MONTANA
Department of Public Health & Human Services

Montana Medicaid Preferred Drug Quicklist

Updated 9/27/2006

THIS IS NOT A CLOSED FORMULARY. CLASSES NOT LISTED ON THE PDL ARE UNAFFECTED.

ANALGESICS: COX 2 Inhibitors

CELEBREX®*

ANALGESICS: Long Acting Narcotics

DURAGESIC® PATCHES
KADIAN®
MORPHINE SUSTAINED ACTION TABS (generic MS Contin®)
ORAMORPH SR®

MISCELLANEOUS: Triptans

IMITREX ®
IMITREX® INJ./ KIT/ VIAL
IMITREX ® NASAL SPRAY
MAXALT®
MAXALT® MLT

ANTIBIOTICS: Cephalosporins 2nd Generation

CEFACLOR TABS & SUSP (generic Ceclor®)
CEFTIN® SUSPENSION
CEFUROXIME TABS (generic Ceftin®)
CEFPROZIL SUSPENSION (generic Cefzil®)
CEFZIL® SUSPENSION

ANTIBIOTICS: Cephalosporins 3rd Generation

CEDAX® CAPS & SUSPENSION
CEFPODOXIME TABS (generic Vantin®)
OMNICEF® CAPS & SUSPENSON
SUPRAX® TABS & SUSP

ANTIBIOTICS: Quinolones 2nd Generation

CIPROFLOXACIN TABS & SUSP (generic Cipro®)
CIPRO® SUSPENSION
CIPRO XR®

ANTIBIOTICS: Quinolones 3rd Generation

AVELOX®
AVELOX ABC PACK®

ANTIBIOTICS: Macrolides

AZITHROMYCIN TABS
BIAXIN XL®
CLARITHROMYCIN TABS & SUSP (generic Biaxin®)
ERYTHROMYCIN BASE (generic E-Mycin®)
ERYTHROMYCIN ESTOLATE
ERYTHROMYCIN ETHYLSUCCINATE (generic EES®)
ERYTHROMYCIN STEARATE
ERYTHROMYCIN w/SULFISOXAZOLE (generic Pediazole®)
ZITHROMAX® SUSP

ANTIBIOTICS: Herpetic Antivirals

ACYCLOVIR (generic Zovirax®)
FAMVIR®
VALTREX®

ANTIFUNGALS: Onychomycosis Agents

GRISEOFULVIN (generic Gris-Peg® Grifulvin®, Fulvicin®)
LAMISIL®

BEHAVIORAL HEALTH: Alzheimer's Cholinesterase Inhibitors

ARICEPT®
ARICEPT® ODT
EXELON®

BEHAVIORAL HEALTH: Atypical Antipsychotics

ABILIFY®
CLOZAPINE (generic Clozaril®)
CLOZARIL®
FAZACLO®
GEODON®
RISPERDAL TABLETS®
RISPERDAL CONSTA®**
RISPERDAL M-TABS®**
SEROQUEL®
SYMBYAX®
ZYPREXA TABLETS®
ZYPREXA ZYDIS®**

BEHAVIORAL HEALTH : Serotonin Reuptake Inhibitors

CITALOPRAM (generic Celexa®)
FLUOXETINE (generic Prozac®)
FLUVOXAMINE (generic Luvox®)
PAROXETINE (generic Paxil®)
ZOLOFT® (splitting required)

BEHAVIORAL HEALTH: Novel Antidepressants

BUPROPION SA (generic Wellbutrin SR®)
BUDEPRION SR (generic Wellbutrin SR®)
CYMBALTA®
EFFEXOR XR®
MIRTAZAPINE (generic Remeron®)
MIRTAZAPINE RAPID TABS (generic Remeron Soltabs®)
TRAZODONE (generic Desyrel®)
VENLAFAXINE (generic Effexor®)
WELLBUTRIN XL®

BEHAVIORAL HEALTH: ADHD/CNS Stimulants

ADDERALL XR®
AMPHETAMINE SALT COMBINATION (generic Adderall®)
DEXTROAMPHETAMINE SA (generic Dexedrine SA®)
DEXTROAMPHETAMINE TAB (generic Dexedrine®)
DEXTROSTAT®
FOCALIN®
FOCALIN XR®
METADATE CD®
METADATE ER®
METHYLIN®
METHYLIN ER®
METHYLPHENIDATE (generic Ritalin®)
METHYLPHENIDATE EXTENDED RELEASE (generic Ritalin SR®)
RITALIN LA®
STRATTERA®

