

Search Tip:

This is a large document, but you can search quickly and easily by clicking on the binocular icon on your toolbar or using the CTRL+F search function from your keyboard. It will then display a search box for you to type in the name of the drug you want to locate. If you do not know the correct spelling, you can start your search by entering just the first few letters of the name.

**Montana Unified School Trust Formulary
Alphabetical Index
Last Updated 11/1/2024**

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| abacavir soln (ZIAGEN equiv) | - | 1 | ANTIVIRALS |
| abacavir tab (ZIAGEN equiv) | - | 1 | ANTIVIRALS |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 1 | ANTIVIRALS |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 1 | ANTIVIRALS |
| ABILIFY MYCITE PACK | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY MYCITE TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| abiraterone acetate tab 500mg (ZYTIGA equiv) | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day) | LMSP-QL | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ABRILADA INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ABRYSVO INJ (QL= 1 dose/lifetime) | QL-VAC | \$0 | VACCINES |
| ABSORICA CAP | - | NC | DERMATOLOGICALS |
| ABSORICA LD CAP | - | NC | DERMATOLOGICALS |
| ABSTRAL SL TAB (QL= 120 tabs/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv) | - | 1 | ANTIDIABETICS |
| ACCRUFER CAP | - | NC | HEMATOPOIETIC AGENTS |
| ACCU-CHEK AVIVA PLUS METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | \$0 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK GUIDE CARE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE ME KIT | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE TEST STRIP | OTC | \$0 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK NANO METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | \$0 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK TEST STRIP | OTC | \$0 | DIAGNOSTIC PRODUCTS |
| acebutolol cap (SECTRAL equiv) | - | 1 | BETA BLOCKERS |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB | - | NC | ANALGESICS - OPIOID |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | 1 | ANALGESICS - OPIOID |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP | - | NC | MIGRAINE PRODUCTS |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | NC | MIGRAINE PRODUCTS |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 1 | DIURETICS |
| acetazolamide tab | - | 1 | DIURETICS |
| acetic acid otic soln (VOSOL equiv) | - | 1 | OTIC AGENTS |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 | OTIC AGENTS |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 | OTIC AGENTS |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 | COUGH/COLD/ALLERGY |
| ACIPHEX SPRINKLE CAP | - | NC | ULCER DRUGS |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| acitretin cap (SORIATANE equiv) | - | 1 | DERMATOLOGICALS |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |

NC = Not Covered**NC/3P** = Not Covered, Third Party Reviewer**generic** = small letters**BRANDS** = CAPITAL LETTERS

EXC

Plan Exclusion

INF

Infertility

LD

Limited Distribution

LMSP

Lumicera Mandatory Specialty Pharmacy Program

MSP

Mandatory Specialty Pharmacy Program

OTC

Over-the-Counter

PA

Prior Authorization

QL

Quantity Limit

RDX

Restricted to Diagnosis

RS

Restricted to Specialist

SMKG

Smoking Cessation

ST

Step Therapy

VAC

Vaccine Program

¢

RxCENTS

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| ACTEMRA SC INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ACTHAR GEL AUTO-INJECTOR | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ACTHIB INJ, HIBERIX INJ | VAC | \$0 | VACCINES |
| ACTICLATE TAB 75MG, 150MG | - | NC | TETRACYCLINES |
| ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | S | ANTINEOPLASTICS |
| ACTOPLUS MET TAB | - | NC | ANTIDIABETICS |
| ACUVAIL OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| acyclovir cap (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir cream (ZOVIRAX equiv) | - | NC | DERMATOLOGICALS |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 1 | DERMATOLOGICALS |
| acyclovir susp (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| ADACEL/BOOSTRIX INJ | VAC | \$0 | TOXOIDS |
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-ADAZ PFS INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADALIMUMAB-RYVK INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ADAPALENE SOLN | - | NC | DERMATOLOGICALS |
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 | DERMATOLOGICALS |
| adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 | DERMATOLOGICALS |
| ADAPALENE LOTION (DIFFERIN equiv) | - | NC | DERMATOLOGICALS |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | - | 1 | DERMATOLOGICALS |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv) | - | 1 | DERMATOLOGICALS |
| ADAPALENE/BENZOYL PEROXIDE PAD | - | NC | DERMATOLOGICALS |
| ADASUVE INHALER | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ADAZIN CREAM | - | NC | DERMATOLOGICALS |
| ADBRY INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S | DERMATOLOGICALS |
| ADBRY INJ (QL= 4 inj/28 days) | LMSP-PA-QL | S | DERMATOLOGICALS |
| ADCIRCA TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 1 | ANTIVIRALS |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| ADLARITY PATCH | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

| | | | | | |
|------|---|------|--------------------------------------|-----|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |
| | generic = small letters | | | | BRANDS = CAPITAL LETTERS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| ADMELOG INJ, HUMALOG INJ | - | NC | ANTIDIABETICS |
| ADMELOG SOLOSTAR, HUMALOG TEMPO PEN | - | NC | ANTIDIABETICS |
| ADRENACLICK INJ, EPINEPHRINE INJ | - | NC | VASOPRESSORS |
| ADRENALIN NASAL SOLN | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ADVAIR DISKUS INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVAIR HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVICOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ADZENYS ER SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| ADZENYS XR TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| AEMCOLO TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| AEROCHAMBER | OTC | 2 | MEDICAL DEVICES AND SUPPLIES |
| AFINITOR DISPERZ TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFINITOR TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| AGAMREE SUSP | - | NC | CORTICOSTEROIDS |
| AIMOVIG INJ (QL= 1 pack/28 days) | PA-QL | 2 | MIGRAINE PRODUCTS |
| AIRDUO POWDER INHALER W/SENSOR | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AIRDUO RESPICLICK | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AIRSUPRA INH | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AJOVY INJ (QL= 1 pack/28 days) | PA-QL | 2 | MIGRAINE PRODUCTS |
| AKEEGA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AKLIEF CREAM | - | NC | DERMATOLOGICALS |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| ALA-SCALP LOTION | - | NC | DERMATOLOGICALS |
| albendazole tab (ALBENZA equiv) | - | NC | ANTHELMINTICS |
| ALBENZA TAB | - | NC | ANTHELMINTICS |
| albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL HFA INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL NEBULIZER SOLN | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate syrup | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | 1 | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE OINT equiv) | - | 1 | DERMATOLOGICALS |
| ALCOHOL SWABS | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv) | - | NC | DERMATOLOGICALS |
| ALECENSA CAP (QL= 8 caps/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alendronate sodium oral soln (FOSAMAX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| alendronate tab (FOSAMAX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE TAB 40MG | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALEVICYN SOLN DERMAL | - | NC | DERMATOLOGICALS |
| ALFERON-N INJ | LMSP | S | ANTINEOPLASTICS |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| aliskiren tab (TEKURNA equiv) | - | 1 | ANTIHYPERTENSIVES |
| ALKINDI SPRINKLE CAP | - | NC | CORTICOSTEROIDS |
| ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL | 3 | CORTICOSTEROIDS |
| ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL | 3 | CORTICOSTEROIDS |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 | GOUT AGENTS |
| allopurinol tab 200mg | - | NC | GOUT AGENTS |
| ALLZITAL TAB | - | NC | ANALGESICS - NONNARCOTIC |
| almotriptan tab (AXERT equiv) | - | NC | MIGRAINE PRODUCTS |
| ALOCRILOPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALOGLIPTIN TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN TAB, NESINA TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN-METFORMIN TAB | - | NC | ANTIDIABETICS |
| ALOGLIPTIN-PIOGILTAZONE TAB | - | NC | ANTIDIABETICS |
| ALOMIDE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALOQUIN GEL | - | NC | DERMATOLOGICALS |
| ALORA PATCH | - | 3 | ESTROGENS |
| alosetron tab (LOTRONEX equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| alprazolam ER tab (XANAX XR equiv) | - | 1 | ANTIAXIETY AGENTS |
| alprazolam ODT (NIRAVAM equiv) | - | 1 | ANTIAXIETY AGENTS |
| alprazolam tab (XANAX equiv) | - | 1 | ANTIAXIETY AGENTS |
| ALREX OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| ALREX OPHTH SUSP 0.2% | - | 3 | OPHTHALMIC AGENTS |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ | - | NC | MIGRAINE PRODUCTS |
| ALTABAX OINT | - | NC | DERMATOLOGICALS |
| ALTOPREV TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ALTRENO LOTION | - | NC | DERMATOLOGICALS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| ALUNBRIG PAK | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALVAIZ TAB | - | NC | HEMATOPOIETIC AGENTS |
| ALVESCO INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alvimopan cap (ENTEREG equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ALZAIR NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| amantadine cap (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| amantadine syrup (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| amantadine tab | - | 1 | ANTIPARKINSON AGENTS |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| AMCINONIDE CREAM 0.1% | - | NC | DERMATOLOGICALS |
| AMCINONIDE LOTION | - | NC | DERMATOLOGICALS |
| AMCINONIDE OINTMENT | - | NC | DERMATOLOGICALS |
| amethyst tab (LYBREL equiv) | - | \$0 | CONTRACEPTIVES |
| amiloride tab (MIDAMOR equiv) | - | 1 | DIURETICS |
| AMILORIDE/HCTZ TAB | - | 1 | DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 | DIURETICS |
| aminocaproic acid soln (AMICAR equiv) | - | 1 | HEMOSTATICS |
| aminocaproic acid tab (AMICAR equiv) | - | 1 | HEMOSTATICS |
| amiodarone tab (CORDARONE equiv) | - | 1 | ANTIARRHYTHMICS |
| AMITIZA CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| amitriptyline tab (ELAVIL equiv) | - | 1 | ANTIDEPRESSANTS |
| AMJEVITA AUTO-INJECTOR (adalimumab-atto) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| AMJEVITA INJ (adalimumab-atto) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| amlodipine tab (NORVASC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| amlodipine/atorvastatin tab (CADUET equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/olmesartan tab (AZOR equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | NC | ANTIHYPERTENSIVES |
| ammonium lactate cream (LAC-HYDRIN equiv) | OTC | EXC | DERMATOLOGICALS |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC | EXC | DERMATOLOGICALS |
| amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | 1 | DERMATOLOGICALS |
| amoxapine tab (AMOXAPINE equiv) | - | 1 | ANTIDEPRESSANTS |
| amoxicillin cap (TRIMOX equiv) | - | 1 | PENICILLINS |
| AMOXICILLIN CHEW TAB | - | 1 | PENICILLINS |
| amoxicillin susp (TRIMOX equiv) | - | 1 | PENICILLINS |
| amoxicillin tab (AMOXIL equiv) | - | 1 | PENICILLINS |
| AMOXICILLIN/CLAVULANATE ER TAB | - | 3 | PENICILLINS |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |

