Preferred Drug List (PDL)

Revised 4/1/08

New Drugs will be Non-Preferred until reviewed by the Drug Use Review Board

NOTES:

*Indicates a generic is available without Prior Approval (PA)

**Indicates when additional PA is required to use preferred product.

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

ANALGESICS- LONG ACTING NARCOTICS

Preferred	Non-Preferred
Fentanyl Patch (generic Duragesic®)	Avinza®
Kadian®	Duragesic®*
Morphine Sulfate Sustained Action (generic MS Contin®)	MS Contin®*
Oramorph SR®	Opana ER®
	Oxycontin®
	Oxycodone SR (generic Oxycontin®)

MISC – TRIPTANS

#Check Manual for Quantity Limits

Preferred		Non-Preferred	
Imitrex®#	Maxalt®#	Amerge®#	Zomig®#
Imitrex® Inj./Kit/Vial#	Maxalt MLT®#	Axert®#	Zomig ZMT®#
Imitrex® Nasal Spray#	Relpax®#	Frova®#	Zomig® Spray#

ANTIBIOTICS-2ND GENERATION QUINOLONES

Preferred	Non-Preferred	
Ciprofloxacin Tabs & Suspension (generic Cipro®)	Cipro® Tabs*	Maxaquin®
Cipro® Suspension	Cipro XR®	Noroxin®
Ciprofloxacin ER Tabs (generic Cipro XR®)	Floxin®*	Proquin XR®*
Ofloxacin (generic Floxin®)		

ANTIBIOTICS-3rd GENERATION QUINOLONES

Preferred		Non-Preferred
Avelox®	Avelox ABC®	Levaquin®

ANTIBIOTICS-MACROLIDES

Preferred	Non-Preferred
Azithromycin Tabs & Susp (generic Zithromax®)	Biaxin® Tablets* & Suspension*
Clarithromycin Tabs & Susp.(generic Biaxin®)	Biaxin XL® Tablets*
Clarithromycin ER Tabs (generic Biaxin XL®)	E-Mycin®*
Erythromycin Base (generic E-Mycin®)	E.E.S.®*
Erythromycin Estolate	P.C.E.®
Erythromycin Ethylsuccinate (generic E.E.S.®)	Pediazole®*
Erythromycin Sterate	Zmax®*
Erythromycin w/ Sulfisoxazole (generic Pediazole®)	Zithromax® Tablets* & Suspension*

ANTIBIOTICS-2ND GENERATION CEPHALOSPORINS

Preferred	Non-Preferred	
Cefaclor Tabs & Suspension (generic Ceclor®)	Ceclor® Caps & Suspension	Cefzil® Tabs & Suspension
Ceftin® Suspension	Ceclor CD®	Cefprozil Tabs (generic Cefzil®)
Cefuroxime Tabs (generic Ceftin®)	Cefaclor ER	Lorabid®
Cefprozil Suspension (generic Cefzil®)	Ceftin® Tabs*	Ranciclor®

ANTIBIOTICS-3RD GENERATION CEPHALOSPORINS

Preferred	Non-Preferred
Cedax® Caps & Suspension	Omnicef® Caps* & Suspension*
Cefdinir® Caps & Suspension (generic Omnicef®)	Spectracef®
Cefpodoxime Tabs (generic Vantin®)	Vantin® Tabs* & Suspension
Suprax® Tabs & Suspension	

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MISC– BENZOYL PEROXIDE & CLINDAMYCIN COMBOS

Preferred	Non-Preferred
Duac® Duac CS®	Benzaclin®

ANTIBIOTICS – HERPETIC ANTIVIRALS

Preferred	Non-Preferred
Acyclovir (generic Zovirax®) Famvir® Valtrex®	Zovirax®*

ANTICONVULSANTS – CARBAMAZEPINE DERIVATIVES

Preferred		Non-Preferred	
Carbamazepine Chew Tab Carbamazepine Oral Susp. Carbamazepine Tablet (generics Tegretol) Tegretol® XR	Carbatrol® Epitol® Oxcarbazepine Tabs (generic Trileptal®) Trileptal® Oral Susp.	Tegretol® Chew Tab* % Tegretol® Oral Susp.* % Tegretol® Tablet * %	Trileptal® Tabs * %

