

Montana Healthcare Programs Preferred Drug List (PDL)

Revised September 25, 2025

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ANALGESICS

ANALGESICS, OPIOID – LONG-ACTING

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

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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	Zipsor %	
	ketoprofen/ER	Zorvolex	
	ketorolac tromethamine (gen Sprix) %		

NEUROPATHIC PAIN

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
capsaicin cream OTC	Dermacinrx Lidocan patch #	Lyrica solution % µ	% Clinical criteria applies
duloxetine (all except 40mg)	Drizalma sprinkle	Lyrica CR µ	
gabapentin capsule µ #	duloxetine 40 mg cap	Neurontin µ	µ Cross Duplication not allowed
gabapentin solution µ #	gabapentin ER % µ	pregabalin caps/solution µ	
gabapentin tablet µ #	Gabarone	pregabalin ER µ	# Quantity limits apply
Lyrica Capsule µ #	Gralise % µ	Qutenza	
Savella %	Horizant % µ	Ztlido	duloxetine/ Savella concurrent use not allowed
	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 Difacid tab/susp % Firvanq soln Flagyl Likmez metronidazole 125mg tab metronidazole capsule	neomycin sulfate nitazoxanide (gen Alinia) paromomycin Solosec Vancocin Vowst %	% Clinical criteria applies Xifaxan is no longer rebate eligible and will no longer be covered. Patient assistance is available here

ANTIBIOTICS: INHALED

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

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ANTIBIOTICS: MACROLIDES/KETOLIDES

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

ANTIBIOTICS: 2ND GENERATION CEPHA

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

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

ANTIBIOTICS, TOPICAL

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

ANTIBIOTICS, VAGINAL

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

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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 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

ANGIOTENSIN MODULATOR

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Entresto irbesartan losartan olmesartan valsartan	<i>Atacand</i> <i>Avapro *</i> <i>Benicar *</i> <i>candesartan</i> <i>Cozaar *</i> <i>Diovan *</i>	<i>Edarbi</i> <i>Entresto Sprinkles</i> <i>eprosartan</i> <i>Telmisartan</i> <i>valsartan sol</i>	Trial of 2 preferred agents required

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ANGIOTENSION II RECEPTOR BLOCKER COMBOS

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

ANGIOTENSION MODULATOR COMBINATIONS

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

ANTIANGINAL & ANTIISCHEMIC

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

ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

BETA BLOCKERS AND COMBINATIONS

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

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CALCIUM CHANNEL BLOCKERS (DHP)

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

CALCIUM CHANNEL BLOCKERS (NON-DHP)

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

DIRECT RENIN INHIBITORS

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

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

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

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

CENTRAL NERVOUS SYSTEM

ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

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

ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

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

ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

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

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ANTI-CONVULSANTS: FIRST GENERATION

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

ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

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

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ANTI-DEPRESSANTS: SSRIS

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

ANTI-DEPRESSANTS: NOVEL

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

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ADHD/CNS STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Adderall XR amphetamine salt IR & XR combo (generic for Adderall and Adderall XR) Concerta dexamethylphenidate IR & XR Focalin XR methylphenidate ER (generic Metadate ER) methylphenidate IR (generic Ritalin) methylphenidate solution @ Vyvanse Cap #1	<i>Adhansia XR</i> <i>Adzenys XR @</i> <i>amphetamine sulfate (gen Evekeo)</i> <i>amphetamine susp ER (gen Adzenys)</i> <i>Aptensio XR</i> <i>Azstarys</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</i> <i>dextroamphetamine soln @</i> <i>dextroamp-amphet ER (gen Mydayis)</i> <i>Dyanavel XR @</i> <i>Evekeo</i> <i>Evekeo ODT @</i> <i>Focalin IR</i> <i>Jornay PM</i> <i>lisdexamfetamine cap #1</i> <i>Methylin solution @</i> <i>methylphenidate CD</i> <i>methylphenidate chew @</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 ER tab 45mg, 63mg (generic Relexxii ER)</i> <i>methylphenidate LA</i> <i>methylphenidate SR cap (20, 30, 40mg)</i> <i>methylphenidate patch (gen Daytrana)</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>Vyvanse Chewable @</i> <i>Xelstrym</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 ER & IR	<i>Intuniv *</i> <i>Onyda XR</i> <i>Qelbree %</i>		% Clinical criteria applies

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ATYPICAL ANTIPSYCHOTICS

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

MULTIPLE SCLEROSIS AGENTS

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

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ANTI-PARKINSON'S AGENTS

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

SEDATIVE HYPNOTIC AGENTS

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

SKELETAL MUSCLE RELAXANTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
baclofen tablet	Amrix %	Lyvispah	% Clinical criteria applies
cyclobenzaprine HCl 5mg & 10mg	baclofen solution	metaxalone	
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	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	<i>alogliptin</i>	<i>saxagliptin-metformin ER (gen Kombiglyze)</i>	% Clinical criteria applies
Janumet	<i>alogliptin-metformin</i>		
Janumet XR	<i>alogliptin-pioglitazone</i>	<i>sitagliptin (gen Zituvio)</i>	
Januvia	<i>Jentadueto XR</i>	<i>sitagliptin/metformin (gen Zituvimet)</i>	
Jentadueto	<i>Kazano</i>	<i>Trijardy XR</i>	
Tradjenta	<i>Nesina</i>	<i>Zituvio</i>	
	<i>Oseni %</i>	<i>Zituvimet IR and ER</i>	
	<i>saxagliptin (gen Onglyza)</i>		