| | | | | | |
|------|---|------|--------------------------------------|-----|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| AMPHETAMINE ER SUSP, DYANAVEL XR SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine tab (EVEKEO equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ampicillin cap (AMPICILLIN equiv) | - | 1 | PENICILLINS |
| AMZEEQ FOAM | - | NC | DERMATOLOGICALS |
| anagrelide cap (AGRYLIN equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| ANALPRAM-E KIT | - | 3 | ANORECTAL AGENTS |
| ANALPRAM-HC CREAM | - | 3 | ANORECTAL AND RELATED PRODUCTS |
| ANASTIA LOTION | - | NC | DERMATOLOGICALS |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| ANGELIQ TAB | - | NC | ESTROGENS |
| ANNOVERA RING (QL= 1 ring/year) | QL | \$0 | CONTRACEPTIVES |
| ANORO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ANTARA CAP, FENOFIBRATE MICRONIZED CAP | - | NC | ANTIHYPERTENSIVES |
| ANTARA CAP, LOFIBRA CAP | - | NC | ANTIHYPERTENSIVES |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | NC | OTIC AGENTS |
| ANTIVERT TAB, MECLIZINE TAB | - | NC | ANTIEMETICS |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 | ANTIEMETICS |
| APADAZ TAB | - | NC | ANALGESICS - OPIOID |
| APAP/CODEINE SOLN | - | 1 | ANALGESICS - OPIOID |
| APEXICON E CREAM (PSORCON E equiv) | - | NC | DERMATOLOGICALS |
| APIDRA INJ | - | NC | ANTIDIABETICS |
| APIDRA SOLOSTAR INJ | - | NC | ANTIDIABETICS |
| APLENZIN TAB | - | NC | ANTIDEPRESSANTS |
| APOKYN INJ | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| apomorphine inj (APOKYN equiv) | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| APRACLONIDINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 1 | ANTIEMETICS |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | 1 | ANTIEMETICS |
| APRISO CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| APRIZIO PAK KIT | - | NC | DERMATOLOGICALS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| APTOM TAB | - | NC | ANTICONSULTANTS |
| APTIVUS CAP | - | 2 | ANTIVIRALS |
| APTIVUS SOLN | - | 2 | ANTIVIRALS |
| AQNEURSA POWDER | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ARAKODA TAB | - | 3 | ANTIMALARIALS |
| ARANESP INJ | - | NC | HEMATOPOIETIC AGENTS |
| ARAZLO LOTION | - | NC | DERMATOLOGICALS |
| ARCALYST INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| AREXVY INJ (QL= 1 dose/lifetime; Covered for members age 60 years or older) | QL-VAC | \$0 | VACCINES |
| arformoterol tartrate neb soln (BROVANA equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | S | AMINOGLYCOSIDES |
| aripiprazole ODT (ABILIFY equiv) | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole soln (ABILIFY equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole tab (ABILIFY equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ARMONAIR DIGITAL INHALER 113MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR DIGITAL INHALER 232MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMONAIR DIGITAL INHALER 55MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 | THYROID AGENTS |
| ARNUIITY ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ARYMO ER TAB | - | NC | ANALGESICS - OPIOID |
| ASACOL HD TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ASACOL HD TAB, MESALAMINE TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | QL | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | \$0 | CONTRACEPTIVES |
| ASMANEX HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ASMANEX INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| aspirin chew tab 81mg (Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin EC tab 325mg | OTC | NC | ANALGESICS - NONNARCOTIC |
| aspirin ec tab 81mg (Covered for females (no age restriction)) | OTC | \$0 | ANALGESICS - NONNARCOTIC |
| aspirin tab 325mg | OTC | NC | ANALGESICS - NONNARCOTIC |
| aspirin/codeine tab | - | 1 | ANALGESICS - OPIOID |
| aspirin/dipyridamole cap (AGGRENOLX equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| ASPIRIN/OMEPRAZOLE ER TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| ASPRUZYO SPRINKLE GRANULES | - | NC | ANTIANGINAL AGENTS |
| ASTAGRAF XL CAP | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| ASTAMED MYO CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| atazanavir cap (REYATAZ equiv) | - | 1 | ANTIVIRALS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| atenolol tab (TENORMIN equiv) | - | 1 | BETA BLOCKERS |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| atomoxetine cap (STRATTERA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ATORVALIQ SUSP (Members age 9 or older require Prior Authorization) | PA | 3 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab (LIPITOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| atovaquone susp (MEPRON equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 | ANTIMALARIALS |
| ATRIPLA TAB | - | NC | ANTIVIRALS |
| ATRIX SYSTEM KIT | - | NC | DERMATOLOGICALS |
| atropine ophth oint | - | 1 | OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| ATROPINE SUL SOLN 1% OPHTH | - | 1 | OPHTHALMIC AGENTS |
| ATROPINE SULFATE OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| ATROVENT HFA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AUBAGIO TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUGTYRO CAP (QL= 8 caps/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AURYXIA TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| AUSTEDO TAB (QL= 4 tabs/day) | LMSP-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO TITRATION PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB (QL= 1 tab/day) | LMSP-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days) | LMSP-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days) | LMSP-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AUVELITY TAB | - | NC | ANTIDEPRESSANTS |
| AUVI-Q INJ | - | NC | VASOPRESSORS |
| AVAR AEROSOL FOAM | - | NC | DERMATOLOGICALS |
| AVAR GEL | - | 2 | DERMATOLOGICALS |
| AVAR PAD | - | NC | DERMATOLOGICALS |
| AVAR-E LS CREAM 10-2% | - | NC | DERMATOLOGICALS |
| AVONEX INJ | LMSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AXERT TAB | - | NC | MIGRAINE PRODUCTS |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| AZASITE SOLN | - | 2 | OPHTHALMIC AGENTS |
| azathioprine tab (IMURAN equiv) | - | 1 | ASSORTED CLASSES |
| azathioprine tab 100mg (AZASAN equiv) | - | NC | MISCELLANEOUS THERAPEUTIC CLASSE |
| azathioprine tab 75mg (AZASAN equiv) | - | NC | MISCELLANEOUS THERAPEUTIC CLASSE |
| azelaic acid gel (FINACEA equiv) | - | 1 | DERMATOLOGICALS |
| azelastine nasal spray 0.1% (ASTELIN equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine nasal spray 0.15% (ASTEPRO equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 | OPHTHALMIC AGENTS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AZELEX CREAM | - | NC | DERMATOLOGICALS |
| AZENASE PAK | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| AZESCHEW TAB 13-1MG | - | NC | MULTIVITAMINS |
| AZESCO TAB | - | NC | MULTIVITAMINS |
| azithromycin susp (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| azithromycin tab (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| AZO URINARY TAB | OTC | EXC | GENITOURINARY AGENTS - MISCELLANEOUS |
| AZOPT OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| AZSTARYS CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| BACITRACIN OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| BACLOFEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| BACLOFEN ORAL SOLN 10 MG/5ML (Prior Authorization Required for members age 9 and older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization Required for members age 9 and older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen susp (BACLOFEN equiv) (Prior Authorization Required for members age 9 or older) | PA | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN SUSP (Prior Authorization Required for members age 9 or older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen tab (BACLOFEN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| baclofen tab 15mg | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN TAB 5MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| BACTROBAN CREAM | - | NC | DERMATOLOGICALS |
| BAFIERTAM CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BALCOLTRA TAB | - | \$0 | CONTRACEPTIVES |
| balsalazide cap (COLAZAL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BANZEL SUSP | PA | 3 | ANTICONSULSANTS |
| BANZEL TAB | - | NC | ANTICONSULSANTS |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 | ANTIDIABETICS |
| BARACLUDE SOLN (Members age 9 or older require Prior Authorization) | PA | 3 | ANTIVIRALS |
| BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR I | - | NC | ANTIDIABETICS |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 | FLUOROQUINOLONES |
| B-D INSULIN SYRINGE | --OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| B-D PEN NEEDLE | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| b-donna tab (DONNATAL equiv) | - | NC | ULCER DRUGS |
| BECONASE AQ NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| BELBUCA FILM | - | NC | ANALGESICS - OPIOID |

