



DRUG CLASS	THERAPEUTIC CATEGORY	EXAMPLE	REASON FOR INCLUSION/EXCLUSION	MONTANA STATE FUND Preferred Drug List STATUS	COMMENTS
ANTI-INFECTIVE					
Penicillins	Antibiotic	PenVee K, Amoxil, Augmentin, etc.	Limited supply included to	Covered within first 30 days	
Cephalosporins	Antibiotic	Keflex, Duricef, Ceclor, etc.	treat various infections caused by	Covered within first 30 days	
Macrolides	Antibiotic	Erythromycin, Biaxin, Zithromax, etc.	work-related cuts, burns, punctures,	Covered within first 30 days	
Tetracyclines	Antibiotic	Sumycin, doxycycline, Minocin, etc.	lacerations, etc. Also used for	Covered within first 30 days	
Quinolones	Antibiotic	Levaquin, Cipro, Floxin, etc.	pressure wounds/bedsores and urinary	Covered within first 30 days	
Misc.Anti-infectives	Antibiotic	Bactrim, Septra, Flagyl, Cleocin, etc.	tract infections forbedridden patients.	Covered within first 30 days	
Misc.Anti-infectives	Streptogramins (VRE only)	Synercid	Seldom RNR*, high \$ cost	Authorization required	
Misc.Anti-infectives	Leprostatics	Dapsone, Lamprene	Seldom RNR, high \$ cost	Authorization required	
Misc.Anti-infectives	Linezolid (MRSA/VRE only)	Zyvox	Seldom RNR, high \$ cost	Authorization required	
Antivirals	Antiviral	Zovirax	Seldom RNR, high \$ cost	Authorization required	
Antivirals	Antiretroviral agents (HIV)	Crixivan, Combivir, Retrovir, etc.	Limited supply allowed for needle-stick injuries.	Covered within first 15 days	
Hepatitis agents	Hepatitis agents	Ribavirin, Peg-intron, etc.	Verify RNR	Authorization Required	
Antimycobacterials	Antitubercular agents (TB)	ethambutol, isoniazid, rifampin, etc.  Diflucan, Nizoral, etc.	Limited supply allowed for TB exposures  Verify RNR; occasional pre/post-op	Covered within first 15 days  Authorization Required	
Antirungais	Antifungal	Diffucan, Nizorai, etc.	verity KNK; occasional pre/post-op	Authorization Required	
	ETABOLIC DRUGS				
Corticosteroids	Glucocorticosteroids	Prednisone, Medrol, etc.	Limited supply; for inflammation (incl. strains, sprains)	Covered within first 30 days	
ANTIHISTAMINES					
Antihistamines	Ethanolamines	Benadryl, Tavist, etc.	Allergic reactions (to medicines, chemicals, industrial cleaners, etc.)	Authorization Required	
Antihistamines	Phenothiazines	Phenergan	Medication-induced N&V***	Authorization Required	
Antihistamines	Non-sedating antihistamines	Allegra, Claritin, Zyrtec, etc.	Allergic reactions (to medicines, chemicals, industrial cleaners, etc.)	Authorization Required	
ANTIASTHMATIC	S				
Antiasthmatics	Beta Agonists	Albuterol, Duonebs, etc.	Verify RNR	Authorization Required	
Antiasthmatics	Xanthines	Slo-Bid, etc.	Verify RNR	Authorization Required	
Antiasthmatics	Inhaled Corticosteroids	Flovent, Advair, Serevent, etc.	Verify RNR	Authorization Required	
Antiasthmatics	NACL inhalation	Sodium chloride 0.9% inhalation	Verify RNR	Authorization Required	
SYSTEMIC/TOPIC	AL NASAL PRODUCTS				
Syst./Top.Nasal	Nasal steroids	Beconase AQ, Flonase, Nasalide, etc.	Verify RNR	Authorization Required	
Syst./Top.Nasal	Saline nasal spray	Ocean, Ayr, Saline Aerosol, Deep Sea Mist, etc.	Verify RNR	Authorization Required	
Syst./Top.Nasal	Nasal anti-infectives	Bactroban Nasal	Verify RNR	Authorization Required	
ANAPHYLAXIS TI	IERAPY AGENTS			•	
