

# Montana Medicaid Preferred Drug List (PDL) Revised August 10, 2023

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## ANALGESICS

### ANALGESICS, OPIOID – LONG-ACTING

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

## ANTI-MIGRAINE

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

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## NSAIDS

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

## NEUROPATHIC PAIN

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

## OPIOID REVERSAL AGENTS

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

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## SUBSTANCE USE DISORDER TREATMENTS

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

## ANTI-INFECTIVES

### ANTIBIOTICS: 2ND GENERATION QUINOLONES

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

### ANTIBIOTICS: 3RD GENERATION QUINOLONES

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

### ANTIBIOTICS, GI

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

### ANTIBIOTICS: INHALED

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

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## ANTIBIOTICS: MACROLIDES/KETOLIDES

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

## ANTIBIOTICS: 2ND GENERATION CEPHA

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

## ANTIBIOTICS: 3RD GENERATION CEPHALOSPORINS

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

## ANTIBIOTICS: TETRACYCLINES

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

## ANTIBIOTICS, TOPICAL

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

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## ANTIBIOTICS, VAGINAL

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

## ANTIFUNGALS, ORAL

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

## ANTIFUNGALS AND COMBOS, TOPICAL

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

## ANTIVIRALS: HERPES – ORAL AGENTS

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

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## ANTIVIRALS: INFLUENZA

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

## ANTIVIRALS, TOPICAL

Preferred Agents	Non-Preferred	--	Limitations
Acyclovir 5% ointment Zovirax Cream	acyclovir cream Denavir penciclovir (gen Denavir)	Xerese Zovirax Ointment	N/A

## HEPATITIS C: PEGYLATED INTERFERONS

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

## HEPATITIS C: OTHER

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

## HEPATITIS C: RIBAVIRIN PRODUCTS

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

## CARDIOVASCULAR

### ACE INHIBITORS

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

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## ACE INHIBITOR COMBINATIONS

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

## ANGIOTENSIN MODULATOR

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

## ANGIOTENSION II RECEPTOR BLOCKER COMBOS

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

## ANGIOTENSION MODULATOR COMBINATIONS

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

## ANTIANGINAL & ANTIISCHEMIC

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

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## ANTIHYPERTENSIVES, SYMPATHOLYTICS

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

## BETA BLOCKERS AND COMBINATIONS

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

## CALCIUM CHANNEL BLOCKERS (DHP)

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

## CALCIUM CHANNEL BLOCKERS (NON-DHP)

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



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### DIRECT RENIN INHIBITORS

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

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

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

### LIPOTROPICS: OTHERS

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

## CENTRAL NERVOUS SYSTEM

### ALZHEIMER'S DRUGS - CHOLINESTERASE INHIBITORS

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

### ALZHEIMER'S DRUGS - NMDA RECEPTOR ANTAGONIST AND COMBOS

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

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### ANTI-CONVULSANTS: CARBAMAZEPINE DERIVATIVES

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

### ANTI-CONVULSANTS: FIRST GENERATION

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

### ANTI-CONVULSANTS: SECOND GENERATION AND OTHERS

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

## ANTI-DEPRESSANTS: SSRIS

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

## ANTI-DEPRESSANTS: NOVEL

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

## ADHD/CNS STIMULANTS AND RELATED AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Adderall XR amphetamine salt IR combo (generic for Adderall) Aptensio XR Concerta dexamethylphenidate IR Daytrana @ Focalin XR methylphenidate IR (generic for Ritalin) methylphenidate solution @ Vyvanse Cap #1 Vyvanse Chewable @	<i>Adhansia XR</i> <i>Adzenys XR @</i> <i>amphetamine sulfate (gen Evekeo)</i> <i>amphetamine susp ER (gen Adzenys)</i> <i>Azstarys</i> <i>Cotempla XR ODT</i> <i>Dexedrine SA</i> <i>dexamethylphenidate ER</i> <i>dextroamphetamine SA (generic for Dexedrine SA)</i> <i>dextroamphetamine tab/soln</i> <i>dextroamp-amphet ER</i> <i>Dyanavel XR</i> <i>Evekeo</i> <i>Evekeo ODT @</i> <i>Focalin IR</i> <i>Jornay PM</i> <i>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>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>Qelbree</i> %	<i>Strattera</i> *	% Clinical criteria applies

