

Montana Healthcare Programs Preferred Drug List (PDL)

Revised December 12, 2025

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ANALGESICS

ANALGESICS, OPIOID – LONG-ACTING

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Butrans Patch # morphine sulfate SR tab #	<i>Belbuca #</i> <i>buprenorphine (Butrans) #</i> <i>Conzip ER % #</i> <i>Duragesic patch * #</i> <i>fentanyl patch #</i> <i>hydrocodone ER cap %</i> <i>hydrocodone ER tab # %</i> <i>hydromorphone ER tab</i> <i>Hysingla ER # %</i> <i>Kadian #</i> <i>Morphabond ER#</i>	<i>morphine ER (Avinza) #</i> <i>morphine sulfate ER cap (Kadian) #</i> <i>MS Contin * #</i> <i>oxycodone ER #</i> <i>OxyContin #</i> <i>oxymorphone ER #</i> <i>tramadol 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	Non-Preferred Cont.	Limitations
Ajovy % Emgality 120mg % Qulipta %	<i>Aimovig %</i> <i>almotriptan</i> <i>Amerge</i> <i>Cambia %</i> <i>diclofenac pot (gen Cambia) %</i> <i>dihydroergotamine nasal (gen Migranal)</i> <i>eletriptan (gen Relpax)</i> <i>Elyxyb sol</i> <i>Emgality 100mg %</i> <i>frovatriptan</i> <i>Imitrex * tabs, pen, cartridge</i> <i>Maxalt *</i> <i>Maxalt MLT *</i>	<i>Naratriptan</i> <i>Onzetra Xsail</i> <i>Relpax</i> <i>Reyvow %</i> <i>sumatriptan inj (SUN Mfr)</i> <i>sumatriptan/naproxen 85-500</i> <i>Symbravo</i> <i>Tosymra</i> <i>Treximet</i> <i>Trudhesa</i> <i>Zavzpret %</i> <i>Zembrace</i> <i>Zolmitriptan all forms</i> <i>Zomig all forms</i>	Quantity limits apply to this class % Clinical criteria applies Non-preferred combination products require trial of combination of components

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NSAIDS

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

NEUROPATHIC PAIN

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

OPIOID REVERSAL AGENTS

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

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SUBSTANCE USE DISORDER TREATMENTS

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

ANTI-INFECTIVES

ANTIBIOTICS: 2ND GENERATION QUINOLONES

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

ANTIBIOTICS: 3RD GENERATION QUINOLONES

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

ANTIBIOTICS, GI

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

ANTIBIOTICS: INHALED

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

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ANTIBIOTICS: MACROLIDES/KETOLIDES

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

ANTIBIOTICS: 2ND GENERATION CEPHA

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

ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

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

ANTIBIOTICS: TETRACYCLINES

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

ANTIBIOTICS, TOPICAL

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

ANTIBIOTICS, VAGINAL

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

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ANTIFUNGALS, ORAL

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

ANTIFUNGALS AND COMBOS, TOPICAL

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

ANTIVIRALS: HERPES – ORAL AGENTS

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

ANTIVIRALS: INFLUENZA

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

ANTIVIRALS, TOPICAL

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

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HEPATITIS C: PEGYLATED INTERFERONS

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

HEPATITIS C: OTHER

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

HEPATITIS C: RIBAVIRIN PRODUCTS

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

CARDIOVASCULAR

ACE INHIBITORS

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

ACE INHIBITOR COMBINATIONS

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

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ANGIOTENSIN MODULATOR

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

ANGIOTENSION II RECEPTOR BLOCKER COMBOS

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

ANGIOTENSION MODULATOR COMBINATIONS

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

ANTIANGINAL & ANTIISCHEMIC

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

ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

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BETA BLOCKERS AND COMBINATIONS

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

CALCIUM CHANNEL BLOCKERS (DHP)

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

CALCIUM CHANNEL BLOCKERS (NON-DHP)

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

DIRECT RENIN INHIBITORS

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

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

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

LIPOTROPICS: OTHERS

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

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

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

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

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

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ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

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

ANTI-CONVULSANTS: FIRST GENERATION

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

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ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

