gel</i> <i>Differin OTC</i> <i>Epiduo</i> <i>Epiduo Forte</i>	<i>Fabior</i> <i>Retin-A</i> <i>Retin-A Micro pump and tube</i> <i>tazarotene cream (gen Tazorac)</i> <i>tretinoin gel 0.05% (gen Atralin)</i> <i>tretinoin microspheres</i> <i>Ziana</i>	Requires clinical PA if > 26 years old.

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TOPICAL, ROSACEA AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Metrocream (if on backorder, please utilize alternate preferred product) Metrogel	<i>azelaic acid (gen Finacea)</i> <i>Finacea Gel/Foam</i> <i>ivermectin cr</i> <i>metronidazole cream</i> <i>metronidazole gel</i> <i>metronidazole lotion</i>	<i>Mirvaso</i> <i>Noritate</i> <i>Rhofade</i> <i>Rosadan/ kit</i> <i>Soolantra</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>Capex Shampoo</i> <i>Desonate gel</i> <i>desonide cream/lot/oint</i>	<i>Desowen</i> <i>fluocinolone 0.01% oil</i> <i>hydrocortisone/min oil/pet oint 1%</i> <i>Micort-HC</i> <i>Texacort</i>	N/A

MEDIUM POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	--	Limitations
fluticasone propionate cream 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>Cordran Tape</i> <i>Cutivate</i> <i>Dermatop</i> <i>Elocon</i> <i>fluocinolone acetonide cream/oint/solution</i> <i>flurandrenolide</i> <i>fluticasone propionate lot/oint</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>DermacinRX Silapak</i>	<i>Sernivo</i>	
	<i>DermacinRX Silazone</i>	<i>Silazone-II</i>	
	<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)	<i>Apexicon E</i>	<i>halobetasol propionate</i>	N/A
Clobex shampoo	<i>Bryhali</i>	<i>cream/foam/oint</i>	
	<i>clobetasol emollient cream/foam</i>	<i>Impeklo Lotion</i>	
	<i>clobetasol lot/shmp/spray</i>	<i>Lexette</i>	
	<i>clobetasol propionate foam</i>	<i>Olux/Olux-E</i>	
	<i>Clobex lotion & spray</i>	<i>Temovate</i>	
	<i>Clodan</i>	<i>Tovet kit</i>	
		<i>Ultravate cream/lot/oint</i>	
		<i>Ultravate X PAC cream/oint</i>	