Anaphylaxis Agents	Sympathomimetics	EniPen, Ana-Kit	Verify RNR	Authorization Required	
WOUND CARE	бупрацюпинецез	Epit cit, Ana-Kit	venyreax	Authorization reclaired	
Urin. anti-infectives	Transport of the second	The second of the second	Verify RNR	A 4 1 2 D 1 1	
	Urin. anti-infectives	Azo-gantrisin, Cystex, Macrobid, etc.	Verify RNR Verify RNR	Authorization Required	
Urinary antispasmodics Misc. GU	Urinary antispasmodics NACL irrigation	Bethanecol, Ditropan, Detrol, Urispas, etc.  Sodium chloride 0.9% irrigation	Verify RNR	Authorization Required Authorization Required	
		Sodium chloride 0.9% irrigation	Verily RNR	Authorization Required	
GASTROINTESTIN	-				
Laxatives	Laxatives	Colace, docusate, Dulcolax, etc.	Opiate-induced constipation	Authorization Required	
Antiemetics	Anticholinergic	Dramamine, meclizine, etc.	Medication-induced N&V	Authorization Required	
Antiemetics	5-HT3 receptor blockers	Zofran, Kytril, Anzemet	Less expensive alternatives available Less expensive alternatives	Authorization Required	
Antiemetics Ulcer drugs	Antiemetics, misc. H2 antagonists	Marinol (dronabinol)  Tagamet, Pepcid, Zantac	available; abuse potential  Medication-induced GI upset	Authorization Required Authorization Required	
Oicer drugs	H2 antagonists	ragamet, repetit, zantac	Medication-induced of upset	Authorization Required	
Ulcer drugs	Proton pump inhibitors (Step Therapy Module)	Nexium, Prevacid, Prilosec, Omeprazole	Medication-induced GI upset	Covered	Generic PPIs are first-line, brand names and single source brands are target drugs. There are generics for AciPhex, Prilosec, Prevacid, Protonix, Zegerid. Nexium generic is expected soon.
Belladonna alkaloids	Atropine, scopalamine, etc.	Levsin, hyoscyamine, Anaspaz, etc.	Verify RNR	Authorization Required	
Misc. GI	Laxatives, intestinal acidifiers	Lactulose, Enulose, etc.	Opiate-induced constipation	Authorization Required	
Antacids	Antacids	Maalox, Mylanta, Tums, etc.	Medication-induced gastritis	Authorization Required	
Ulcer drugs	Misc. anti-ulcer	Carafate	Verify RNR; high \$ cost	Authorization Required	
Miscellaneous GI	GI stimulants, anti-gas	Reglan, simethicone, etc.	Verify RNR; high \$ cost	Authorization Required	
CENTRAL NERVO	US SYSTEM DRUGS				
Anti-anxiety agents	Anti-anxiety agents	Xanax, Buspar, Valium, etc.	Injury-related anxiety, muscle spasm	Authorization required	
Antidepressants	Antidepressants	Elavil, Cymbalta, Wellbutrin, Effexor, Prozac, etc.	antidepressants, sometimes used "off- label" for neuropathic pain	Authorization Required	
Antipsychotics	Antipsychotics	Seroquel, Haldol, Zyprexa, etc.	Seldom RNR, high \$ cost	Authorization required	
Antipsychotics	Anti-emetic agent	Compazine	Medication-induced N&V	Authorization Required	





DRUG CLASS	THERAPEUTIC CATEGORY	EXAMPLE	REASON FOR INCLUSION/EXCLUSION	MONTANA STATE FUND Preferred Drug List STATUS	COMMENTS	
Hypnotics	Non-barbiturate hypnotics (Step Therapy Module)	Ambien, Ambien CR, Sonata, Halcion, Zolpimist, Intermezzo, Edluar, Lunesta, etc.	Pain-induced sleep disruption	Covered after first 30 days (Including Ambien CR); Limit to 1 fill	Generic Ambien, Ambien CR, Sonata are first-line agents and the brand name counterparts are target drugs. Generic Lunesta will be added as first-line and brand Lunesta will remain as a target drug.	