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

ANTI-DEPRESSANTS: SSRIS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
citalopram tabs # (limit 40 mg/day)	Brisdelle %	paroxetine CR	Trial of 2 preferred agents required
escitalopram tablet #	Celexa * #	paroxetine susp	
fluoxetine capsules	citalopram caps	Paxil *	% Clinical criteria applies
fluoxetine solution	escitalopram 15mg caps	Paxil CR	
fluoxetine tablets	escitalopram solution #	Paxil Susp	# Dose limits apply
fluvoxamine	fluoxetine DR %	Pexeva	
paroxetine	fluvoxamine CR	sertraline caps	
sertraline tabs and soln	Lexapro * #	Zoloft *	
	paroxetine 7.5mg %		

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ANTI-DEPRESSANTS: NOVEL

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

ADHD/CNS STIMULANTS AND RELATED AGENTS

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

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ATYPICAL ANTIPSYCHOTICS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Abilify Asimtufi @	Abilify Mycite %	risperidone IM (gen Consta)	Oral therapies require an FDA approved diagnosis and trial of 2 preferred agents FDA approved for same diagnosis
Abilify Maintena @	Abilify tablet *	risperidone tab rapdis @	
aripiprazole tablets	Adasuve	Saphris	Dose optimization edits apply to many in class
Aristada @	aripiprazole sol/ODT @	Secuado @	
Aristada Initio @	asenapine (gen Saphris)	Seroquel IR & XR *	@ Alternative dosage forms require PA
clozapine tablet	Caplyta	Symbyax %	
Invega Hafyera @	clozapine ODT @	Versacloz	% Clinical criteria applies
Invega Sustenna @	Clozaril *	Vraylar	
Invega Trinza @	Cobenfy	Zyprexa tablet *	PA for class required for members eight and under
lurasidone	Erzofri @	Zyprexa Zydis * @	
olanzapine	Fanapt		Non-preferred combination products require trial of combination of components
olanzapine ODT @	Fanapt titration pack		
Perseris @	Fazaclo		
quetiapine	Geodon *		
quetiapine ER	Invega		
Risperdal Consta @	Latuda *		
risperidone solution @	Lybalvi %		
risperidone tablet	Nuplazid %		
Uzedly @	olanzapine/fluoxetine		
ziprasidone HCl	Opipza film		
Zyprexa Relprevv @	paliperidone ER		
	Rexulti		
	Risperdal *		

MULTIPLE SCLEROSIS AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Avonex	Aubagio	Mavenclad	Clinical criteria applies to this class
Avonex Pen	Bafiertam	Mayzent	
Betaseron	Copaxone 40mg Syringe	Plegridy & Pen	
Copaxone 20mg	Extavia	Ponvory	
dimethyl fumarate (gen Tecfidera)	Gilenya	Rebif syringe	
fingolimod (gen Gilenya)	glatiramer 20&40mg	Tascenso ODT	
Kesimpta	Glatopa	Tecfidera	
Rebif Rebidose		Vumerity	
teriflunomide (gen Aubagio)		Zeposia	

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ANTI-PARKINSON'S AGENTS

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

SEDATIVE HYPNOTIC AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
eszopiclone (initial dose limit 1mg/day)	Ambien */ Ambien CR	Quviviq %	Quantity limits apply to class
temazepam 15 & 30mg	Belsomra %	ramelteon	
zaleplon	doxepin % (gen Silenor)	Restoril *	% Clinical criteria applies
zolpidem tartrate IR tablet (initial dose limit 5mg/day for females)	Dayvigo %	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	Non-Preferred Cont.	Limitations
baclofen tablet	Amrix %	Lyvispah	% Clinical criteria applies # Quantity limits apply
cyclobenzaprine HCl 5mg & 10mg	baclofen solution	metaxalone	
methocarbamol	chlorzoxazone	Norgesic/Norgesic Forte	
orphenadrine citrate	cyclobenzaprine 7.5mg%	Robaxin *	
tizanidine HCl tablet	cyclobenzaprine ER %	Skelaxin	
	Dantrium	Tanlor	
	dantrolene sodium	tizanidine capsule % #	
	Fexmid %	Zanaflex capsule % #	
	Fleqsuvy	Zanaflex tablet *	
	Lorzone *		

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MOVEMENT DISORDER DRUGS

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

ENDOCRINE AND METABOLIC AGENTS

ANDROGENIC AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
testosterone 1.62% gel pump (gen Androgel)	Androderm Natesto	Testim testosterone gel Vogelxo	Clinical criteria applies to this class