| | | | | | |
|------|---|------|--------------------------------------|-----|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |
| | generic = small letters | | | | BRANDS = CAPITAL LETTERS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 | ULCER DRUGS |
| BELSOMRA TAB | - | NC | HYPNOTICS |
| benazepril tab (LOTENSIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | LMSP-PA-QL | S | MISCELLANEOUS THERAPEUTIC CLASSE! |
| BENLYSTA INJ (QL= 4 inj/28 day) | LMSP-PA-QL | S | MISCELLANEOUS THERAPEUTIC CLASSE! |
| BENTIVITE TAB | - | NC | HEMATOPOIETIC AGENTS |
| BENZAC WASH | - | NC | DERMATOLOGICALS |
| BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist) | RS | 2 | ANTHELMINTICS |
| benzonatate cap (TESSALON equiv) | - | 1 | COUGH/COLD/ALLERGY |
| benzonatate cap 150mg (ZONATUSS equiv) | - | NC | COUGH/COLD/ALLERGY |
| BENZOYL PEROXIDE CREAM | OTC | NC | DERMATOLOGICALS |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC | DERMATOLOGICALS |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | NC | DERMATOLOGICALS |
| BENZPHETAMINE TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| benztropine tab | - | 1 | ANTIPARKINSON AGENTS |
| bepotastine ophth soln (BEPREVE equiv) | - | 1 | OPHTHALMIC AGENTS |
| BERINERT INJ (Only available through Accredo 800-803-2523) | LD-PA | S | HEMATOLOGICAL AGENTS - MISC. |
| BESER KIT 0.05% | - | NC | DERMATOLOGICALS |
| BESIVANCE OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| BESREMI INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416) | LD | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone augmented gel | - | 1 | DERMATOLOGICALS |
| BETAMETHASONE AUGMENTED GEL | - | 2 | DERMATOLOGICALS |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone valerate cream | - | 1 | DERMATOLOGICALS |
| betamethasone valerate foam (LUXIQ equiv) | - | NC | DERMATOLOGICALS |
| betamethasone valerate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone valerate oint | - | 1 | DERMATOLOGICALS |
| BETASERON INJ | LMSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BETAXOLOL OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 | OPHTHALMIC AGENTS |
| betaxolol tab (KERLONE equiv) | - | 1 | BETA BLOCKERS |
| bethanechol tab (URECHOLINE equiv) | - | 1 | URINARY ANTISPASMODICS |
| BETIMOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BETOPTIC-S OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BEVESPI AEROSPHERE INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BEXAGLIFLOZN TAB | - | NC | ANTIDIABETICS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| bexarotene cap (TARGRETIN equiv) | LMSP-PA | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| bexarotene gel (TARGRETIN equiv) | LMSP-PA | 1 | DERMATOLOGICALS |
| BEXSERO INJ | VAC | \$0 | VACCINES |
| BEYAZ TAB | - | 3 | CONTRACEPTIVES |
| BEYFORTUS INJ | VAC | \$0 | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| BIAFINE EMULSION | - | NC | DERMATOLOGICALS |
| bicalutamide tab (CASODEX equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BIDIL TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| BIFERARX TAB | - | NC | HEMATOPOIETIC AGENTS |
| BIJUVA CAP | - | NC | ESTROGENS |
| BIKTARVY TAB | - | 2 | ANTIVIRALS |
| BILTRICIDE TAB | - | 3 | ANTHELMINTICS |
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| bimatoprost ophth soln | - | EXC | DERMATOLOGICALS |
| BIMZELX INJ | - | NC | DERMATOLOGICALS |
| BINOSTO TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| bismuth/metro/tetra cap (PYLERA equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| bisoprolol tab (ZEBETA equiv) | - | 1 | BETA BLOCKERS |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 | ANTIHYPERTENSIVES |
| BLEPHAMIDE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BLEPHAMIDE S.O.P. OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | 1 | CARDIOVASCULAR AGENTS - MISC. |
| BOSULIF CAP | MSP-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BOSULIF TAB | MSP-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BREO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BREO ELLIPTA INHALER 50-25 MCG/ACT | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BREXAFEMME TAB | - | NC | ANTIFUNGALS |
| BREZTRI AEROSPHERE INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BRILINTA TAB | - | 2 | HEMATOLOGICAL AGENTS - MISC. |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 1 | OPHTHALMIC AGENTS |
| brimonidine ophth soln 0.2% | - | 1 | OPHTHALMIC AGENTS |
| brimonidine tartrate gel (MIRVASO equiv) | - | EXC | DERMATOLOGICALS |
| brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| brimonidine/timolol ophth soln (COMBIGAN OPHTH SOLN equiv) | - | 1 | OPHTHALMIC AGENTS |
| brinzolamide ophth susp (AZOPT equiv) | - | 1 | OPHTHALMIC AGENTS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| BRISDELLE CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| BRIVIACT INJ 50MG/5ML | - | NC | ANTICONVULSANTS |
| BRIVIACT SOLN 10MG/ML | - | NC | ANTICONVULSANTS |
| BRIVIACT TAB | - | NC | ANTICONVULSANTS |
| BRIXADI SOLN 128MG/0.36ML (Only available through Walgreens 888-347-3416) | LD | S | ANALGESICS - OPIOID |
| BRIXADI SOLN 16MG/0.32ML (Only available through Walgreens 888-347-3416) | LD | S | ANALGESICS - OPIOID |
| BRIXADI SOLN 24MG/0.48ML (Only available through Walgreens 888-347-3416) | LD | S | ANALGESICS - OPIOID |
| BRIXADI SOLN 32MG/0.64ML (Only available through Walgreens 888-347-3416) | LD | S | ANALGESICS - OPIOID |
| BRIXADI SOLN 64MG/0.18ML (Only available through Walgreens 888-347-3416) | LD | S | ANALGESICS - OPIOID |
| BRIXADI SOLN 8MG/0.16ML (Only available through Walgreens 888-347-3416) | LD | S | ANALGESICS - OPIOID |
| BRIXADI SOLN 96MG/0.27ML (Only available through Walgreens 888-347-3416) | LD | S | ANALGESICS - OPIOID |
| bromfenac ophth soln (BROMDAY equiv) | - | 1 | OPHTHALMIC AGENTS |
| bromfenac sodium ophth soln 0.07% (PROLENSA equiv) | - | NC | OPHTHALMIC AGENTS |
| bromfenac sodium ophth soln 0.075% (BROMSITE equiv) | - | NC | OPHTHALMIC AGENTS |
| bromocriptine cap (PARLODEL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| BROMSITE DROP 0.075% | - | NC | OPHTHALMIC AGENTS |
| BRONCHITOL CAP | - | NC | RESPIRATORY AGENTS - MISC. |
| BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BRYHALI LOTION | - | NC | DERMATOLOGICALS |
| B-SERENE PAD | - | NC | HEMATOPOIETIC AGENTS |
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 1 | CORTICOSTEROIDS |
| budesonide inh susp (PULMICORT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide nasal spray (RHINOCORT AQUA equiv) | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| budesonide rectal foam (UCERIS RECTAL FOAM equiv) | PA | 1 | ANORECTAL AND RELATED PRODUCTS |
| budesonide SR cap (ENTOCORT EC equiv) | - | 1 | CORTICOSTEROIDS |
| budesonide/formoterol inhaler (SYMBICORT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| bumetanide tab (BUMEX equiv) | - | 1 | DIURETICS |
| BUNAVAIL FILM | - | NC | ANALGESICS - OPIOID |
| buprenorphine hcl buccal film (BELBUCA equiv) | - | NC | ANALGESICS - OPIOID |
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days) | QL | 1 | ANALGESICS - OPIOID |
| buprenorphine SL tab (SUBUTEX equiv) | - | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) | - | 1 | ANALGESICS - OPIOID |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 | ANALGESICS - OPIOID |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 | ANTIDEPRESSANTS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| buspirone tab (BUSPAR equiv) | - | 1 | ANTIANKXIETY AGENTS |
| butalbital/acetaminophen cap | - | NC | ANALGESICS - NONNARCOTIC |
| butalbital/acetaminophen/caffeine soln | - | NC | ANALGESICS - NONNARCOTIC |
| butalbital/acetaminophen/caffeine tab (FIORICET equiv) | - | NC | ANALGESICS - NONNARCOTIC |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | NC | ANALGESICS - NONNARCOTIC |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 1 | ANALGESICS - OPIOID |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 3 | ANTIDIABETICS |
| BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | S | GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | S | GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | S | GASTROINTESTINAL AGENTS - MISC. |
| BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | S | GASTROINTESTINAL AGENTS - MISC. |
| BYNFEZIA PEN INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| BYVALSON TAB | - | NC | ANTIHYPERTENSIVES |
| CABENUVA IM SUSP | - | NC | ANTIVIRALS |
| cabergoline tab (DOSTINEX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAFCIT INJ | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| calcipotriene cream (TRIONEX equiv) | - | NC | DERMATOLOGICALS |
| CALCIPOTRIENE FOAM | - | NC | DERMATOLOGICALS |
| CALCIPOTRIENE FOAM, SORILUX FOAM | - | NC | DERMATOLOGICALS |
| calcipotriene oint | - | 1 | DERMATOLOGICALS |
| CALCIPOTRIENE SOLN | - | 1 | DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 1 | DERMATOLOGICALS |
| calcipotriene/betamethasone dipropionate susp | - | NC | DERMATOLOGICALS |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | NC | DERMATOLOGICALS |
| calcitonin inj (MIACALCIN equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitonin nasal spray (MIACALCIN equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| calcitriol cap (ROCALTROL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL OINT | - | 3 | DERMATOLOGICALS |
| calcitriol soln (ROCALTROL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcium acetate cap (PHOSLO equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| CALIBRATION LIQUID | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CALSODORE PAK | - | NC | DERMATOLOGICALS |
| CAMBIA POWDER | - | NC | MIGRAINE PRODUCTS |
| CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| candesartan tab (ATACAND equiv) | - | 1 | ANTIHYPERTENSIVES |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | NC | ANTIHYPERTENSIVES |
| capecitabine tab (XELODA equiv) | LMSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPEX SHAMPOO | - | NC | DERMATOLOGICALS |
| CAPLYTA CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CAPRELSA TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC | DERMATOLOGICALS |
| captopril tab (CAPOTEN equiv) | - | 1 | ANTIHYPERTENSIVES |
| CAPVAXIVE INJ | VAC | \$0 | VACCINES |
| CARAC CREAM | - | NC | DERMATOLOGICALS |
| CARBAGLU TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| CARBAMAZEPINE CHEW TAB | - | NC | ANTICONVULSANTS |
| carbamazepine ER cap (CARBATROL equiv) | - | 1 | ANTICONVULSANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 1 | ANTICONVULSANTS |
| carbamazepine susp (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| carbamazepine tab (TEGRETOL equiv) | - | 1 | ANTICONVULSANTS |
| carbidopa tab (LODOSYN equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA ODT | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 | ANTIPARKINSON AGENTS |
| carbidopa-levodopa-entacapone tab (STALEVO equiv) | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| CARBINOXAMINE SOLN | - | 1 | ANTIHISTAMINES |
| carbinoxamine tab (PALGIC equiv) | - | 1 | ANTIHISTAMINES |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| CARDURA XL TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| CARETOUCH MIS | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007) | LD-PA | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| carisoprodol tab (SOMA equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol tab 250mg (SOMA equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CARMOL LOTION | - | NC | DERMATOLOGICALS |
| CAROSPIR SUSP (Prior Authorization required for members age 9 or older) | PA | 3 | DIURETICS |
| CARTEOLOL OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 | OPHTHALMIC AGENTS |
| carvedilol phosphate ER cap (COREG CR equiv) | - | NC | BETA BLOCKERS |
| carvedilol tab (COREG equiv) | - | 1 | BETA BLOCKERS |
| CATAPRES-TTS PATCH | - | 3 | ANTIHYPERTENSIVES |
| CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-RS | S | ANTI-INFECTIVE AGENTS - MISC. |
| CEFACLOR CAP | - | 1 | CEPHALOSPORINS |
| cefaclor cap (CECLOR equiv) | - | 1 | CEPHALOSPORINS |
| CEFACLOR ER TAB | - | 3 | CEPHALOSPORINS |
| CEFACLOR SUSP | - | 3 | CEPHALOSPORINS |
| cefadroxil cap (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil susp (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| CEFADROXIL TAB | - | 1 | CEPHALOSPORINS |
| cefadroxil tab (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir cap (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir susp (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| CEFDITOREN TAB | - | 3 | CEPHALOSPORINS |
| cefixime cap (SUPRAX equiv) | - | 1 | CEPHALOSPORINS |
| cefixime susp (SUPRAX equiv) | - | 1 | CEPHALOSPORINS |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 1 | CEPHALOSPORINS |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 1 | CEPHALOSPORINS |
| cefprozil susp (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefprozil tab (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefuroxime tab (CEFTIN equiv) | - | 1 | CEPHALOSPORINS |
| CELEBREX CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| celecoxib cap (CELEBREX equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| CENTANY OINT | - | 3 | DERMATOLOGICALS |
| cephalexin cap (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| cephalexin cap 750mg (KEFLEX equiv) | - | NC | CEPHALOSPORINS |
| cephalexin susp (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| cephalexin tab | - | NC | CEPHALOSPORINS |
| CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| CEQR SIMPLICITY | - | NC | MEDICAL DEVICES AND SUPPLIES |
| CERDELGA CAP | - | NC | HEMATOPOIETIC AGENTS |
| CERVICAL CAP | - | \$0 | MEDICAL DEVICES AND SUPPLIES |

| | | | | | |
|------|---|------|--------------------------------------|-----|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| CESAMET CAP | - | 3 | ANTIEMETICS |
| cetorelix acetate for inj kit (CETROTIDE equiv) | INF | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CETROTIDE KIT | INF | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CETYLEV TAB | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| cevimeline cap (EVOXAC equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| CHEMET CAP | - | 2 | ANTIDOTES |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 | ANTIAXIETY AGENTS |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 1 | ULCER DRUGS |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| chloroquine tab (ARALEN equiv) | - | 1 | ANTIMALARIALS |
| CHLOROTHIAZIDE TAB | - | 1 | DIURETICS |
| chlorothiazide tab (DIURIL equiv) | - | 1 | DIURETICS |
| CHLORPROMAZINE CONC | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorpromazine tab (THORAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorthalidone tab | - | 1 | DIURETICS |
| chlorzoxazone tab | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| CHLORZOAZONE TAB 250MG, LORZONE TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| chlorzoxazone tab 500mg | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA | S | GASTROINTESTINAL AGENTS - MISC. |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERTENSIVES |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERTENSIVES |
| cholestyramine powder (QUESTRAN equiv) | - | 1 | ANTIHYPERTENSIVES |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 | ANTIHYPERTENSIVES |
| CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap) | QL-ST | 3 | CARDIOVASCULAR AGENTS - MISC. |
| CIBINQO TAB (QL= 1 tab/day) | LMSP-PA-QL | S | DERMATOLOGICALS |
| cicatrace kit (REXASIL equiv) | - | NC | DERMATOLOGICALS |
| CICLODAN KIT | - | NC | DERMATOLOGICALS |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox nail soln (PENLAC equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 | DERMATOLOGICALS |
| cilostazol tab (PLETAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| CILOXAN OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| CIMDUO TAB | - | 2 | ANTIVIRALS |
| cimetidine soln (CIMETIDINE equiv) | - | 1 | ULCER DRUGS |
| CIMETIDINE SOLN | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| cimetidine tab (TAGAMET equiv) (Rx Only) | - | 1 | ULCER DRUGS |
| CIMZIA INJ | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| CIMZIA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S | GASTROINTESTINAL AGENTS - MISC. |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| cinacalcet tab (SENSIPAR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |
| CIPRO HC OTIC SUSP | - | 3 | OTIC AGENTS |
| CIPRO SUSP | - | 3 | FLUOROQUINOLONES |
| CIPROFLOXACIN 100MG TAB | - | 3 | FLUOROQUINOLONES |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| CIPROFLOXACIN OTIC SOLN | - | 2 | OTIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | 1 | FLUOROQUINOLONES |
| ciprofloxacin tab (CIPRO equiv) | - | 1 | FLUOROQUINOLONES |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 1 | OTIC AGENTS |
| CITALOPRAM CAP | - | NC | ANTIDEPRESSANTS |
| citalopram soln (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| citalopram tab (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| CITRANATAL CAP MEDLEY | - | NC | MULTIVITAMINS |
| CITRULLINE EASY TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CLARINEX SYRUP | - | EXC | ANTIHISTAMINES |
| CLARINEX TAB | - | EXC | ANTIHISTAMINES |
| CLARINEX-D TAB | - | EXC | COUGH/COLD/ALLERGY |
| CLARITHROMYC SUSP | - | 2 | MACROLIDES |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 1 | MACROLIDES |
| clarithromycin tab (BIAXIN equiv) | - | 1 | MACROLIDES |
| CLARITIN CAP | OTC | EXC | ANTIHISTAMINES |
| CLARITIN CHEW TAB | OTC | EXC | ANTIHISTAMINES |
| CLEMASTINE SYRUP | - | NC | ANTIHISTAMINES |
| CLEMASTINE TAB | - | NC | ANTIHISTAMINES |
| CLENIA PLUS SUSP | - | NC | DERMATOLOGICALS |
| CLENPIQ SOLN | - | NC | LAXATIVES |
| CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill) | QL | 3 | VAGINAL PRODUCTS |
| CLIMARA PRO PATCH | - | NC | ESTROGENS |
| CLINDACIN KIT | - | NC | DERMATOLOGICALS |
| clindamycin cap (CLEOCIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin foam (EVOCLIN equiv) | - | NC | DERMATOLOGICALS |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv) | - | NC | DERMATOLOGICALS |
| clindamycin soln (CLEOCIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill) | QL | 1 | VAGINAL PRODUCTS |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin/tretinoin gel (ZIANA equiv) | - | NC | DERMATOLOGICALS |
| CLINDAVIX KIT | - | NC | DERMATOLOGICALS |
| CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill) | QL | 2 | VAGINAL AND RELATED PRODUCTS |
| CLINISTIX TEST STRIP | OTC | \$0 | DIAGNOSTIC PRODUCTS |