DIABETES: GLP-1/GIP AND COMBOS

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

DIABETES: INSULIN AND COMBOS

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

DIABETES: MEGLITINIDES AND COMBOS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Repaglinide (gen for Prandin)	<i>Nateglinide (gen for Starlix)</i>	<i>repaglinide-metformin</i>	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	Duavee Estrace * Osphena Veozah	N/A	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 Yuvaferm)</i>	<i>Intrarosa</i> <i>Yuvaferm</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	Akynzeo	Granisetron #	# Quantity limits apply % Clinical criteria applies
ondansetron injections	Aprepitant %	metoclopramide injection	
ondansetron ODT (4mg & 8mg)	Bonjesta %	metoclopramide ODT %	
ondansetron solution	Diclegis%	ondansetron ODT 16mg	
ondansetron tablet	doxylamine/pyridox %	Reglan *	
	Emend Oral %	Sancuso %	
	Emend Oral Pak %	Sustol SQ	
	Gimoti	Zofran *	

GI MOTILITY AGENTS

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

PROTON PUMP INHIBITORS, OTHERS/H. PYLORI TREATMENTS

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

ULCERATIVE COLITIS – ORAL

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

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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	Natesto Proscar *	N/A

PDE-5 FOR BPH

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

PHOSPHATE BINDERS

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

POTASSIUM BINDERS

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

HEMATOLOGICAL AGENTS

ANTICOAGULANTS INJECTABLE

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
enoxaparin #	<i>Arixtra</i> <i>fondaparinux</i>	<i>Fragmin</i> <i>Lovenox * #</i>	# 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 #	<i>Dabigatran # (generic Pradaxa)</i> <i>Pradaxa pellet pack #</i> <i>rivaroxaban tab</i> <i>Savaysa #</i> <i>Xarelto susp %</i>	N/A	# Quantity limits apply % Clinical criteria applies

COLONY STIMULATING FACTORS

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

ERYTHROPOIESIS STIMULATING AGENTS

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

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MISCELLANEOUS AGENTS

ANTIHYPERTENSIVES

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>Firazyr</i> <i>Orladeyo</i> <i>Ruconest</i>	<i>N/A</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 Litfulo 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	Ebglyss % Nemludio % Opzelura % Vtama %	Zoryve 0.15 % cream % Zoryve Foam %	% 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>Lastacraft</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>Tyrvaya</i>	N/A
Restasis Unit Dose	<i>cyclosporine (gen Restasis)</i>	<i>Verkazia</i>	
Xiidra	<i>Eysuvis</i>	<i>Vevye</i>	
	<i>Miebo</i>		

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OPHTHALMIC PROSTAGLANDIN AGONISTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
latanoprost	bimatoprost (gen Lumigan 0.03%) lyuzeh 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	Uptрави Uptрави Dose Pak Yutrepia	Clinical criteria applies to this class

PDE INHIBITORS AND OTHERS FOR PPH/PAH

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

PLATELET AGGREGATION INHIBITORS

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

RESPIRATORY

COPD AGENTS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
Anoro Ellipta Atrovent HFA Combivent Respimat ipratropium neb ipratropium/albuterol neb roflumilast (gen Daliresp) % Spiriva HandiHaler Stiolto Respimat	Bevespi Breztri Aerosphere Daliresp % Duaklir Pressair Incruse Ellipta Ohtuvayre % Seebri Neohaler	Spiriva Respimat tiotropium (gen Spiriva handihaler) Trelegy Ellipta Tudorza 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>Clarinet</i> <i>Clarinet-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) Tarpeyo	% Clinical criteria applies @ Alternative dosage forms require PA

IDIOPATHIC PULMONARY FIBROSIS

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

INTRANASAL ANTIHISTAMINES AND OTHERS

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

INTRANASAL CORTICOSTEROIDS

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

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LEUKOTRIENE RECEPTOR ANTAGONISTS

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

TOBACCO CESSATION

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

TOPICAL AGENTS

ANTIPARASITICS – TOPICAL

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

ANTIPSORIATICS – TOPICAL

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

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MISC ACNE, TOPICAL

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

TOPICAL RETINOIDS

Preferred Agents	Non-Preferred	Non-Preferred Cont.	Limitations
adapalene gel 0.3% Rx tretinoin cream/gel (except 0.05% gel)	adapalene cream/gel pump adapalene gel OTC adapalene/benzoyl peroxide Aklief clindamycin/tretinoin gel Differin cream/gel/lotion	Epiduo Forte Fabior tazarotene foam (gen Fabior) tazarotene cream/gel (gen Tazorac) tretinoin 0.05% gel tretinoin microspheres 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%	alclometasone dipro cream/ ointment Aqua-Glycolic HC Capex shampoo desonide cream/lot/oint	Hydrocort Lot hydrocortisone lot kit hydrocortisone sol Hydroxym gel Texacort	N/A

MEDIUM POTENCY TOPICAL STEROIDS

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

HIGH POTENCY TOPICAL STEROIDS

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

VERY HIGH POTENCY TOPICAL STEROIDS

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

Montana Healthcare Programs Preferred Drug List (PDL)

Revised September 25, 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		