BONE: RESORPTION AND RELATED AGENTS

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

ANTI-HYPOGLYCEMIC AGENTS

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

DIABETES: ALPHA-GLUCOSIDASE INHIBITORS

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

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DIABETES: DPP-IV INHIBITORS

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

DIABETES: GLP-1/GIP AND COMBOS

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

DIABETES: INSULIN AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Humulin 70/30 Pen Humulin N Vial Humulin R Vial Humulin R U-500 Pen insulin aspart Cartridge/Flexpen/Vial insulin aspart/insulin aspart protamine Pen/Vial insulin glargine Pen insulin lispro All formulations Lantus Vial Lantus SoloStar	Admelog Vial/SoloStar Afrezza % Apidra Vial/Solostar Basaglar Kwikpen/Tempo pen Fiasp Vial/FlexTouch/ Cartridge/ Pumpcart Humalog ALL formulations Humulin Pen Humulin N Pen OTC Humulin R U-500 Vial insulin degludec Pen/Vial insulin glargine Vial insulin glargine-YFGN Pen/Vial insulin glargine max solostar Vial/Kwikpen Kristy vial/pen	Lyumjev Vial/Kwikpen/Tempo pen Merilog vial/solostar Novolin N Flexpen/vial Novolin R Flexpen/vial Novolin 70/30 Novolog ALL formulations 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 % Clinical criteria applies

DIABETES: MEGLITINIDES AND COMBOS

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

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DIABETES: METFORMINS AND COMBOS

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

DIABETES: SGLT2 AND COMBOS

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

DIABETES: SULFONYLUREAS

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

DIABETES: TZD

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

ESTROGEN, OTHERS: ORAL/TRANSDERMAL

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

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ESTROGEN , OTHERS: VAGINAL

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

GROWTH HORMONES

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

PANCREATIC ENZYMES

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

PITUITARY SUPPRESSIVE AGENTS, LHRH

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

PROGESTINS FOR CACHEXIA

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

UTERINE DISORDER TREATMENTS

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

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GASTROINTESTINAL

ANTIEMETICS AGENTS

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

GI MOTILITY AGENTS

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

PROTON PUMP INHIBITORS, OTHERS/H. PYLORI TREATMENTS

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

ULCERATIVE COLITIS – ORAL

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

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ULCERATIVE COLITIS – RECTAL

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

GENITOURINARY AND RENAL

ALPHA BLOCKERS FOR BPH

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

ANDROGEN HORMONE INHIBITORS AND COMBOS

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

PDE-5 FOR BPH

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

PHOSPHATE BINDERS

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

POTASSIUM BINDERS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Lokelma (30 count box) sodium polystyrene sulfonate	Kionex Lokelma (unit dose)	SPS Veltassa	N/A

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URINARY TRACT ANTISPASMODICS

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

HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

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

ANTICOAGULANT ORAL

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

COLONY STIMULATING FACTORS

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

ERYTHROPOIESIS STIMULATING AGENTS

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

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MISCELLANEOUS AGENTS

ANTIHYPURICEMICS

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

BILE SALTS

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

IMMUNOLOGIC AGENTS

ANTINEOPLASTIC AGENTS, TOPICAL

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

HAE TREATMENTS

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

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IMMUNOMODULATORS

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

IMMUNOSUPPRESSANTS

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

IMMUNOMODULATORS, ASTHMA

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

IMMUNOMODULATORS, ATOPIC DERMATITIS

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

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IMMUNOMODULATORS, TOPICAL

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

METHOTREXATE PRODUCTS

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

OPHTHALMICS

ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

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

ANTIBIOTIC-STEROID COMBINATIONS

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

ANTI-INFLAMMATORIES – NSAIDS

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

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ANTI-INFLAMMATORIES – STEROIDS

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

BETA BLOCKERS – GLAUCOMA

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

GLAUCOMA, OTHERS

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

OPHTHALMIC ALLERGIC CONJUNCTIVITIS

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

OPHTHALMIC – DRY EYE AGENTS

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

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OPHTHALMIC PROSTAGLANDIN AGONISTS