Hypnotics	(Step Therapy Module Hypnotics)	Rozerem	Pain-induced sleep disruption	Covered after first 30 days, Limit 1 fill	Rozerem is a target drug	
Hypnotics	Melatonin MT1/MT2Receptor Agonists	Hetlioz		Authorization Required		
Hypnotics	Antihistamine hypnotics	Unisom, Nytol, Tylenol PM, etc.	Pain-induced sleep disruption	Covered after first 30 days; Limit to 1 fill		
ANALGESICS & A	NESTHETICS					
Non-narc.analgesics	Non-narcotic analgesics	Aspirin, Tylenol, Disalcid, etc.	Pain & inflammation (strains/sprains)	Covered		
Non-narc.analgesics	Non-narc.analgesic combos	Midol Extra Strength	Seldom RNR	Authorization required		
Non-narc.analgesics	Non-narc.analgesic combos	Midol Max. Strength	Seldom RNR	Authorization required		
Narcotic analgesics	Narcotic agonists	Oxycodone, Dilaudid, Opana, etc.	Moderate-severe acute pain	Authorization Required		
Narcotic analgesics	Narcotic agonists (Tramadol Step Therapy Module)	tramadol, tramadol ER, tramadol 24 hr, Rybix ODT	Moderate-severe acute pain	cover all tramadol including Ryzolt, Rybix and Ultram ER . Conzip Authorization Required	Generics are first-line and brands are target	
Narcotic analgesics	Long Acting narcotic agonists	OxyContin, morphine SR, Duragesic, Opana ER, etc.	Moderate-severe chronic pain	Authorization Required		
Narcotic analgesics Narcotic analgesics	Narcotic agonists Narcotic agonists	Oxycodone, Dilaudid, Opana, etc. Actio, Fentora, fentanyl powder	Inappropriate for non-cancer pain	Authorization Required Authorization required		
Narcotic analgesics	Narcotic agonists Partial narc.agonists	Talwin NX, Stadol, etc.	Mild-moderate pain	Authorization required Authorization Required	1	
Narcotic analgesics	Partial narc.agonists Partial narc.agonists	Suboxone, Subutex	Moderate-severe chronic pain	Authorization Required Authorization required		
Narcotic analgesics	Narcotic combinations	Percocet, Lortab, Vicodin, Norco, etc.	Moderate-severe pain	Covered within first 30 days		
	NESTHETICS (continued)					
Anti-inflammatory	NSAID/PPI Combinations	Prevacid Naprapac etc	Pain & inflammation (strains/sprains)	Authorization required		
Anti-illianimatory	NSAID/PPI Combinations	Prevacid Naprapac, etc.	ram & mnammanon (strams/sprams)	Authorization required	Generic NSAIDs are are first-line while brand names	
Anti-inflammatory	NSAIDS (Step Therapy Module)	Motrin, Relafen, Daypro, Mobic, Zipsor, etc.	Pain & inflammation (strains/sprains)	Covered	and single source brands including topical NSAID patches are target drugs.	
Anti-inflammatory	NSAID (Step Therapy Module)	Cambia, Topical antiinflammatories Authorization Required.	Pain & inflammation (strains/sprains)	Authorization required	Generic NSAIDs are are first-line while brand names and single source brands including topical NSAID patches are target drugs.	