| | | | | | |
|------|---|------|--------------------------------------|-----|-------------------------|
| EXC | Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization) | PA | 1 | ANTICONVULSANTS |
| clobazam tab (ONFI equiv) | - | 1 | ANTICONVULSANTS |
| clobetasol E foam (OLUX E equiv) | - | NC | DERMATOLOGICALS |
| clobetasol foam (OLUX equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol lotion (CLOBEX equiv) | - | 1 | DERMATOLOGICALS |
| CLOBETASOL OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol shampoo (CLOBEX equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol spray (CLOBEX equiv) | - | 1 | DERMATOLOGICALS |
| CLOBETAVIX KIT | - | NC | DERMATOLOGICALS |
| CLOCORTOLONE CREAM | - | NC | DERMATOLOGICALS |
| clocortolone pivalate cream | - | NC | DERMATOLOGICALS |
| CLODERM CREAM | - | NC | DERMATOLOGICALS |
| CLOMID TAB | INF | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CLOMIPHENE TAB | INF | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| clomipramine cap (ANAFRANIL equiv) | - | 1 | ANTIDEPRESSANTS |
| clonazepam ODT (KLONOPIN equiv) | - | 1 | ANTICONVULSANTS |
| clonazepam tab (KLONOPIN equiv) | - | 1 | ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| clonidine patch (CATAPRES-TTS equiv) | - | 1 | ANTIHYPERTENSIVES |
| clonidine tab (CATAPRES equiv) | - | 1 | ANTIHYPERTENSIVES |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| CLOPIDOGREL THERAPY PACK | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| clorazepate tab (TRANXENE-T equiv) | - | 1 | ANTIAXIETY AGENTS |
| clotrimazole cream (LOTRIMIN AF equiv) | OTC | EXC | DERMATOLOGICALS |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| CLOTRIMAZOLE/BETAMETHASONE LOTION | - | NC | DERMATOLOGICALS |
| clotrimazole/betamethasone lotion (LORTRISONE equiv) | - | NC | DERMATOLOGICALS |
| CLOZAPINE ODT | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine odt tab (CLOZAPINE, FAZACLO equiv) | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CLOZAPINE ODT, FAZACLO ODT | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine tab (CLOZARIL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| COBENFY CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| COBENFY CAP STARTER PACK | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| COCAINE HCL SOLN | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| CODEINE SULFATE SOLN | - | 3 | ANALGESICS - OPIOID |
| codeine sulfate tab | - | 1 | ANALGESICS - OPIOID |
| colchicine cap (MITIGARE equiv) | - | NC | GOUT AGENTS |
| colchicine tab (COLCRYS equiv) | - | 1 | GOUT AGENTS |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 | GOUT AGENTS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| COLCRYS TAB | - | NC | GOUT AGENTS |
| colesevelam pack (WELCHOL equiv) | - | 1 | ANTIHYPERTENSIVES |
| colesevelam tab (WELCHOL equiv) | - | 1 | ANTIHYPERTENSIVES |
| colestipol granule (COLESTID equiv) | - | 1 | ANTIHYPERTENSIVES |
| colestipol powder packet (COLESTID equiv) | - | 1 | ANTIHYPERTENSIVES |
| colestipol tab (COLESTID equiv) | - | 1 | ANTIHYPERTENSIVES |
| colistimethate inj (COLY-MYCIN M equiv) | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| COLLANEX EXTERNAL POWDER | - | NC | DERMATOLOGICALS |
| COLY-MYCIN S OTIC SUSP | - | 2 | OTIC AGENTS |
| COMBIGAN OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| COMBIPATCH | - | NC | ESTROGENS |
| COMBIVENT RESPIMAT INHALER | - | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COMIRNATY INJ (QL= 1 dose/17 days) | QL-VAC | \$0 | VACCINES |
| COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days) | QL-VAC | \$0 | VACCINES |
| COMPLERA TAB | - | 2 | ANTIVIRALS |
| CONCEPT DHA CAP | - | 1 | MULTIVITAMINS |
| CONDYLOX GEL | - | 3 | DERMATOLOGICALS |
| CONJUPRI TAB, LEVAMLODIPINE TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| CONSENSI TAB | - | NC | CALCIUM CHANNEL BLOCKERS |
| CONTRACEPTIVE FOAM | OTC | EXC | VAGINAL PRODUCTS |
| CONTRACEPTIVE GEL | OTC | EXC | VAGINAL PRODUCTS |
| CONTRACEPTIVE SUPP | OTC | EXC | VAGINAL PRODUCTS |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CORDRAN CREAM 0.025% | - | NC | DERMATOLOGICALS |
| CORDRAN OINTMENT | - | NC | DERMATOLOGICALS |
| CORDRAN TAPE | - | NC | DERMATOLOGICALS |
| CORLANOR SOLN | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| CORLANOR TAB | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| CORTANE-B OTIC SOLN | - | NC | OTIC AGENTS |
| CORTIC-ND DROPS | - | NC | OTIC AGENTS |
| CORTIFOAM | - | 3 | ANORECTAL AGENTS |
| CORTISONE ACETATE TAB | - | 2 | CORTICOSTEROIDS |
| CORTISPORIN CREAM | - | 3 | DERMATOLOGICALS |
| CORTISPORIN OINT | - | 3 | DERMATOLOGICALS |
| COSENTYX INJ (1-PACK) | - | NC | DERMATOLOGICALS |
| COSENTYX INJ (2-PACK) | - | NC | DERMATOLOGICALS |
| COSENTYX INJ 300MG/2ML | - | NC | DERMATOLOGICALS |
| COTELLIC TAB (QL= 3 tabs/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COTEMPLA XR ODT | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| COVID-19 TEST | OTC | EXC | DIAGNOSTIC PRODUCTS |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days) | QL-VAC | \$0 | VACCINES |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days) | QL-VAC | \$0 | VACCINES |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days) | QL-VAC | \$0 | VACCINES |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| COXANTO CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| CREON CAP | - | 2 | DIGESTIVE AIDS |
| CRESEMBA CAP | - | NC | ANTIFUNGALS |
| CRESTOR TAB | - | 3 | ANTIHYPERLIPIDEMICS |
| CREXONT CAP, RYTARY CAP | - | NC | ANTIPARKINSON AGENTS |
| CRINONE GEL | PA | 2 | VAGINAL PRODUCTS |
| CRIXIVAN CAP | - | 2 | ANTIVIRALS |
| cromolyn conc (GASTROCROM equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| cromolyn neb soln (INTAL equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| cromolyn ophth soln (CROLOM equiv) | - | 1 | OPHTHALMIC AGENTS |
| CROMOLYN SODIUM OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| CROTAN LOTION | - | NC | DERMATOLOGICALS |
| cryselle tab | - | \$0 | CONTRACEPTIVES |
| CUE COVID-19 INJ TEST CARTRIDGE | OTC | EXC | DIAGNOSTIC PRODUCTS |
| CUE HEALTH MONITOR | OTC | EXC | DIAGNOSTIC PRODUCTS |
| CUTAQUIG INJ | - | NC | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| CUTIVATE LOTION | - | NC | DERMATOLOGICALS |
| CUVITRU INJ | - | NC | PASSIVE IMMUNIZING AGENTS |
| CUVRIOR TAB | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| cyanocobalamin inj | - | 1 | HEMATOPOIETIC AGENTS |
| cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine ER cap (AMRIX equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| CYCLOGYL OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| CYCLOMYDRIL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| cyclophosphamide cap | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CYCLOPHOSPHAMIDE TAB | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cycloserine cap (CYCLOSERINE CAP equiv) | - | NC | ANTIMYCOBACTERIAL AGENTS |
| CYCLOSET TAB | - | 3 | ANTIDIABETICS |
| cyclosporine cap (SANDIMMUNE equiv) | - | 1 | ASSORTED CLASSES |
| cyclosporine modified cap (NEORAL equiv) | - | 1 | ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | 1 | ASSORTED CLASSES |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 1 | OPHTHALMIC AGENTS |
| CYCLOSPORINE OPHTH EMULSION 0.1% | - | NC | OPHTHALMIC AGENTS |
| CYFOLEX CAP | - | NC | HEMATOPOIETIC AGENTS |
| CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| CYLTEZO INJ (adalimumab-adbm) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| cyproheptadine syrup | - | 1 | ANTIHISTAMINES |
| cyproheptadine tab | - | 1 | ANTIHISTAMINES |
| CYSTADANE POWDER | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-QL-RS | S | OPHTHALMIC AGENTS |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828) | LD | S | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | S | OPHTHALMIC AGENTS |
| CYTRA K CRYSTALS | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYTRA-3 SYRUP | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| dabigatran etexilate mesylate cap (PRADAXA equiv) | - | 1 | ANTICOAGULANTS |
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist) | LMSP-QL-RS | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DALIRESP TAB | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| danazol cap (DANOCRINE equiv) | - | 1 | ANDROGENS-ANABOLIC |
| dantrolene cap (DANTRIUM equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG | - | NC | ANTIDIABETICS |
| DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG | - | NC | ANTIDIABETICS |
| DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG | - | NC | ANTIDIABETICS |
| DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG | - | NC | ANTIDIABETICS |
| dapsone gel (ACZONE equiv) | - | NC | DERMATOLOGICALS |
| DAPSONE GEL 7.5% | - | NC | DERMATOLOGICALS |
| dapsone tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| DAPTACEL INJ, INFANRIX INJ | VAC | \$0 | TOXOIDS |
| darifenacin SR tab (ENABLEX equiv) | - | 1 | URINARY ANTISPASMODICS |
| DARTISLA ODT TAB | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| darunavir tab (PREZISTA equiv) | - | 1 | ANTIVIRALS |
| dasatinib tab (SPRYCEL equiv) | LMSP-PA | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| DAURISMO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| DAVIMET/FLUORIDE CHEW 0.75MG | - | NC | MULTIVITAMINS |
| DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007) | LD-PA-QL | S | NEUROMUSCULAR AGENTS |
| DAYVIGO TAB (QL= 1 tab/day) | PA-QL | 3 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| DAZOMON GEL | - | NC | DERMATOLOGICALS |
| DDAVP NASAL SOLN | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| deferasirox granules packet (JADENU equiv) | LMSP | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab (JADENU equiv) | LMSP | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab for oral susp (EXJADE equiv) | LMSP | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deflazacort susp (EMFLAZA equiv) | - | NC | CORTICOSTEROIDS |
| deflazacort tab (EMFLAZA equiv) | - | NC | CORTICOSTEROIDS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| DEGLUDEC FLEXTOUCH INJ | - | NC | ANTIDIABETICS |
| DEGLUDEC INJ | - | NC | ANTIDIABETICS |
| DELSTRIGO TAB | - | 2 | ANTIVIRALS |
| DELZICOL CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| demeclocycline tab (DECLOMYCIN equiv) | - | 1 | TETRACYCLINES |
| DEMSEER CAP | - | NC | ANTIHYPERTENSIVES |
| DENAVIR CREAM | - | NC | DERMATOLOGICALS |
| DENGXAXIA SUSP | VAC | \$0 | VACCINES |
| DEPACON INJ | - | NC | ANTICONVULSANTS |
| DEPLIN CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| DEPO-MEDROL INJ | - | 3 | CORTICOSTEROIDS |
| DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ | - | 3 | CORTICOSTEROIDS |
| DEPO-PROVERA INJ | QL | 3 | CONTRACEPTIVES |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 | CONTRACEPTIVES |
| DERMACINRX CREAM | - | NC | DERMATOLOGICALS |
| DERMACINRX KIT | - | NC | DERMATOLOGICALS |
| DERMALID PAK | - | NC | DERMATOLOGICALS |
| DESCOVY TAB | PA | \$0 | ANTIVIRALS |
| desipramine tab (NORPRAMIN equiv) | - | 1 | ANTIDEPRESSANTS |
| DESLORATADINE ODT | - | EXC | ANTIHISTAMINES |
| desloratadine tab (CLARINEX equiv) | - | EXC | ANTIHISTAMINES |
| desmopressin acetate nasal spray (DDAVP equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate tab (DDAVP equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| DESONATE GEL | - | NC | DERMATOLOGICALS |
| desonide cream (DESOWEN equiv) | - | 1 | DERMATOLOGICALS |
| desonide gel | - | NC | DERMATOLOGICALS |
| desonide lotion (DESOWEN equiv) | - | NC | DERMATOLOGICALS |
| desonide oint (DESOWEN equiv) | - | 1 | DERMATOLOGICALS |
| DESOWEN CREAM | - | NC | DERMATOLOGICALS |
| DESOWEN CREAM KIT | - | NC | DERMATOLOGICALS |
| DESOWEN LOTION | - | NC | DERMATOLOGICALS |
| DESOWEN LOTION KIT | - | NC | DERMATOLOGICALS |
| DESOWEN OINT | - | NC | DERMATOLOGICALS |
| DESOWEN OINT KIT | - | NC | DERMATOLOGICALS |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 1 | DERMATOLOGICALS |
| desoximetasone cream 0.05% (TOPICORT equiv) | - | NC | DERMATOLOGICALS |
| desoximetasone gel (TOPICORT equiv) | - | NC | DERMATOLOGICALS |
| desoximetasone oint (TOPICORT equiv) | - | 1 | DERMATOLOGICALS |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | NC | DERMATOLOGICALS |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 1 | ANTIDEPRESSANTS |
| DESVENLAFAXINE ER TAB | - | NC | ANTIDEPRESSANTS |
| DEXAMETHASONE CONC | - | 1 | CORTICOSTEROIDS |
| dexamethasone elixir | - | 1 | CORTICOSTEROIDS |
| dexamethasone pak (DEXPAK equiv) | - | NC | CORTICOSTEROIDS |
| DEXAMETHASONE SODIUM PHOSPHATE INJ | - | 1 | CORTICOSTEROIDS |
| DEXAMETHASONE SOLN | - | 1 | CORTICOSTEROIDS |