## ATYPICAL ANTIPSYCHOTICS

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

## MULTIPLE SCLEROSIS AGENTS

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

## ANTI-PARKINSON'S AGENTS

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

### SEDATIVE HYPNOTIC AGENTS

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

### SKELETAL MUSCLE RELAXANTS

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

### MOVEMENT DISORDER DRUGS

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

### ENDOCRINE AND METABOLIC AGENTS

#### ANDROGENIC AGENTS

Preferred Agents	Non-Preferred	--	Limitations
Androgel pump (Abbvie only. While available) testosterone 1.62% gel pump (gen Androgel)	Androderm Androgel pak Fortesta	Testim testosterone gel Vogelxo	Clinical criteria applies to this class

#### BONE: RESORPTION AND RELATED AGENTS

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

#### ANTI-HYPOGLYCEMIC AGENTS

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

#### DIABETES: ALPHA-GLUCOSIDASE INHIBITORS

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

#### DIABETES: DPP-IV INHIBITORS

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

#### DIABETES: GLP1 RECEPTOR AGONISTS

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Preferred Agents	Non-Preferred	--	Limitations
Byetta Pens Ozempic Trulicity Victoza	Bydureon BCISE Mounjaro	Rybelsus	Electronic edits apply to class

### DIABETES: INSULIN AND COMBO

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

### DIABETES: MEGLITINIDES AND COMBOS

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

### DIABETES: METFORMINS AND COMBOS

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

### DIABETES: SGLT2 AND COMBOS

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

### DIABETES: SULFONYLUREAS

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

### DIABETES: TZD

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

### ESTROGEN PREPARATIONS, OTHER ROUTES: ORAL/TRANSDERMAL

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

### ESTROGEN PREPARATIONS, VAGINAL

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

### GROWTH HORMONES

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

## PANCREATIC ENZYMES

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

## PITUITARY SUPPRESSIVE AGENTS, LHRH

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

## PROGESTINS FOR CACHEXIA

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

## UTERINE DISORDER TREATMENTS

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

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### GASTROINTESTINAL

#### ANTIEMETICS AGENTS

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

#### GI MOTILITY AGENTS

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

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

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

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### ULCERATIVE COLITIS – ORAL

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

### ULCERATIVE COLITIS – RECTAL

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

### GENITOURINARY AND RENAL

#### ALPHA BLOCKERS FOR BPH

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

### ANDROGEN HORMONE INHIBITORS AND COMBOS

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

### PDE-5 FOR BPH

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

### PHOSPHATE BINDERS

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

## POTASSIUM BINDERS

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

## URINARY TRACT ANTISPASMODICS

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

## HEMATOLOGICAL AGENTS

### ANTICOAGULANTS INJECTABLE

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

### ANTICOAGULANT ORAL

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

## COLONY STIMULATING FACTORS

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

## HEMATOPOIETIC AGENTS

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

## MISCELLANEOUS AGENTS

### ANTIHYPERURICEMICS

Preferred Agents	Non-Preferred	--	Limitations
allopurinol Colcrys probenecid probenecid/colchicine %	<i>allopurinol 200mg</i> <i>colchicine capsule (generic for Mitigare)</i> <i>colchicine tablet (generic for Colcrys)</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	--	Limitations
ursodiol tablet/capsule	<i>Bylvay (caps/pellet)</i> <i>Chenodal %</i> <i>Cholbam %</i> <i>Livmarli</i>	<i>Ocaliva %</i> <i>Reltone</i> <i>Urso/Urso Forte tablet</i>	% Clinical criteria applies