% Pharmacies may use DAW 7 when appropriate

ANTICONVULSANTS – FIRST GENERATION

Preferred		Non-Preferred
Celontin® Depakote® Depakote® ER Depakote Sprinkle Dilantin® 30mg Kapseal Dilantin® 50mg Infatab Ethosuximide Caps & Syrup (generic Zarontin®)	Felbatol® Tabs & Susp. Mebaral® Phenytoin Caps & Susp. (generic Dilantin®) Primidone (generic Mysoline®) Valproic Acid Caps & Syrup (generic Depakene®)	Depakene® Caps & Syrup* % Dilantin® Caps* % Dilantin-125® Suspension* % Mysoline®* % Zarontin®* %

% Pharmacies may use DAW 7 when appropriate

ANTICONVULSANTS – SECOND GENERATION

Preferred		Non-Preferred
Gabapentin® (generic Neurontin®) Gabatril® Keppra® Tabs & Soln. Lamictal® Tabs Lyrica®	Lamotrigine Dispertab (generic Lamictal®) Neurontin® Solution Topamax® Zonisamide (generic Zonegran®)	Lamictal® Dispertab* % Neurontin® Caps & Tabs* % Zonegran®* %

% Pharmacies may use DAW 7 when appropriate

ANTIEMETICS – 5-HT3 RECEPTOR ANTAGONISTS

#Check Manual for Quantity Limits

Preferred	Non-Preferred
Kytril®# Ondansetron# (generic Zofran®)	Anzemet®# Zofran®#*

ANTIFUNGALS - ONYCHOMYCOSIS

Preferred	Non-Preferred	
Griseofulvin (generic Gris-Peg®, Grifulvin®, Fulvicin®) Terbinafine (generic Lamisil®)	Fulvicin®* Grifulvin®* Gris-Peg®*	Itraconazole (generic Sporanox®) Lamisil®* Sporanox®

MONTANA
Department of Public Health & Human Services

Preferred Drug List (PDL)

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BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS

** PA is required to use preferred products.

Preferred		Non-Preferred
Abilify®	Risperdal®	
Abilify Disc Melt®**	Risperdal Consta®**	
Abilify Oral Solution®**	Risperdal M-tabs®**	
Clozapine (generic Clozaril®)	Risperdal Oral Solution®**	
Clozaril®	Seroquel®	
FazaClo®	Seroquel XR®	
Geodon®	Symbyax®	
Invega®	Zyprexa®	
	Zyprexa Zydis®**	

BEHAVIORAL HEALTH – SEROTONIN REUPTAKE INHIBITORS

Preferred		Non-Preferred		
Citalopram Tabs & Soln. (generic Celexa®)	Paroxetine (generic Paxil®)	Celexa®*	Paxil®*	Prozac Weekly®
Fluoxetine (generic Prozac®)	Sertraline (generic Zoloft®) (50mg tabs require PA)	Lexapro®	Paxil CR®	Sarafem®
Fluvoxamine		Luvox CR®	Prozac®*	Zoloft®*
		Pexeva®		

BEHAVIORAL HEALTH – NOVEL ANTIDEPRESSANTS

Preferred	Non-Preferred	
Bupropion SA (generic Wellbutrin SR®)	Bupropion IR (generic Wellbutrin®)	Remeron®*
Bupropion XL 300mg (generic Wellbutrin XL® 300mg)	Desyrel®*	Remeron Sol-Tabs®*
Budeprion SR (generic Wellbutrin SR®)	Effexor®*	Wellbutrin®
Budeprion XL 300mg (generic Wellbutrin XL® 300mg)	Pristiq®	Wellbutrin SR®*
Cymbalta®		Wellbutrin XL® 300mg*
Effexor XR®		
Mirtazapine (generic Remeron®)		
Mirtazapine Rapdis (generic Remeron Sol-tabs®)		
Trazodone (generic Desyrel®)		
Venlafaxine (generic Effexor®)		
Wellbutrin XL® 150mg		