| | | | | | |
|------|---|------|--------------------------------------|-----|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| dexamethasone tab (DECADRON equiv) | - | 1 | CORTICOSTEROIDS |
| DEXAMETHASONE TAB | - | NC | CORTICOSTEROIDS |
| DEXATRAN CAP | - | NC | MULTIVITAMINS |
| DEXCHLORPHENIRAMINE SYRUP | - | NC | ANTIHISTAMINES |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| DEXILANT DR CAP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| dexlansoprazole DR cap (DEXILANT equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DEXPAK TAB | - | NC | CORTICOSTEROIDS |
| DEXTENZA OPHTH INSERT | - | NC | OPHTHALMIC AGENTS |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine soln (PROCENTRA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DHIVY TAB | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| DIABETIC METER (all other diabetic meters) | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | S | ANTICONVULSANTS |
| DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | S | ANTICONVULSANTS |
| DIALYVITE TAB | - | 1 | MULTIVITAMINS |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 | MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | 1 | MULTIVITAMINS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| DIAPHRAGM | - | \$0 | MEDICAL DEVICES AND SUPPLIES |
| DIASTAT ACDL GEL (QL= 4 doses/fill) | QL | 3 | ANTICONVULSANTS |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill) | QL | 2 | ANTICONVULSANTS |
| diazepam conc (VALIUM equiv) | - | 1 | ANTIANKXIETY AGENTS |
| DIAZEPAM GEL (QL= 4 doses/fill) | QL | 2 | ANTICONVULSANTS |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv) | - | 1 | ANTIANKXIETY AGENTS |
| diazepam rectal gel (QL= 4 doses/fill) | QL | 1 | ANTICONVULSANTS |
| diazepam tab (VALIUM equiv) | - | 1 | ANTIANKXIETY AGENTS |
| diazoxide susp (PROGLYCEM equiv) | - | 1 | ANTIDIABETICS |
| dichlorphenamide tab (KEVEYIS equiv) | - | NC | DIURETICS |
| DICLOFENAC CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 1 | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 | DERMATOLOGICALS |
| DICLOFENAC PATCH, FLECTOR PATCH | - | NC | DERMATOLOGICALS |
| diclofenac potassium (migraine) packet (CAMBIA equiv) | - | NC | MIGRAINE PRODUCTS |
| diclofenac potassium cap (ZIPSOR equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac potassium tab 25mg (DICLOFENAC equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium gel kit (VENNGEL equiv) | - | NC | DERMATOLOGICALS |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 | OPHTHALMIC AGENTS |
| diclofenac sodium soln 2% (PENNSAID equiv) | - | NC | DERMATOLOGICALS |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 1 | DERMATOLOGICALS |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| DICLONA GEL | - | NC | DERMATOLOGICALS |
| DICLOTREX PAK | - | NC | DERMATOLOGICALS |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 | PENICILLINS |
| dicyclomine cap (BENTYL equiv) | - | 1 | ULCER DRUGS |
| dicyclomine soln (BENTYL equiv) | - | 1 | ULCER DRUGS |
| dicyclomine tab (BENTYL equiv) | - | 1 | ULCER DRUGS |
| didanosine DR cap (VIDEX EC equiv) | - | 1 | ANTIVIRALS |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | 1 | ANTIVIRALS |
| DIETHYLPROPION ER TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| diethylpropion tab | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DIFFERIN OTC GEL 0.1% | OTC | EXC | DERMATOLOGICALS |
| DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution) | QL-ST | 2 | MACROLIDES |
| DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution) | QL-ST | 2 | MACROLIDES |
| DIFLORASONE CREAM, PSORCON CREAM | - | NC | DERMATOLOGICALS |
| diflorasone oint | - | NC | DERMATOLOGICALS |
| diflunisal tab (DOLOBID equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| difluprednate ophth emulsion (DUREZOL equiv) | - | 1 | OPHTHALMIC AGENTS |
| digoxin soln (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| DIGOXIN SOLN 0.05MG/ML | - | 1 | CARDIOTONICS |
| digoxin tab (LANOXIN equiv) | - | 1 | CARDIOTONICS |

| | | | | | |
|------|---|------|--------------------------------------|-----|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| digoxin tab 62.5mcg (LANOXIN equiv) | - | NC | CARDIOTONICS |
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC | MIGRAINE PRODUCTS |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) | - | NC | MIGRAINE PRODUCTS |
| DILANTIN CAP 30MG | - | 2 | ANTICONVULSANTS |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (TIAZAC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem tab (CARDIZEM equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| dimethyl fumarate DR cap (TECFIDERA equiv) | LMSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | LMSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIPENTUM CAP | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 3 | ANTIARRHEAL/PROBIOTIC AGENTS |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 | ANTIARRHEALS |
| DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ | VAC | \$0 | TOXOIDS |
| dipyridamole tab (PERSANTINE equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| disopyramide cap (NORPACE equiv) | - | 1 | ANTIARRHYTHMICS |
| disulfiram tab (ANTABUSE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIURIL SUSP | - | 2 | DIURETICS |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 | ANTICONVULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| DIVIGEL GEL | - | NC | ESTROGENS |
| DIVIGEL GEL, ELESTRIN GEL | - | NC | ESTROGENS |
| dofetilide cap (TIKOSYN equiv) | - | 1 | ANTIARRHYTHMICS |
| DOJOLVI ORAL LIQUID | - | NC | NUTRIENTS |
| DOLGIC PLUS TAB | - | NC | ANALGESICS - NONNARCOTIC |
| DOLOBID TAB | - | NC | ANALGESICS - NONNARCOTIC |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DONNATAL TAB | - | NC | ULCER DRUGS |
| DOPTLET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | HEMATOPOIETIC AGENTS |
| DORYX MPC TAB | - | NC | TETRACYCLINES |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| DOVATO TAB | - | 2 | ANTIVIRALS |
| doxazosin tab (CARDURA equiv) | - | 1 | ANTIHYPERTENSIVES |

| | | |
|---|---|------------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| doxepin cap (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| doxepin conc (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| doxepin hcl cream | - | NC | DERMATOLOGICALS |
| doxepin tab (SILENOR equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| doxercalciferol cap (HECTOROL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| doxycycline (rosacea) cap delayed release (ORACEA equiv) | - | NC | DERMATOLOGICALS |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 | TETRACYCLINES |
| doxycycline hyclate DR tab (DORYX equiv) | - | NC | TETRACYCLINES |
| doxycycline hyclate tab (VIBRATAB equiv) | - | 1 | TETRACYCLINES |
| doxycycline hyclate tab (TARGADOX equiv) | - | NC | TETRACYCLINES |
| doxycycline hyclate tab 75mg, 150mg | - | NC | TETRACYCLINES |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv) | - | NC | TETRACYCLINES |
| doxycycline monohydrate cap 150mg (MONODOX equiv) | - | NC | TETRACYCLINES |
| doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate cap 75mg (MONODOX equiv) | - | NC | TETRACYCLINES |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC | TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | 1 | TETRACYCLINES |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) | - | NC | ANTIEMETICS |
| D-PENAMINE TAB | - | 2 | ASSORTED CLASSES |
| DRIZALMA DR CAP | - | NC | ANTIDEPRESSANTS |
| dronabinol cap (MARINOL equiv) | PA | 1 | ANTIEMETICS |
| drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | \$0 | CONTRACEPTIVES |
| DROXIA CAP | - | 2 | HEMATOPOIETIC AGENTS |
| droxidopa cap (NORTHERA equiv) | - | NC | VASOPRESSORS |
| DRYSOL SOLN | - | 1 | DERMATOLOGICALS |
| DSUVIA SL TAB | - | NC | ANALGESICS - OPIOID |
| DUAKLIR INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| DUETACT TAB | - | NC | ANTIDIABETICS |
| DULERA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| duloxetine cap 40mg (IRENKA equiv) | - | NC | ANTIDEPRESSANTS |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 | ANTIDEPRESSANTS |
| DULOXICAINE PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DUOBRII LOTION | - | NC | DERMATOLOGICALS |
| DUOPA ENTERAL SUSP | - | NC | ANTIPARKINSON AGENTS |
| DUOVISC KIT | - | NC | OPHTHALMIC AGENTS |
| DUPIXENT INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S | DERMATOLOGICALS |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S | DERMATOLOGICALS |
| DURAVENT PE TAB | - | NC | COUGH/COLD/ALLERGY |
| dutasteride cap (AVODART equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| dutasteride/tamsulosin cap (JALYN equiv) | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| DUTOPROL TAB | - | NC | ANTIHYPERTENSIVES |