## IMMUNOLOGIC AGENTS

### ANTINEOPLASTIC AGENTS, TOPICAL

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

## HAE TREATMENTS

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

## IMMUNOMODULATORS

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

## IMMUNOSUPPRESSANTS

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

## IMMUNOMODULATORS, ASTHMA

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

## IMMUNOMODULATORS, ATOPIC DERMATITIS

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

## IMMUNOMODULATORS, TOPICAL

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

## METHOTREXATE PRODUCTS

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

## OPHTHALMICS

### ALPHA2 ADRENERGIC AGENTS – GLAUCOMA

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

## ANTIBIOTIC-STEROID COMBINATIONS

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

## ANTI-INFLAMMATORIES – NSAIDS



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

## ANTI-INFLAMMATORIES – STEROIDS

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

## BETA BLOCKERS – GLAUCOMA

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

## GLAUCOMA, OTHERS

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

## OPHTHALMIC ALLERGIC CONJUNCTIVITIS

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

## OPHTHALMIC – ANTI-INFLAMMATORY/IMMUNOMODULATOR

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

## OPHTHALMIC PROSTAGLANDIN AGONISTS

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

## OPHTHALMIC QUINOLONES

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

## OTICS

### OTIC ANTI-INFECTIVES AND ANESTHETICS

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

### OTIC ANTIBIOTICS

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

### OTIC ANTI-INFLAMMATORY

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

## PAH AGENTS

### ENDOTHELIN RECEPTOR ANTAGONISTS

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

### PROSTACYCLINS FOR PAH, INHALATION AND ORAL

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

### PDE INHIBITORS AND OTHERS FOR PPH/PAH

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

## PLATELET AGGREGATION INHIBITORS

### PLATELET AGGREGATION INHIBITORS

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

## RESPIRATORY

### COPD AGENTS

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

## ANTI-ALLERGENS

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

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

Preferred Agents	Non-Preferred	--	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	cetirizine chewable OTC cetirizine soln 5mg/5mL OTC (unit dose) cetirizine-D OTC Clarinet Clarinet-D desloratadine fexofenadine tabs OTC	fexofenadine-D OTC levocetirizine soln loratadine chewable OTC loratadine-D OTC loratadine ODT OTC	N/A

## BETA AGONISTS: SHORT-ACTING MDI AND NEBS

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

## BETA AGONISTS: LONG-ACTING MDI & NEBS

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

## EPINEPHRINE – SELF INJECTED

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

## GLUCOCORTICOIDS, ORAL

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

### IDIOPATHIC PULMONARY FIBROSIS

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

### INTRANASAL ANTIHISTAMINES AND OTHERS

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

### INTRANASAL CORTICOSTEROIDS

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

### LEUKOTRIENE RECEPTOR ANTAGONISTS

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

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## TOBACCO CESSATION

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

## TOPICAL AGENTS

### ANTIPARASITICS – TOPICAL

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

### ANTIPSORIATICS – TOPICAL

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

### MISC ACNE, TOPICAL

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

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## TOPICAL RETINOIDS

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

## TOPICAL, ROSACEA AGENTS

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

## LOW POTENCY TOPICAL STEROIDS

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

## MEDIUM POTENCY TOPICAL STEROIDS

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

## HIGH POTENCY TOPICAL STEROIDS

For Prior Authorization please call or fax: Mountain Pacific Quality Health Clinical Call Center  
Telephone: (800) 395-7961/(406) 443-6002 Fax: (800) 294-1350/406-513-1928



# Montana Medicaid Preferred Drug List (PDL) Revised August 10, 2023

\*Indicates a generic is available without prior authorization

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

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

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

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

## VERY HIGH POTENCY TOPICAL STEROIDS

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

## BRAND OVER GENERIC PREFERENCES FOR NON-REVIEWED DRUG CLASSES

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

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