BEHAVIORAL HEALTH – ADHD/CNS STIMULANTS

Preferred		Non-Preferred
Adderall XR®	Metadate CD®	Adderall®*
Amphetamine Salt Combo (generic Adderall®)	Metadate ER®	Daytrana®
Concerta®	Methylin® (generic Ritalin®)	Dexedrine®*
Dextroamphetamine (generic Dexedrine®)	Methylin ER® (generic Ritalin SR®)	Dexedrine Elixir®
Dextroamphetamine SA (generic Dexedrine SA®)	Methylphenidate (generic Ritalin®)	Dexedrine SA®*
Dextrostat® (generic Dexedrine®)	Methylphenidate SR (generic Ritalin SR®)	Ritalin®*
Focalin®	Ritalin LA®	Ritalin SR®*
Focalin XR®	Strattera®	Vyvanse®

BEHAVIORAL HEALTH – ALZHEIMER'S CHOLINESTERASE INHIBITORS

Preferred		Non-Preferred	
Aricept®	Exelon® Oral & Patches	Cognex®	Razadyne® ER
Aricept® ODT		Razadyne®	

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MONTANA
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CARDIOVASCULAR - BETA-BLOCKERS & COMBOS

Preferred

Acebutolol (generic Sectral®)
Atenolol (generic Tenormin®)
Betaxolol (generic Kerlone®)
Bisoprolol (generic Zebeta®)
Carvedilol (generic Coreg®)
Labetalol (generic Normodyne® and Trandate®)
Metoprolol (generic Lopressor®)
Nadolol (generic Corgard®)
Pindolol
Propranolol (generic Inderal®)
Sotalol (generic Betapace AF®)
Sotalol HCL (generic Betapace®)
Timolol (generic Blocadren®)

Non-Preferred

Betapace®*
Betapace AF®*
Blocadren®*
Bystolic®
Cartrol®
Coreg®*
Coreg CR®
Corgard®*
Inderal®*
Inderal LA®
Innopran XL®
Kerlone®*
Levatol®
Lopressor®
Metoprolol ER (generic Toprol XL®)
Normodyne®*
Sectral®*
Sorine®
Tenormin®*
Toprol XL®
Trandate®*
Zebeta®*

CARDIOVASCULAR - ACE INHIBITORS & COMBOS

Preferred

Benazepril (generic Lotensin®)
Benazepril HCT (generic Lotensin HCT®)
Captopril (generic Capoten®)
Captopril-HCTZ (generic Capozide®)
Enalapril (generic Vasotec®)
Enalapril HCTZ (generic Vaseretic®)
Lisinopril (generic Prinivil® and Zestril®)
Lisinopril HCTZ (generic Prinzide® and Zestoretic®)
Lotrel®

Non-Preferred

Accupril®
Accuretic®
Aceon®
Altace®
Capoten®*
Capozide®*
Fosinopril
Fosinopril HCT
Lotensin®*
Lotensin HCT®*
Mavik®
Moexipril
Moexipril HCTZ
Monopril®
Monopril HCT®
Prinivil®*
Prinzide®*
Quinapril
Quinaretic®
Ramipril (generic Altace®)
Tarka®
Trandolapril
Uniretic®
Univasc®
Vaseretic®*
Vasotec®*
Zestoretic®*
Zestril®*

CARDIOVASCULAR – ANGIOTENSIN II RECEPTOR BLOCKERS & COMBOS

Preferred

Cozaar®
Diovan®
Diovan HCT®
Hyzaar®

Non-Preferred

Atacand®
Atacand HCT®
Avalide®
Avapro®
Azor®
Benicar®
Benicar HCT®
Exforge®
Micardis®
Micardis HCT®
Teveten®
Teveten HCT®