CARDIOVASCULAR: Angiotensin II Receptor Blockers & Diuretic Combination

COZAAR®
DIOVAN®
DIOVAN HCTZ®
HYZAAR®

CARDIOVASCULAR: ACE Inhibitors & Diuretic Combinations

BENAZEPRIL (generic Lotensin®)
BENAZEPRIL HCTZ (generic Lotensin HCT®)
CAPTOPRIL (generic Capoten®)
CAPTOPRIL HCTZ (generic Capozide®)
ENALAPRIL (generic Vasotec®)
ENALAPRIL HCTZ (generic Vaseretic®)
LISINOPRIL (generic Prinivil®, Zestril®)
LISINOPRIL HCTZ (generic Prinzide®, Zestoretic®)

CARDIOVASCULAR: Beta Blockers

ACEBUTOLOL (generic Sectral®)
ATENOLOL (generic Tenormin®)
BETAXOLOL (generic Kerlone®)
BISOPROLOL (generic Zebeta®)
COREG®
LABETALOL (generic Normodyne®, Trandate®)
METOPROLOL (generic Lopressor®)
NADOLOL (generic Corgard®)
PINDOLOL (generic Visken®)
PROPRANOLOL (generic Inderal®)
SOTALOL (generic Betapace AF)
SOTALOL (generic Betapace®, Sorine®)
TIMOLOL (generic Blocadren®)

CARDIOVASCULAR: Calcium Channel Blockers & Combinations

AFEDITAB CR® (generic Adalat CC®)
CARTIA XT®
DILTIA XT®
DILTIAZEM HCL (generic Cardizem®)
DILTIAZEM EXTENDED RELEASE (generic Cardizem CD®)
DILTIAZEM SR (generic Cardizem SR®)
DILTIAZEM XR (generic Dilacor XR®)
DYNACIRC®
DYNACIRC CR®
FELODIPINE ER (generic PLENDIL®)
LOTREL®
NICARDIPINE (generic Cardene®)
NIFEDIAC CC (generic Adalat CC®)
NIFEDICAL XL (generic Procardia XL®)
NIFEDIPINE EXTENDED RELEASE (generic Procardia XL®)
NIFEDIPINE IMMEDIATE RELEASE (generic Procardia®)
NORVASC®
SULAR®
TAZTIA XT®
VERAPAMIL (generic Calan®, Isoptin®)
VERAPAMIL EXTENDED RELEASE (generic Calan SR®, Isoptin SR®)

CARDIOVASCULAR: Lipotropics

ADVICOR®
ALTOPREV®
CRESTOR®
LESCOL®
LESCOL XL®
LOVASTATIN (generic Mevacor®)
PRAVACHOL®80mg
PRAVASTATIN 10mg, 20mg & 40mg (generic Pravachol®)
VYTORIN®
ZETIA®
ZOCOR®

**Indicates when additional Prior Approval is required for the therapeutic class, including when using preferred products.
This list contains Montana Medicaid "preferred" drugs for each drug category shown above. Prior authorization is required for non-listed drugs within these categories and as otherwise noted.
Drug classes not included on this list are not subject to PDL requirements at this time.
Questions? Contact Mountain Pacific Quality Health Foundation Clinical Call Center: (800) 395-7961 Fax: (800) 294-1350
Website: www.mtmedicaid.org

MONTANA
Department of Public Health & Human Services

Montana Medicaid Preferred Drug Quicklist

Updated 9/27/2006

THIS IS NOT A CLOSED FORMULARY. CLASSES NOT LISTED ON THE PDL ARE UNAFFECTED.

CARDIOVASCULAR: Triglyceride Lowering Agents
GEMFIBROZIL

CARDIOVASCULAR: Non-Statin Lipotropics
NIASPAN®
NIACOR®

ENDOCRINOLOGY: Bisphosphonates
FOSAMAX® TABLETS & SOLUTION
FOSAMAX PLUS D®

ENDOCRINOLOGY: Nasal Calcitonins
MIACALCIN®

ENDOCRINOLOGY: Alpha-glucosidase Inhibitors
GLYSET®
PRECOSE®

ENDOCRINOLOGY: Insulins
HUMULIN 50/50®
HUMALOG 50/50®
HUMALOG 75/25®
LANTUS®
LEVEMIR® VIALS
NOVOLIN 70/30®
NOVOLIN N®
NOVOLIN R®
NOVOLOG®
NOVOLOG 70/30®
RELION 70/30®
RELION N®
RELION R®