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

OPHTHALMIC QUINOLONES

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

OTICS

OTIC ANTI-INFECTIVES AND ANESTHETICS

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

OTIC ANTIBIOTICS

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

OTIC ANTI-INFLAMMATORY

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

PAH AGENTS

ENDOTHELIN RECEPTOR ANTAGONISTS

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

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PROSTACYCLINS FOR PAH, INHALATION AND ORAL

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

PDE INHIBITORS AND OTHERS FOR PPH/PAH

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

PLATELET AGGREGATION INHIBITORS

PLATELET AGGREGATION INHIBITORS

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

RESPIRATORY

COPD AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Anoro Ellipta Atrovent HFA Combivent Respimat ipratropium neb ipratropium/albuterol neb roflumilast (gen Daliresp) % Spiriva HandiHaler Stiolto Respimat	Bevespi Breztri Aerosphere Daliresp % Duaklir Pressair Incruse Ellipta Ohtuvayre % Seebri Neohaler	Spiriva Respimat tiotropium (gen Spiriva handihaler) Trelegy Ellipta Tudorza umeclidinium/vilanterol (gen Anoro Ellipta) Yupelri	% Clinical criteria applies Non-preferred combination products require trial of combination of preferred products with all requested MOAs

ANTI-ALLERGENS

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

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ANTI-HISTAMINES NON-SEDATING, AND DECONGESTANT COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
cetirizine solution 1mg/ml OTC cetirizine syrup 1mg/ml Rx cetirizine tablets OTC levocetirizine tablets Rx and OTC loratadine syrup OTC loratadine tablets OTC	<i>cetirizine chewable OTC</i> <i>cetirizine soln 5mg/5mL OTC (unit dose)</i> <i>cetirizine-D OTC</i> <i>Clarinex</i> <i>Clarinex-D</i> <i>desloratadine</i>	<i>fexofenadine tabs OTC</i> <i>fexofenadine-D OTC</i> <i>levocetirizine soln</i> <i>loratadine chewable OTC</i> <i>loratadine-D OTC</i> <i>loratadine ODT OTC</i>	N/A

BETA AGONISTS: SHORT-ACTING MDI AND NEBS

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

BETA AGONISTS: LONG-ACTING MDI & NEBS

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

BETA AGONISTS: COMBINATION PRODUCTS

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

CORTICOSTEROIDS INHALED

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Alvesco Arnuity Ellipta Asmanex HFA Asmanex Twisthaler budesonide Respules fluticasone HFA 44mcg (<=5y.o.) Pulmicort Flexhaler Qvar Redihaler	<i>Airsupra</i> <i>Flovent Diskus</i>	<i>fluticasone Diskus (generic Flovent)</i> <i>fluticasone HFA 44mcg (>=6y.o.)</i> <i>fluticasone HFA 110 and 220mcg Pulmicort Respules</i>	Non-preferred combination products require trial of combination of preferred products with all requested MOAs

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EPINEPHRINE – SELF ADMINISTERED

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

GLUCOCORTICOIDS, ORAL

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

IDIOPATHIC PULMONARY FIBROSIS

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

INTRANASAL ANTIHISTAMINES AND OTHERS

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

INTRANASAL CORTICOSTEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
fluticasone RX Nasonex OTC	azelastine/fluticasone budesonide nasal flunisolide fluticasone OTC mometasone Rx and OTC	Nasonex Omnaris Qnasl Ryaltris triamcinolone OTC Xhance Zetonna	Non-preferred combination products require trial of combination of preferred products with all requested MOAs

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LEUKOTRIENE RECEPTOR ANTAGONISTS

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

TOBACCO CESSATION

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

TOPICAL AGENTS

ANTIPARASITICS – TOPICAL

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

ANTIPSORIATICS – TOPICAL

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

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MISC ACNE, TOPICAL

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

TOPICAL RETINOIDS

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

TOPICAL, ROSACEA AGENTS

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

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LOW POTENCY TOPICAL STEROIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Derma-Smoother FS fluocinolone 0.01% oil 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>desonide cream/lot/oint</i>	<i>Hydrocort Lot</i> <i>hydrocortisone lot kit</i> <i>hydrocortisone sol</i> <i>Hydroxym gel</i> <i>Texacort</i>	N/A

MEDIUM POTENCY TOPICAL STEROIDS

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

HIGH POTENCY TOPICAL STEROIDS

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

VERY HIGH POTENCY TOPICAL STEROIDS

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

Montana Healthcare Programs Preferred Drug List (PDL)

Revised December 12, 2025

*Indicates a generic is available without prior authorization

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

This list may not include all available generic formulations listed specifically by name

Note: Brand Named Drugs are capitalized, generic drugs start with lower case letters.

BRAND OVER GENERIC PREFERENCES FOR NON-REVIEWED DRUG CLASSES

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

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