| | | |
|---|---|------------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| DUVYZAT ORAL SUSP | - | NC | NEUROMUSCULAR AGENTS |
| DUZALLO TAB | - | NC | GOUT AGENTS |
| DXEVO 11-DAY PAK | - | NC | CORTICOSTEROIDS |
| DYANAVEL XR CHEW | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| DYRENIUM CAP | - | 3 | DIURETICS |
| EBGLYSS INJ | - | NC | DERMATOLOGICALS |
| EB-N3 DR CAP | - | NC | MULTIVITAMINS |
| ECONASIL KIT | - | NC | DERMATOLOGICALS |
| econazole cream (SPECTAZOLE equiv) | - | 1 | DERMATOLOGICALS |
| ECOZA FOAM | - | NC | DERMATOLOGICALS |
| EDARBI TAB | - | NC | ANTIHYPERTENSIVES |
| EDARBYCLOR TAB | - | NC | ANTIHYPERTENSIVES |
| EDLUAR SL TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| EDURANT TAB | - | 2 | ANTIVIRALS |
| EFAVIRENZ CAP | - | 1 | ANTIVIRALS |
| efavirenz tab (SUSTIVA equiv) | - | 1 | ANTIVIRALS |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) | - | 1 | ANTIVIRALS |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 1 | ANTIVIRALS |
| EGATEN TAB | - | NC | ANTHELMINTICS |
| EGRIFTA INJ | - | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ELEPSIA XR TAB | - | NC | ANTICONVULSANTS |
| eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| ELIGEN B12 TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 | ANTICOAGULANTS |
| ELIXOPHYLLIN ELIXIR | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB | - | \$0 | CONTRACEPTIVES |
| ELMIRON CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| eluryng vaginal ring (NUVARING equiv) | - | NC | CONTRACEPTIVES |
| ELYXYB SOLN | - | NC | MIGRAINE PRODUCTS |
| EMADINE OPPTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| EMBEDA CAP | - | NC | ANALGESICS - OPIOID |
| EMCYT CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EMEND SUSP | - | NC | ANTIEMETICS |
| EMFLAZA SUSP | - | NC | CORTICOSTEROIDS |
| EMFLAZA TAB | - | NC | CORTICOSTEROIDS |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | 2 | MIGRAINE PRODUCTS |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |
| EMSAM PATCH | - | 3 | ANTIDEPRESSANTS |
| emtricitabine cap (EMTRIVA equiv) | - | 1 | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | - | \$0 | ANTIVIRALS |

| | | | | | |
|------|--|------|--------------------------------------|-----|---------------------------------|
| | NC = Not Covered | | generic = small letters | | BRANDS = CAPITAL LETTERS |
| | NC/3P = Not Covered, Third Party Reviewer | | | | |
| EXC | Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| EMTRIVA CAP | - | 3 | ANTIVIRALS |
| EMTRIVA SOLN | - | 2 | ANTIVIRALS |
| EMVERM TAB | - | NC | ANTHELMINTICS |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older) | PA | 1 | ANTIHYPERTENSIVES |
| enalapril tab (VASOTEC equiv) | - | 1 | ANTIHYPERTENSIVES |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL MINI INJ (QL= 4 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ENDARI POWDER PACKET | - | NC | HEMATOPOIETIC AGENTS |
| ENDOMETRIN INSERT | PA | 2 | VAGINAL PRODUCTS |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | \$0 | VACCINES |
| enoxaparin inj (LOVENOX equiv) | - | 1 | ANTICOAGULANTS |
| enpresse tab (TRI-LEVELEN equiv) | - | \$0 | CONTRACEPTIVES |
| ENSPRYNG INJ (QL= 1 inj/28 days) | LMSP-PA-QL | S | MISCELLANEOUS THERAPEUTIC CLASSES |
| ENSTILAR FOAM | - | NC | DERMATOLOGICALS |
| entacapone tab (COMTAN equiv) | - | 1 | ANTIPARKINSON AGENTS |
| ENTADFI CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | 1 | ANTIVIRALS |
| ENTEREG CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ENTRESTO CAP | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| ENTYVIO SC INJ (QL= 2 inj/28 days) | MSP-PA-QL | S | GASTROINTESTINAL AGENTS - MISC. |
| ENVARUS XR TAB | - | NC | ASSORTED CLASSES |
| EOHILIA SUSP | - | NC | CORTICOSTEROIDS |
| EPCLUSA PAK | - | NC | ANTIVIRALS |
| EPCLUSA TAB | - | NC | ANTIVIRALS |
| EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553) | LD-PA | S | ANTICONVULSANTS |
| EPIDUO FORTE GEL 0.3-2.5% | - | NC | DERMATOLOGICALS |
| EPIFOAM AEROSOL | - | 2 | DERMATOLOGICALS |
| epinastine ophth soln (ELESTAT equiv) | - | 1 | OPHTHALMIC AGENTS |
| epinephrine hcl nasal soln (ADRENALIN equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 1 | VASOPRESSORS |
| EPIPEN (JR) INJ | - | NC | VASOPRESSORS |
| EPIVIR HBV SOLN | - | 2 | ANTIVIRALS |
| eplerenone tab (INSPIRA equiv) | - | 1 | ANTIHYPERTENSIVES |
| EPRONTIA SOLN (Members age 9 or older require Prior Authorization) | PA | 3 | ANTICONVULSANTS |
| EPSOLAY CREAM | - | NC | DERMATOLOGICALS |
| EQUETRO CAP | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ERGOCAL CAP | - | NC | VITAMINS |
| ERGOLOID MESYLATES TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ERGOTAMINE/CAFFEINE TAB | - | NC | MIGRAINE PRODUCTS |
| ergotamine/caffeine tab (CAFERGOT equiv) | - | NC | MIGRAINE PRODUCTS |
| ERIVEDGE CAP | LMSP-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| ERLEADA TAB (QL= 4 tabs/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLEADA TAB 240MG (QL= 1 tab/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab (TARCEVA equiv) (QL= 1 tab/day) | LMSP-PA-QL | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day) | LMSP-PA-QL | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERMEZA SOLN 150 MCG/5ML | - | NC | THYROID AGENTS |
| ERTACZO CREAM | - | NC | DERMATOLOGICALS |
| ERY PAD | - | 2 | DERMATOLOGICALS |
| ERYTHROMYCIN CAP DR | - | 2 | MACROLIDES |
| erythromycin DR cap (ERYC equiv) | - | 1 | MACROLIDES |
| ERYTHROMYCIN EC CAP | - | 2 | MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 1 | MACROLIDES |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 3 | MACROLIDES |
| erythromycin gel | - | 1 | DERMATOLOGICALS |
| erythromycin ophth oint | - | 1 | OPHTHALMIC AGENTS |
| ERYTHROMYCIN OPHTH OINT | - | NC | OPHTHALMIC AGENTS |
| erythromycin pad | - | 1 | DERMATOLOGICALS |
| erythromycin soln | - | 1 | DERMATOLOGICALS |
| erythromycin tab (ERY-TAB equiv) | - | 1 | MACROLIDES |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 1 | MACROLIDES |
| erythromycin/benzoyl peroxide gel | - | 1 | DERMATOLOGICALS |
| ESBRIET CAP (QL= 9 caps/day) | LMSP-PA-QL | S | RESPIRATORY AGENTS - MISC. |
| escitalopram soln (LEXAPRO equiv) | - | 1 | ANTIDEPRESSANTS |
| escitalopram tab (LEXAPRO equiv) | - | 1 | ANTIDEPRESSANTS |
| ESGIC TAB | - | NC | ANALGESICS - NONNARCOTIC |
| ESKATA SOLN | - | NC | DERMATOLOGICALS |
| esomeprazole cap (NEXIUM equiv) (Rx Only) | - | 1 | ULCER DRUGS |
| esomeprazole DR granule pack (NEXIUM equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| esomeprazole magnesium DR tab (NEXIUM equiv) | OTC | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| estazolam tab (PROSOM equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 | ESTROGENS |
| ESTRACE VAGINAL CREAM | - | 3 | VAGINAL PRODUCTS |
| estradiol cream (ESTRACE equiv) | - | 1 | VAGINAL PRODUCTS |
| estradiol patch (CLIMARA equiv) | - | 1 | ESTROGENS |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 | ESTROGENS |
| estradiol tab (ESTRACE equiv) | - | 1 | ESTROGENS |
| estradiol td gel (DIVIGEL equiv) | - | NC | ESTROGENS |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill) | QL | 1 | VAGINAL PRODUCTS |
| estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill) | QL | 1 | ESTROGENS |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 1 | ESTROGENS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| ESTRING (3 copays per Rx) | - | 2 | VAGINAL PRODUCTS |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ethacrynic tab (EDECIN equiv) | - | 1 | DIURETICS |
| ethambutol tab (MYAMBUTOL equiv) | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | 1 | ANTICONVULSANTS |
| ethosuximide soln (ZARONTIN equiv) | - | 1 | ANTICONVULSANTS |
| etodolac cap (LODINE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac ER tab (LODINE XL equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ETOPOSIDE CAP | LMSP | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| etravirine tab (INTELENCE equiv) | - | 1 | ANTIVIRALS |
| EUCRISA OINT | - | NC | DERMATOLOGICALS |
| EULEXIN CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EVAMIST SPRAY | - | NC | ESTROGENS |
| EVEKEO ODT | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | LMSP-PA-QL | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| everolimus tab (ZORTRESS equiv) | PA | 1 | MISCELLANEOUS THERAPEUTIC CLASSES |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day) | LMSP-PA-QL | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EVIVO LIQUID | - | NC | ANTIDIARRHEALS |
| EVOCLIN FOAM | - | NC | DERMATOLOGICALS |
| EVOTAZ TAB | - | 2 | ANTIVIRALS |
| EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | NEUROMUSCULAR AGENTS |
| EVZIO INJ | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| EVZIO INJ | - | NC | ANTIDOTES |
| EXALGO TAB | - | NC | ANALGESICS - OPIOID |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | NC | DERMATOLOGICALS |
| EXELDERM SOLN | - | 3 | DERMATOLOGICALS |
| EXELDERM SOLN, SULCONAZOLE SOLN | - | NC | DERMATOLOGICALS |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXSERVAN FILM | - | NC | NEUROMUSCULAR AGENTS |
| EXTAVIA INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| EYSUVIS OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 9 years and older) | PA | 3 | ANTHYPERLIPIDEMICS |
| ezetimibe tab (ZETIA equiv) | - | 1 | ANTHYPERLIPIDEMICS |
| EZETIMIBE/ATORVASTATIN TAB | - | NC | ANTHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 1 | ANTHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage) | - | NC | ANTHYPERLIPIDEMICS |
| FABHALTA CAP | - | NC | HEMATOLOGICAL AGENTS - MISC. |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| FABIOR AEROSOL FOAM | - | NC | DERMATOLOGICALS |
| FACTIVE TAB | - | NC | FLUOROQUINOLONES |
| FALESSA KIT | - | NC | CONTRACEPTIVES |
| FALESSA TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| famciclovir tab (FAMVIR equiv) | - | 1 | ANTIVIRALS |
| famotidine susp (PEPCID equiv) | - | 1 | ULCER DRUGS |
| famotidine tab (PEPCID equiv) (Rx Only) | - | 1 | ULCER DRUGS |
| FANAPT TAB (QL= 2 tabs/day) | PA-QL | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FANAPT TITRATION PACK (QL= 1 pack/plan year) | PA-QL | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| FASENRA PEN INJ (QL= 1 inj/56 days) | LMSP-PA-QL | S | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-¢ | 1 | GOUT AGENTS |