ENDOCRINOLOGY: Meglitinides
STARLIX®

ENDOCRINOLOGY: Thiazolidinediones
ACTOS®
ACTOPLUS MET®
AVANDAMET®

ENDOCRINOLOGY: 2nd Generation Sulfonylureas
GLIMEPIRIDE (generic Amaryl®)
GLIPIZIDE (generic Glucotrol®)
GLIPIZIDE ER/XL
(generic Glucotrol XL®)
GLYBURIDE
(generic Micronase®, DiaBeta®)
GLYBURIDE MICRONIZED
(generic Glynase®)

GASTROINTESTINAL AGENTS : PPIs
PRILOSEC® OTC (*Must be tried prior to acquiring a PA for the following preferred agents)*
NEXIUM®**
PREVACID® CAPSULES**

GASTROINTESTINAL: Hepatitis C Agents
PEGASYS®
PEGASYS® CONVENIENT PACK
PEG-INTRON®
PEG-INTRON® REDIPEN
RIBAVIRIN TABS & SUSP
(generic Copegus®)

MISCELLANEOUS: Androgen Hormone Inhibitors
PROSCAR®

MISCELLANEOUS: Urinary Antispasmodics
DETROL LA®
ENABLEX®
OXYBUTYNIN (generic Ditropan®)
VESICARE®

MISCELLANEOUS: Electrolyte Depleters
FOSRENOL®
MAGNEBIND® 400 Rx TAB
MARLEXATE® POWDER
PHOSLO®
RENAGEL®
SOD. POLYSTYRENE SULF. POWDER

MISCELLANEOUS: Multiple Sclerosis Agents
AVONEX®
BETASERON®
COPAXONE®
REBIF®

MISCELLANEOUS: Non-Ergot Dopamine Receptor Agonist
MIRAPEX®
REQUIP®

MISCELLANEOUS: Immunomodulators
ENBREL®**
HUMIRA®**
KINERET®**

MISCELLANEOUS: Topical Immunomodulators
ELIDEL®
PROTOPIC®

OPHTHALMIC ANTIBIOTICS: Quinolones
CIPROFLOXACIN
CILOXAN® OINTMENT
OFLOXACIN
VIGAMOX®

OPHTHALMIC/GLAUCOMA: Alpha 2 Adrenergic Agents
ALPHAGAN P®
BRIMONIDINE (generic Alphagan®)

OPHTHALMIC/GLAUCOMA: Beta Blocker Agents
BETAXOLOL (generic Betoptic®)
BETOPTIC S®
CARTEOLOL (generic Ocupress®)
LEVOBUNOLOL (generic Betagan®)
METIPRANOLOL
(generic Optipranolol®)
TIMOLOL DROPS & GEL SOLUTION
(generic Timoptic® & Timoptic XE®)

OPHTHALMIC/GLAUCOMA: Carbonic Anhydrase Inhibitors
AZOPT®
COSOPT®
TRUSOPT®

OPHTHALMIC/GLAUCOMA: Prostaglandin Agonists
LUMIGAN®

RESPIRATORY: Short Acting Beta Adrenergics-Inhalers/Nebs
ALBUTEROL MDI/NEB/SOLN
(generic Proventil®, Ventolin®)
MAXAIR®
METAPROTERENOL NEB
PROVENTIL®HFA
VENTOLIN® HFA
XOPENEX® NEB/SOLN
XOPENEX® HFA

RESPIRATORY: Long Acting Beta Adrenergics
FORADIL®
SEREVENT DISKUS®

RESPIRATORY: Inhaled Corticosteroids/Nebs
ASMANEX®
AZMACORT®
FLOVENT®
FLOVENT HFA®
PULMICORT RESPULES®
QVAR®

RESPIRATORY: Long Acting Combination Products
ADVAIR®

RESPIRATORY: Nasal Corticosteroids
FLUNISOLIDE (generic Nasarel®)
NASONEX®

RESPIRATORY: Leukotriene Modifiers
ACCOLATE®
SINGULAIR®

RESPIRATORY: Inhaled Anticholinergic Agents
ATROVENT® INHALER
ATROVENT® HFA INHALER
COMBIVENT® INHALER
DUONEB® SOLUTION
IPRATROPIUM NEBS
(generic Atrovent® Nebs)

**Indicates when additional Prior Approval is required for the therapeutic class, including when using preferred products.
This list contains Montana Medicaid "preferred" drugs for each drug category shown above. Prior authorization is required for non-listed drugs within these categories and as otherwise noted.
Drug classes not included on this list are not subject to PDL requirements at this time.
Questions? Contact Mountain Pacific Quality Health Foundation Clinical Call Center: (800) 395-7961 Fax: (800) 294-1350
Website: www.mtmedicaid.org