CARDIOVASCULAR - CALCIUM CHANNEL BLOCKERS & COMBOS

Preferred

Afeditab CR® (generic Adalat CC®)
Amlodipine (generic Norvasc®)
Cartia XT®
Diltia XT®
Diltiazem ER (generic Cardizem CD®)
Diltiazem HCL (generic Cardizem®)
Diltiazem SA (generic Tiazac®)
Diltiazem SR (generic Cardizem SR®)
Diltiazem XR (generic Dilacor XR®)
Dynacirc CR®
Felodipine ER (generic Plendil®)
Isradipine (generic Dynacirc®)
Lotrel®
Nicardipine (generic Cardene®)
Nifediac CC (generic Adalat CC®)
Nifedical XL (generic Procardia XL®)
Nifedipine IR (generic Procardia®)
Nifedipine SA/ER (generic Procardia XL®)
Sular®
Taztia XT® (generic for Tiazac®)
Verapamil (generic for Calan®, Isoptin® and Verelan®)
Verapamil ER (generic for Calan SR® and Isoptin SR®)

Non-Preferred

Adalat CC®*
Azor®
Caduet®
Calan®*
Calan SR®*
Cardene®*
Cardene SR®
Cardizem®*
Cardizem CD®*
Cardizem LA®
Cardizem SR®*
Covera-HS®
Dilacor XR®*
Dynacirc®*
Exforge®
Isoptin®*
Isoptin SR®*
Lexxel®
Nimotop®
Norvasc®
Plendil®
Procardia®*
Procardia XL®*
Tarka®
Tiazac®*
Verapamil ER PM
Verelan®*
Verelan PM®

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CARDIOVASCULAR – ANTI-HYPER-LIPIDEMIC AGENT & COMBOS

Preferred	Non-Preferred
Advicor® Altoprev® Crestor® Lescol® Lescol XL® Lovastatin (generic Mevacor®) Pravastatin (generic Pravachol®) Simvastatin (generic Zocor®) Vytorin® Zetia®	Caduet® Lipitor® Mevacor®* Pravachol® * Pravigard PAC® Zocor®*

CARDIOVASCULAR – TRIGLYCERIDE LOWERING AGENTS

Preferred	Non-Preferred
Gemfibrozil (generic Lopid®)	Antara® Fenofibrate Lofibra® Lopid®* Lovaza® (was Omacor®) Lipofen® Tricor® Triglide®

CARDIOVASCULAR – NIACIN DERIVATIVE LIPOTROPICS

Preferred	Non-Preferred
Niaspan® Niacor®	

CARDIOVASCULAR – HEMATOPOIETIC AGENTS

Preferred	Non-Preferred
Aranesp® Epogen® Procrit®	

CARDIOVASCULAR – LOW MOLECULAR WEIGHT HEPARINS

Preferred	Non-Preferred
Arixtra® Fragmin® Innohep® Lovenox®	

ENDOCRINOLOGY – GROWTH HORMONES

**PA is required to use preferred products.

Preferred	Non-Preferred
Genotropin®** Humatrope®** Norditropin®** Nutropin®** Saizen®** Serostim®**	

ENDOCRINOLOGY - BISPHOSPHONATES

Preferred	Non-Preferred
Fosamax® Tablets & Solution Fosamax Plus D®	Actonel® Actonel® with Calcium Boniva®

ENDOCRINOLOGY – NASAL CALCITONINS

Preferred	Non-Preferred
Miacalcin®	Fortical®

ENDOCRINOLOGY – ALPHA-GLUCOSIDASE INHIBITORS

Preferred	Non-Preferred
Glyset® Precose®	

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ENDOCRINOLOGY - MEGLITINIDES

Preferred	Non-Preferred
Starlix®	Prandin®

ENDOCRINOLOGY - INSULINS

Preferred			Non-Preferred	
Humulin 50/50®	Novolin 70/30®	Novolog 70/30®	Apidra®	Lantus® Cartridge
Humalog 50/50®	Novolin N®	Relion 70/30®	Humalog®	Lantus SoloStar®
Humalog 75/25®	Novolin R®	Relion N®	Humulin 70/30®	Levemir® FlexPen
Lantus® Vial	Novolog®	Relion R®	Humulin N®	
Levemir® Vial			Humulin R®	