| felbamate susp (FELBATOL equiv) | - | 1 | ANTICONVULSANTS |
| felbamate tab (FELBATOL equiv) | - | 1 | ANTICONVULSANTS |
| felodipine ER tab (PLENDIL equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| FEM PH GEL | - | 3 | VAGINAL PRODUCTS |
| FEMALE CONDOMS (QL= 12 condoms/fill) | OTC-QL | EXC | MEDICAL DEVICES AND SUPPLIES |
| FEMLYV TAB | - | NC | CONTRACEPTIVES |
| FEMRING (3 copays per Rx) | - | 3 | VAGINAL PRODUCTS |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | NC | ANTIHYPERTENSIVES |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 | ANTIHYPERTENSIVES |
| FENOFIBRATE CAP, LIPOFEN CAP | - | NC | ANTIHYPERTENSIVES |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | NC | ANTIHYPERTENSIVES |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | NC | ANTIHYPERTENSIVES |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 | ANTIHYPERTENSIVES |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 | ANTIHYPERTENSIVES |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 | ANTIHYPERTENSIVES |
| fenopropfen calcium cap (NALFON equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| fenopropfen calcium tab | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| FENOPROFEN CAP, NAFLON CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| FENOPROFEN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| FENTANYL CITRATE LOLLIPOPOP (QL= 120 lozenges/30 days) | PA-QL | 1 | ANALGESICS - OPIOID |
| fantanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | 1 | ANALGESICS - OPIOID |
| fantanyl patch (DURAGESIC equiv) | - | 1 | ANALGESICS - OPIOID |
| fantanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | - | NC | ANALGESICS - OPIOID |
| FENTORA TAB (QL= 120 tabs/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| FEONYX TAB | - | NC | HEMATOPOIETIC AGENTS |
| ferrex 150 forte cap | - | 1 | HEMATOPOIETIC AGENTS |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | S | ANTIDOTES |
| FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | S | ANTIDOTES |
| FERRO-PLEX TAB | - | NC | HEMATOPOIETIC AGENTS |
| ferrous sulfate elixir | OTC | NC | HEMATOPOIETIC AGENTS |
| FERROUS SULFATE LIQUID | OTC | NC | HEMATOPOIETIC AGENTS |
| ferrous sulfate soln | OTC | NC | HEMATOPOIETIC AGENTS |
| fesoterodine fumarate ER tab (TOVIAZ equiv) | - | 1 | URINARY ANTISPASMODICS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| FETZIMA CAP | - | NC | ANTIDEPRESSANTS |
| FETZIMA TITRATION PACK | - | NC | ANTIDEPRESSANTS |
| FIASP FLEXTOUCH INJ | - | NC | ANTIDIABETICS |
| FIASP INJ | - | NC | ANTIDIABETICS |
| FIASP PENFILL INJ, FIASP PUMP CARTRIDGE | - | NC | ANTIDIABETICS |
| FIBRIK CAP | - | NC | MULTIVITAMINS |
| FILSPARI TAB (QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | S | GENITOURINARY AGENTS - MISCELLANEOUS |
| FILSUEVZ GEL | - | NC | DERMATOLOGICALS |
| FINACEA FOAM | - | 2 | DERMATOLOGICALS |
| finasteride tab (PROSCAR equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| finasteride tab (PROPECIA equiv) | - | EXC | DERMATOLOGICALS |
| fingolimod hcl cap 0.5mg (GILENYA equiv) | LMSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S | ANTICONVULSANTS |
| FIORICET CAP | - | NC | ANALGESICS - NONNARCOTIC |
| FIORICET/CODEINE CAP | - | NC | ANALGESICS - OPIOID |
| FIORINAL CAP | - | NC | ANALGESICS - NONNARCOTIC |
| FIORINAL/CODEINE CAP | - | NC | ANALGESICS - OPIOID |
| FIRAZYR INJ | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| FIRDAPSE TAB (Only available through AnovoRx 844-288-5007) | LD-PA | S | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| FIRST METRONIDAZOLE SUSP | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| FIRST MOUTHWASH BLM | - | 3 | MOUTH/THROAT/DENTAL AGENTS |
| FIRST OMEPRAZOLE SUSP | - | 3 | ULCER DRUGS |
| FIRST PANTOPRAZOLE SUSP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| FIRVANQ SOLN 25MG/ML | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| FIRVANQ SOLN 50MG/ML | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| FLAREX OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| flavoxate tab (URISPAS equiv) | - | NC | URINARY ANTISPASMODICS |
| flecainide tab (TAMBOCOR equiv) | - | 1 | ANTIARRHYTHMICS |
| FLEQSUVY SUSP (Prior Authorization required for members age 9 or older) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| FLOLIPID SUSP (Members age 9 or older require Prior Authorization) | PA | 3 | ANTIHYPERLIPIDEMICS |
| FLOINASE SENSIMIST NASAL SPRAY | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| FLO-PRED SUSP | - | NC | CORTICOSTEROIDS |
| FLORAFOL CHEW TAB | - | NC | MULTIVITAMINS |
| FLORAFOL PED CHEW TAB | - | NC | MULTIVITAMINS |
| FLORIVA CHEW TAB | - | NC | MULTIVITAMINS |
| FLORIVA PLUS DROPS | - | 2 | MULTIVITAMINS |
| FLOVENT DISKUS INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLOVENT HFA INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FLUBLOK INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FLUCELVAX INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| fluconazole susp (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | 1 | ANTIFUNGALS |
| fludrocortisone tab (FLORINEF equiv) | - | 1 | CORTICOSTEROIDS |
| FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FLUMIST NASAL (QL= 1 dose/28 days) | QL-VAC | \$0 | VACCINES |
| flunisolide nasal soln (QL= 2 bottles/fill) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluocinolone acetonide cream | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide oil | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | 1 | DERMATOLOGICALS |
| fluocinolone otic oil (DERMOTIC equiv) | - | 1 | OTIC AGENTS |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide emollient cream | - | 1 | DERMATOLOGICALS |
| fluocinonide gel | - | 1 | DERMATOLOGICALS |
| fluocinonide oint | - | 1 | DERMATOLOGICALS |
| fluocinonide soln | - | 1 | DERMATOLOGICALS |
| FLUOPAR KIT | - | NC | DERMATOLOGICALS |
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 | MINERALS & ELECTROLYTES |
| FLUORAC CREAM | - | NC | DERMATOLOGICALS |
| FLUORIDEX SENSITIVITY PASTE | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 | OPHTHALMIC AGENTS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| FLUOROURACIL CREAM 0.5% | - | 3 | DERMATOLOGICALS |
| fluorouracil soln (FLUOROURACIL equiv) | - | 1 | DERMATOLOGICALS |
| FLUOROURACIL SOLN | - | 2 | DERMATOLOGICALS |
| FLUOVIX PAK | - | NC | DERMATOLOGICALS |
| fluoxetine cap (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| FLUOXETINE CAP (PMDD) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine soln (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine tab (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine weekly cap (PROZAC equiv) | - | NC | ANTIDEPRESSANTS |
| fluphenazine tab (PROLIXIN equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FLURANDRENOL LOTION | - | NC | DERMATOLOGICALS |
| flurandrenolide cream (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| flurandrenolide lotion (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| flurandrenolide oint (CORDRAN equiv) | - | NC | DERMATOLOGICALS |
| FLURAZEPAM CAP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| FLURBIPROFEN OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| FLURBIPROFEN TAB | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| flurbiprofen tab (ANSAID equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| flutamide cap (EULEXIN equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FLUTAMIDE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| FLUTICASONE DISKUS INHALER | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE HFA INHALER | - | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE LOTION | - | NC | DERMATOLOGICALS |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| fluticasone propionate lotion (CUTIVATE equiv) | - | NC | DERMATOLOGICALS |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| fluvastatin cap (LESCOL equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| fluvastatin ER tab (LESCOL XL equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 1 | ANTIDEPRESSANTS |
| fluvoxamine tab (LUVOX equiv) | - | 1 | ANTIDEPRESSANTS |
| FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days) | QL-VAC | \$0 | VACCINES |
| FML FORTE OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| FML S.O.P. OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| FOLAGENT DHA CAP | - | NC | MULTIVITAMINS |
| FOLAMED DHA CAP | - | NC | MULTIVITAMINS |
| FOLBEE PLUS CZ TAB | - | 1 | MULTIVITAMINS |
| folbee tab | - | 1 | HEMATOPOIETIC AGENTS |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | - | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 | HEMATOPOIETIC AGENTS |
| FOLIKA-V TAB | - | NC | MULTIVITAMINS |
| FOLITE TAB | - | NC | HEMATOPOIETIC AGENTS |
| FOLTANX TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| FOLVITE-FE TAB | - | NC | HEMATOPOIETIC AGENTS |
| fondaparinux inj (ARIXTRA equiv) | - | 1 | ANTICOAGULANTS |
| FORFIVO XL TAB | - | NC | ANTIDEPRESSANTS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| formoterol fumarate neb soln (PERFOROMIST equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FORTAMET TAB | - | NC | ANTIIDIABETICS |
| FORTEO INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| FORTESTA GEL 2% | - | NC | ANDROGENS-ANABOLIC |
| FOSAMAX+D TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| fosamprenavir tab (LEXIVA equiv) | - | 1 | ANTIVIRALS |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| fosinopril tab (MONOPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| FOSRENOL CHEW TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| FOSRENOL POWDER PACK | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FRAGMIN INJ | - | 3 | ANTICOAGULANTS |
| FRAICHE 5000 SENSITIVE GEL | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| FREESTYLE FREEDOM LITE METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin) | QL-ST | 2 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| FREESTYLE PRECISION NEO METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE PRECISION NEO TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| FREESTYLE TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| FROVA TAB | - | NC | MIGRAINE PRODUCTS |
| frovatriptan tab (FROVA equiv) | - | NC | MIGRAINE PRODUCTS |
| FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| FULPHILA INJ | LMSP | S | HEMATOPOIETIC AGENTS |