Anti-inflammatory	NSAID, COX INHIBITOR-TYPE & PROTON PUMP INHIB COMB (NSAID Step Therapy Module)	(Step Therapy Module) Vimovo	Pain & inflammation (strains/sprains)	Authorization Required	Vimovo is a target drug. Generic NSAIDs are first-line	
Anti-inflammatory	NSAID & HISTAMINE H2 RECEPTOR ANTAGONIST COMB. (NSAID Step Therapy Module)	(Step Therapy Module) Duexis	Pain & inflammation (strains/sprains)	Authorization Required	Duexis is a target drug. Generic NSAIDs are first-line	
Anti-inflammatory	COX-2 (COX-2 Step Therapy Module)	Celebrex	Pain & inflammation (strains/sprains)	Celebrex	Celebrex is target drug, all other NSAIDs (not topical patches) are first-line	
Migraine Products	Migraine combos	Midrin, Duradrin, Cafergot, etc.	Seldom RNR	Authorization Required		
Migraine Products	Selective 5-HT agonists	Imitrex, Maxalt, Axert, Zomig, etc.	Seldom RNR	Authorization Required		
NEUROMUSCULA	R DRUGS					
Anticonvulsants	Anticonvulsants (Step Therapy Module)	Neurontin	Neuropathic pain ("off-label" use)	Covered after first 30 days	Generic Neurontin (gabapentin) is first-line and brand Neurontin, Lyrica, Gralise and Horizant are target drugs.	
Anticonvulsants	Anticonvulsants (Lyrica, Gralise, Horizant )	Lyrica, Gralise, Horizant, Topamax, Tegretol, etc.	Neuropathic pain ("off-label" use)	Authorization Required	effective 8.15.16	
Muskuloskeletal	Central muscle relaxants	Robaxin, Flexeril, etc.	Muscle spasm (strains/sprains)	Covered		
Muskuloskeletal	Central muscle relaxants	Amrix ER, Fexmid		Amrix ER and Fexmid PA required		
Muskuloskeletal	Central muscle relaxants	Baclofen, Zanaflex	Spacticity	Covered		
Muskuloskeletal	Central muscle relaxants	Zanaflex Capsules	W. S. Dam III A	Zanaflex Capsules PA required		
Muskuloskeletal	Viscosupplements	Hyalgan, Synvisc, etc.	Verify RNR; high \$ cost	Authorization required		
Muskuloskeletal	Muscle relaxant combos	Soma Compound, Norgesic Forte, etc.	Muscle spasm (strains/sprains)	Covered		
	CTS - OPHTHALMICS	Ion o compa	le de	0 1 111 5 100 1		
Ophthalmics Ophthalmics	Ophth Antibiotics	Ciloxan, Genoptic, Tobrex, etc.	Eye injury infections (cuts, scratches, splashes, etc.)  Seldom RNR, high \$ cost	Covered within first 30 days  Authorization required		
Ophthalmics	Ophth.antifungals	Natacyn	Seldom RNR, high \$ cost Seldom RNR, high \$ cost	Authorization required Authorization required	1	
Ophthalmics	Ophth.steroids	Blephamide, Maxidex, Tobradex, etc.	Eye injury inflammation	Covered within first 30 days		
Ophthalmics	Ophth.local anesthetics	Pontocaine, Tetracaine, Alcaine, etc.	Eye injury pain	Covered within first 30 days		
Ophthalmics	Ophth.NSAIDS	Acular, Voltaren, etc.	Eye injury pain & inflammation	Covered within first 30 days		
Ophthalmics	Artificial tears/lubricants	Artificial Tears, Tears Naturale, etc.	Seldom RNR	Authorization Required		
Ophthalmics	Ophth. decongestants	Visine, Naphcon-A, Vasocon-A, etc.	Seldom RNR	Authorization Required		
Ophthalmics	Ophth. irrigation solutions	Dacriose, Eyestream, BSS, etc.	Seldom RNR	Authorization Required		
Ophthalmics			Verify RNR, high \$ cost	•		





DRUG CLASS	THERAPEUTIC CATEGORY	EXAMPLE	REASON FOR INCLUSION/EXCLUSION	MONTANA STATE FUND Preferred Drug List STATUS	COMMENTS
TOPICAL PRODU	CTS - OTICS				