ENDOCRINOLOGY – THIAZOLIDINEDIONES & COMBOS

Preferred			Non-Preferred	
Actos®				
Actoplus Met®	Avandamet®	DuetAct®	Avandia®	Avandaryl®

ENDOCRINOLOGY- 2ND GENERATION SULFONYLUREAS

Preferred	Non-Preferred	
Glimepiride (generic Amaryl®)	Amaryl®*	Glucotrol XL®*
Glipizide (generic Glucotrol®)	Diabeta®*	Glynase®*
Glipizide ER/XL (generic Glucotrol XL®)	Glucotrol®*	Micronase®*
Glyburide (generic Micronase®, DiaBeta®)		
Glyburide Micronized (generic Glynase®)		

GASTROINTESTINAL – PROTON PUMP INHIBITORS

Preferred	Non-Preferred	
Prilosec OTC ®	Aciphex®	PREVPAC®
Nexium®	Nexium Packets®	Prevacid Solutab®
Prevacid Capsules®	Omeprazole (generic Prilosec®)	Prevacid Suspension®
		Prilosec RX®
	Prevacid Naprapac®	Protonix®
		Zegerid®

GASTROINTESTINAL - HEPATITIS C AGENTS

Pegylated Interferon Alpha Products

Preferred		Non-Preferred
Pegasys®	Peg-Intron®	
Pegasys Convenient Pack®	Peg-Intron Redipen®	

Ribavirin Products

Preferred	Non-Preferred	
Ribavirin Capsules & Tablets	Copegus®*	Ribasphere®*
	Rebetol®*	Ribatab®*

MISC – ANDROGEN HORMONE INHIBITORS

Preferred		Non-Preferred
Avodart®	Finasteride (generic Proscar®)	Proscar®*

MISC – ALPHA BLOCKERS for BPH

Preferred		Non-Preferred
Flomax®	Uroxatral®	

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MISC – URINARY ANTISPASMODICS

Preferred		Non-Preferred		
Detrol LA®	Oxybutynin (generic Ditropan®)	Detrol®	Ditropan XL®	Oxytrol®
Enablex®	Vesicare®	Ditropan®*	Oxybutynin ER	Sanctura®
				Sanctura XR®

MISC – ELECTROLYTE DEPLETERS

Preferred		Non-Preferred
Fosrenol®	Phoslo®	Renvela®
MagneBind® 400 Rx	Renagel®	
Marlexate® Powder	Sod. Polystyrene Sulfonate	

MISC – IMMUNOMODULATORS

**PA is required to use preferred products.

Preferred			Non-Preferred
Enbrel®**	Humira®**	Kineret®**	

MISC – IMMUNOSUPPRESSANTS

Preferred		Non-Preferred
Azathioprine	Neoral® Cap & Soln.	
Cellcept® Cap, Susp.& Tab	Prograf®	
Cyclosporine	Rapamune® Tab & Susp.	
Gengraf®	Sandimmune® Cap & Tab	

MISC – MULTIPLE SCLEROSIS AGENTS

Preferred				Non-Preferred
Avonex®	Betaseron®	Copaxone®	Rebif®	

MISC – NON-ERGOT DOPAMINE RECEPTOR AGONIST

Preferred		Non-Preferred
Mirapex®	Requip®	

MISC – TOPICAL IMMUNOMODULATORS

Preferred		Non-Preferred
Elidel®	Protopic®	

OPHTHALMIC ANTIBIOTICS-QUINOLONES

Preferred		Non-Preferred	
Ciprofloxacin Drops (generic Ciloxan®)	Ofloxacin (generic Ocuflox®)	Ciloxan® Drops*	Quixin®
Ciloxan® Ointment	Vigamox®	Ocuflox®*	Zymar®
		Iquix®	