Otic	Otic anti-infectives	Floxin otic, etc.	Ear injury infections (punctures, scratches, splashes, etc.)	Covered within first 30 days	
Otic	Otic analgesics	Americaine Otic, Oticaine, etc.	Ear injury/infection pain	Covered within first 30 days	
Otic	Otic steroids	Vosol HC Otic, etc.	Ear injury inflammation	Covered within first 30 days	
Otic	Otic combos	Cipro HC Otic, Oticin HC, etc.	Ear injury infection/inflammation	Covered within first 30 days	
Otic	Otic antifungal combos	Swim-ear, Auro-dri, Dri-ear, etc.	Seldom RNR	Authorization required	
TOPICAL PRODUCTS - MOUTH & THROAT PRODUCTS					
Mouth & Throat	Anti-infectives/throat	Gly-Oxide, Mycelex Troche, etc.	Seldom RNR	Authorization Required	
Mouth & Throat	Antiseptics - mouth/throat	Peridex Oral Rinse	Seldom RNR	Authorization Required	
Mouth & Throat	Steroids/oral	Kenalog in Orabase, etc.	Seldom RNR	Authorization required	
Mouth & Throat	Anesthetics/topical,oral	Anbesol, lidocaine viscous, etc.	Seldom RNR	Authorization required	
Mouth & Throat	Misc.throat products	Sore Throat Spray, Biotene, Salagen, etc.	Seldom RNR	Authorization Required	





DRUG CLASS	THERAPEUTIC CATEGORY	EXAMPLE	REASON FOR INCLUSION/EXCLUSION	MONTANA STATE FUND Preferred Drug List STATUS	COMMENTS
DERMATOLOGICALS					
Topical Products	Antibiotics - topical	Neosporin oint., Bactroban oint., etc.	Work-related skin infections (cuts, abrasions, scrapes, etc.)	Authorization Required	
Topical Products	Antihistamines - topical	Benadryl Cream, etc.	Injury-related skin allergic reactions (including drug-induced)	Authorization Required	
Topical Products	Antiprurities	Sarna Lotion, Prudoxin Cream, etc.	Injury-related skin pain, itching	Authorization Required	
Topical Products	Burn products	Silvadene Cream, Thermazine, etc.	Injury-related burns	Covered	
Topical Products	Cauterizing agents	Silver nitrate sticks, etc.	Wound cauterization	Covered	
Topical Products	Corticosteroids - topical	Diprosone, hydrocortisone cream, etc.	Injury-related skin inflammation	Authorization Required	
Topical Products	Emollients	Aquaphor, Eucerin, etc.	Injury-related dry skin	Authorization Required	
Topical Products	Topical analgesics	Aspercreme, Ben-Gay, Bioflex, etc.	Muscle, joint pain	Authorization Required	
Topical Products	Local anesthetics-topical	Lidoderm	Lower cost alternatives available	Authorization required	
Topical Products	Local anesthetics-topical	Zostrix Cream, etc.	Topical pain relief; possible alternative to oral analgesics	Authorization Required	
Topical Products	Wound care products	Tegaderm, etc.	Wound/dressing care	Covered	
Topical Products	Astringents	Zinc oxide, witch hazel, Domeboro,etc.	Wound/dressing care; skin protectant	Covered	
Topical Products	Skin cleansers	Aloe vesta, Bedside Care Sol., etc.	Skin cleansers	Authorization Required	
Topical Products	Skin cleansers	Normal Saline	Wound care and cleansing	Authorization Required	
Topical Products	Scabicides	Rid, A-200 Lice treatment, Lice-Aid, etc.	exposure to scabies	Authorization Required	
ANTIDOTES					
Antidotes	Antidotes	Ipecac, activated charcoal, Protopam, methylene blue, etc.	Seldom RNR	Authorization Required	
ASSORTED CLASSES					
Chelating Agents	Chelating Agents	Penicillamine, cupramine	Seldom RNR	Authorization Required	