OPHTHALMIC- ANTIHISTAMINES

Preferred		Non-Preferred		
Pataday®		Elestat®	Ketotifen	Optivar®
Patanol®		Emadine®	(genericZaditor®)	Zaditor®

OPHTHALMIC/GLAUCOMA – ALPHA 2 ADRENERGIC AGENTS

Preferred	Non-Preferred	
Alphagan P®	Alphagan®*	Iopidine®
Brimonidine (generic Alphagan®)	Combigan®*	

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OPHTHALMIC/GLAUCOMA-BETA BLOCKER AGENTS

Preferred	Non-Preferred	
Betaxolol (generic Betoptic®)	AKBeta®	Istalol®
Betoptic S®	Betagan®*	Ocupress®*
Carteolol (generic Ocupress®)	Betimol®	Optipranolol®*
Levobunolol (generic Betagan®)	Betoptic®*	Timoptic®*
Metipranolol (generic Optipranolol®)	Combigan®*	Timoptic XE®*
Timolol Solution (generic Timoptic®)		
Timolol Gel Solution (generic Timoptic XE®)		

OPHTHALMIC/GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

Preferred			Non-Preferred
Azopt®	Cosopt®	Trusopt®	

OPHTHALMIC/GLAUCOMA – PROSTAGLANDIN AGONISTS

Preferred	Non-Preferred		
Lumigan®	Travatan®	Travatan Z®	Xalatan®

OTIC –QUINOLONES & COMBOS

Preferred		Non-Preferred
Ciprodex®	Floxin Otic®	Cipro HC Otic®

RESPIRATORY – SHORT ACTING BETA ADRENERGICS-INHALERS/NEBS

Preferred	Non-Preferred	
Albuterol (generic for Proventil® and Ventolin®)MDI/Neb	Accuneb®	ProAir HFA®
Albuterol Solution + Saline Nebs	Albuterol 1.25mg Neb	Proventil®*
Maxair®	(generic Accuneb®)	Proventil®* Neb and Sol
Metaproterenol Neb	Albuterol HFA	Ventolin®*
Proventil HFA®	Alupent®	Ventolin®* Neb and Sol
Ventolin HFA®	Airet®* Neb	
Xopenex®	Alupent® Neb	
Xopenex HFA®		

RESPIRATORY – LONG ACTING BETA ADRENERGICS

Preferred		Non-Preferred	
Foradil®	Serevent Diskus®	Brovana ® Nebs	Perforomist ® Nebs

RESPIRATORY – INHALED CORTICOSTERIODS/NEBS

Preferred		Non-Preferred	
Asmanex®	Flovent HFA®	Aerobid/Aerobid M®	Pulmicort Flexhaler®
Azmacort®	Pulmicort Respules®	Beclovent®	Pulmicort Turbuhaler®
Flovent Diskus®	QVAR®		Vanceril®

RESPIRATORY – LONG ACTING COMBINATION PRODUCTS

Preferred		Non-Preferred
Advair®	Advair® HFA	Symbicort ®

RESPIRATORY – NASAL CORTICOSTEROIDS

Preferred	Non-Preferred		
Flunisolide 0.025% Spray (generic Nasalide®, Nasarel®)	Beconase AQ®	Fluticasone	Rhinocort AQ®
Nasonex®	Flonase®	Nasacort AQ®	Tri-Nasal®
	Flunisolide 29mcg Spray	Nasalide®*	Vancenase AQ®
		Nasarel®*	Veramyst®

RESPIRATORY – LEUKOTRIENE MODIFIERS

Preferred		Non-Preferred
Accolate®	Singulair®	

RESPIRATORY – INHALED ANTICHOLINERGIC AGENTS

Preferred		Non-Preferred
Atrovent® Inhaler	Duoneb®	Spiriva®
Atrovent® HFA Inhaler	Ipratropium Nebs (generic Atrovent® Nebs)	Atrovent® Nebs*
Combivent®		