| | | | | | |
|------|---|------|--------------------------------------|-----|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| FUROSCIX KIT (QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633) | LD-QL | S | DIURETICS |
| FUROSEMIDE SOLN | - | 1 | DIURETICS |
| furosemide soln (LASIX equiv) | - | 1 | DIURETICS |
| furosemide tab (LASIX equiv) | - | 1 | DIURETICS |
| FUZEON INJ | - | NC | ANTIVIRALS |
| FYCOMPA TAB | - | NC | ANTICONVULSANTS |
| FYCOMPA SUSP | - | NC | ANTICONVULSANTS |
| FYLNETRA INJ | - | NC | HEMATOPOIETIC AGENTS |
| gabapentin (once-daily) tab (GRALISE equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day) | QL | 1 | ANTICONVULSANTS |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day) | QL | 1 | ANTICONVULSANTS |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day) | QL | 1 | ANTICONVULSANTS |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day) | QL | 1 | ANTICONVULSANTS |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| galantamine ER cap (RAZADYNE ER equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALANTAMINE SOLN | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALZIN CAP | - | 2 | MINERALS & ELECTROLYTES |
| GARDASIL 9 INJ | VAC | \$0 | VACCINES |
| gatifloxacin ophth soln (ZYMAXID equiv) | - | 1 | OPHTHALMIC AGENTS |
| GATTEX KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copy) | QL | \$0 | LAXATIVES |
| GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GEAMETDRAY GEL | - | NC | DERMATOLOGICALS |
| gefitinib tab (IRESSA equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GELCLAIR GEL | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| GELNIQUE | - | NC | URINARY ANTISPASMODICS |
| gemfibrozil tab (LOPID equiv) | - | 1 | ANTIHYPERTENSIVES |
| GEMTESA TAB | - | NC | URINARY ANTISPASMODICS |
| GEN7T LOTION | - | NC | DERMATOLOGICALS |
| GEN7T PAD 3.5% | - | NC | DERMATOLOGICALS |
| GEN7T PLUS LOTION | - | NC | DERMATOLOGICALS |
| GEN7T PLUS PAD | - | NC | DERMATOLOGICALS |
| GENOTROPIN INJ | LMSP-PA | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENTAK OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | 1 | DERMATOLOGICALS |
| gentamicin sulfate oint | - | 1 | DERMATOLOGICALS |
| GENVOYA TAB | - | 2 | ANTIVIRALS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| GIALAX KIT | - | NC | LAXATIVES |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 | CONTRACEPTIVES |
| GILENYA CAP 0.25MG | LMSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILENYA CAP 0.5MG | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| GIMOTI NASAL SPRAY | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| glatiramer inj (COPAXONE equiv) | LMSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GLEOSTINE/LOMUSTINE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| glimepiride tab (AMARYL equiv) | - | 1 | ANTIDIABETICS |
| GLIMEPIRIDE TAB | - | NC | ANTIDIABETICS |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 | ANTIDIABETICS |
| glipizide tab (GLUCOTROL equiv) | - | 1 | ANTIDIABETICS |
| GLIPIZIDE TAB | - | NC | ANTIDIABETICS |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 | ANTIDIABETICS |
| GLOPERBA SOLN (Prior Authorization required for members age 9 or older) | PA | 3 | GOUT AGENTS |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GLUCAGEN INJ | - | \$0 | DIAGNOSTIC PRODUCTS |
| GLUCAGON DIAGNOSTIC INJ | - | NC | DIAGNOSTIC PRODUCTS |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GLUCAGON INJ KIT (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GLUCAGON KIT (QL= 2 inj/fill) | QL | 1 | ANTIDIABETICS |
| GLUMETZA TAB 1000MG | - | NC | ANTIDIABETICS |
| GLUMETZA TAB 500MG | - | NC | ANTIDIABETICS |
| GLYBURID MCR TAB | - | 1 | ANTIDIABETICS |
| glyburide tab (MICRONASE equiv) | - | 1 | ANTIDIABETICS |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 | ANTIDIABETICS |
| GLYCATE TAB | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| GLYCATE TAB, GLYCOPYRROLATE TAB | - | NC | ULCER DRUGS |
| glycopyrrolate oral soln (CUVPOSA equiv) | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| glycopyrrolate tab (ROBINUL equiv) | - | 1 | ULCER DRUGS |
| GLYGEST PAK | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| GOCOVRI CAP | - | NC | ANTIPARKINSON AGENTS |
| GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 | LAXATIVES |
| GONITRO POWDER | - | NC | ANTIANGINAL AGENTS |
| GRALISE STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GRALISE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |
| | | | generic = small letters | | BRANDS = CAPITAL LETTERS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 | ANTIEMETICS |
| GRANISOL SOLN (QL= 60ml/fill) | QL | 3 | ANTIEMETICS |
| GRANIX INJ | - | NC | HEMATOPOIETIC AGENTS |
| GRASTEK SL TAB | - | NC | BIOLOGICALS MISC |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 1 | ANTIFUNGALS |
| griseofulvin susp (GRIFULVIN equiv) | - | 1 | ANTIFUNGALS |
| griseofulvin tab (GRIS-PEG equiv) | - | 1 | ANTIFUNGALS |
| GUAIFENESEN SYRUP | - | NC | COUGH/COLD/ALLERGY |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 | COUGH/COLD/ALLERGY |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 | COUGH/COLD/ALLERGY |
| guaifenesin-DM oral liquid (ROBITUSSIN equiv) | - | NC | COUGH/COLD/ALLERGY |
| guanfacine ER tab (INTUNIV equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| guanfacine IR tab (TENEX equiv) | - | 1 | ANTIHYPERTENSIVES |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GVOKE INJ KIT (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| HADLIMA INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA INJ 40MG/0.8ML | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA PUSH INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA PUSH INJ 40MG/0.8ML | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HAEGARDA INJ (Only available through Accredo 800-803-2523) | LD-PA | S | HEMATOLOGICAL AGENTS - MISC. |
| halcinonide cream (HALOG equiv) | - | NC | DERMATOLOGICALS |
| HALOBETASOL AER | - | NC | DERMATOLOGICALS |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 1 | DERMATOLOGICALS |
| halobetasol propionate foam (LEXETTE equiv) | - | NC | DERMATOLOGICALS |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 1 | DERMATOLOGICALS |
| HALOG CREAM | - | NC | DERMATOLOGICALS |
| HALOG OINT | - | NC | DERMATOLOGICALS |
| HALOG SOLN | - | NC | DERMATOLOGICALS |
| halonate pac kit (ULTRAVATE KIT equiv) | - | NC | DERMATOLOGICALS |
| haloperidol lactate conc (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol tab (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| HARVONI PELLETT PAK | - | NC | ANTIVIRALS |
| HARVONI TAB | - | NC | ANTIVIRALS |
| HAVRIX INJ, VAQTA INJ | VAC | \$0 | VACCINES |
| HC BUTYRATE CREAM | - | NC | DERMATOLOGICALS |
| HC BUTYRATE SOLN | - | NC | DERMATOLOGICALS |
| HC PRAMOXINE CREAM 1-2.5% | - | 1 | DERMATOLOGICALS |
| HC/PRAMOXINE CREAM 1-2.35% | - | NC | DERMATOLOGICALS |
| HC-LIDOCAINE CREAM | - | NC | DERMATOLOGICALS |
| HELIDAC PACK | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| HEMANGEOL SOLN | - | NC | BETA BLOCKERS |
| HEMLIBRA INJ | LMSP-PA | S | HEMATOLOGICAL AGENTS - MISC. |
| HEPLISAV-B INJ | VAC | \$0 | VACCINES |
| HETLIOZ CAP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| HETLIOZ SUSP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| HEXALEN CAP | - | 2 | ANTINEOPLASTICS |
| HIXDEFRIMA SOLN | - | NC | DERMATOLOGICALS |
| HIZENTRA INJ | MSP-PA | S | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| HOMATROPINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| HORIZANT TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| HULIO INJ (adalimumab-fkjp) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HULIO KIT (adalimumab-fkjp) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HUMALOG JR KWIKPEN INJ | - | 2 | ANTIDIABETICS |
| HUMALOG KWIKPEN INJ | - | 2 | ANTIDIABETICS |
| HUMALOG MIX INJ | - | 2 | ANTIDIABETICS |
| HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN | - | 2 | ANTIDIABETICS |
| HUMALOG PEN INJ | - | 2 | ANTIDIABETICS |
| HUMATIN CAP | - | NC | AMINOGLYCOSIDES |
| HUMATROPE INJ, ZOMACTON INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 40MG (QL= 2 pens/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA PEN INJ 40MG (QL= 2 syringes/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| HUMULIN MIX INJ | OTC | 2 | ANTIDIABETICS |
| HUMULIN MIX PEN INJ | OTC | 2 | ANTIDIABETICS |
| HUMULIN N INJ | OTC | 2 | ANTIDIABETICS |
| HUMULIN N PEN INJ | OTC | 2 | ANTIDIABETICS |
| HUMULIN R INJ | OTC | 2 | ANTIDIABETICS |
| HUMULIN R INJ U-500 | - | 2 | ANTIDIABETICS |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 | ANTIDIABETICS |
| HURRISEAL MIS SNAP | - | NC | MEDICAL DEVICES AND SUPPLIES |
| HYCAMTIN CAP | LMSP-PA | S | ANTINEOPLASTICS |
| HYCLODEX SOLN | - | NC | DERMATOLOGICALS |
| HYCODAN SYRUP | - | 3 | COUGH/COLD/ALLERGY |
| HYCOFENIX SOLN | - | NC | COUGH/COLD/ALLERGY |
| HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days) | QL | 1 | COUGH/COLD/ALLERGY |
| hydralazine tab (APRESOLINE equiv) | - | 1 | ANTIHYPERTENSIVES |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 | DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 | DIURETICS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day) | QL | 1 | ANALGESICS - OPIOID |
| HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day) | QL | 2 | ANALGESICS - OPIOID |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day) | QL | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) | - | NC | ANALGESICS - OPIOID |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 1 | COUGH/COLD/ALLERGY |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | QL | 1 | COUGH/COLD/ALLERGY |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 | COUGH/COLD/ALLERGY |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | 1 | ANALGESICS - OPIOID |
| HYDROCODONE/IBUPROFEN TAB 10-200MG | - | 3 | ANALGESICS - OPIOID |
| HYDROCORTISONE ACETATE/PRAMOXINE CREAM | - | 1 | ANORECTAL AND RELATED PRODUCTS |
| hydrocortisone butyrate cream (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| HYDROCORTISONE BUTYRATE LIPO CREAM | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| HYDROCORTISONE BUTYRATE OINT | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate oint (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone butyrate soln (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone enema (CORTENEMA equiv) | - | 1 | ANORECTAL AGENTS |
| hydrocortisone lotion (HYTONE equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone lotion (LOCOID equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone lotion 2% (ALA SCALP equiv) | - | NC | DERMATOLOGICALS |
| HYDROCORTISONE LOTION 2.5% | - | 1 | DERMATOLOGICALS |
| hydrocortisone oint | - | 1 | DERMATOLOGICALS |
| HYDROCORTISONE PAK | - | NC | DERMATOLOGICALS |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone succinate inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill) | QL | 1 | CORTICOSTEROIDS |
| hydrocortisone supp (ANUSOL HC equiv) | - | 1 | ANORECTAL AGENTS |
| hydrocortisone tab (CORTEF equiv) | - | 1 | CORTICOSTEROIDS |
| hydrocortisone valerate cream (WESTCORT equiv) | - | NC | DERMATOLOGICALS |
| hydrocortisone valerate oint (WESTCORT equiv) | - | NC | DERMATOLOGICALS |
| HYDROCORTISONE/PRAMOXINE SUPP | - | NC | ANORECTAL AND RELATED PRODUCTS |
| hydromorphone ER tab (EXALGO TAB equiv) | - | NC | ANALGESICS - OPIOID |
| HYDROMORPHONE SUPP | - | NC | ANALGESICS - OPIOID |
| hydromorphone tab (DILAUDID equiv) | - | 1 | ANALGESICS - OPIOID |
| hydroquinone cream (LUSTRA equiv) | - | EXC | DERMATOLOGICALS |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 | ANTIMALARIALS |
| HYDROXYM GEL | - | NC | DERMATOLOGICALS |
| HYDROXYPROGESTERONE CAPROATE INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydroxyurea cap (HYDREA equiv) | - | 1 | ANTINEOPLASTICS |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 | ANTIANSXIETY AGENTS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |
| | | | | | BRANDS = CAPITAL LETTERS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| hydroxyzine syrup (ATARAX equiv) | - | 1 | ANTIANKXIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | 1 | ANTIANKXIETY AGENTS |
| HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | DERMATOLOGICALS |
| HYLAMEND GEL FIRST AID | - | NC | ANTISEPTICS & DISINFECTANTS |
| HYLINATE LOTION | - | NC | DERMATOLOGICALS |
| HYOPHEN TAB | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| HYOSCYAMINE INJ | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine tab (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| HYQVIA INJ | MSP-PA | S | PASSIVE IMMUNIZING AGENTS |
| HYRIMOZ INJ (adalimumab-adaz) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| HYRIMOZ PFS INJ (adalimumab-adaz) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| IBRANCE CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IBRANCE TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IBSRELA TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| IBU 600-EZS KIT | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab ((RX only)) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen-famotidine tab (DUEXIS equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| icatibant inj (FIRAZYR equiv) | LMSP-PA | 1 | HEMATOLOGICAL AGENTS - MISC. |
| ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| icosapent ethyl cap (VASCEPA equiv) | - | NC | ANTIHYPERLIPIDEMICS |
| IDACIO INJ (adalimumab-aacf) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IHEEZO GEL | - | NC | OPHTHALMIC AGENTS |
| ILEVRO OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| imatinib tab (GLEEVEC equiv) | LMSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | S | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 1 | ANTIDEPRESSANTS |
| imipramine tab (TOFRANIL equiv) | - | 1 | ANTIDEPRESSANTS |
| imiquimod cream (ALDARA equiv) | - | 1 | DERMATOLOGICALS |
| IMIQUIMOD CREAM 3.75% | - | NC | DERMATOLOGICALS |
| imiquimod cream 3.75% (IMIQUIMOD equiv) | - | NC | DERMATOLOGICALS |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| IMPAVIDO CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| IMPEKLO LOTION | - | NC | DERMATOLOGICALS |
| IMPOYZ CREAM | - | NC | DERMATOLOGICALS |
| IMVEXXY SUPP | - | NC | VAGINAL PRODUCTS |
| INBRIJA INH POWDER (QL= 10 caps/day) | PA-QL | 3 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| INCRUSE ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| indapamide tab (LOZOL equiv) | - | 1 | DIURETICS |
| INDERAL XL CAP, INNOPRAN XL CAP | - | NC | BETA BLOCKERS |
| INDOCIN SUPP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| INDOCIN SUSP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin cap (INDOCIN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| INDOMETHACIN CAP, TIVORBEX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin suppository (INDOCIN equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin susp (INDOCIN equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| INFLATHERM PAK | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INPEFA TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| INPEN INSULIN INJECTION DEVICE | - | NC | MEDICAL DEVICES AND SUPPLIES |
| INQOVI TAB (QL= 5 tabs/28 days) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INREBIC CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | NC | ANTIDIABETICS |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | NC | ANTIDIABETICS |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) | - | NC | ANTIDIABETICS |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | NC | ANTIDIABETICS |
| INSULIN ASPART PENFILL INJ | - | NC | ANTIDIABETICS |
| INSULIN GLARGINE SOLN PEN-INJ | - | 2 | ANTIDIABETICS |
| INSULIN GLARGINE-YFGN (SINGLE PEN) | - | NC | ANTIDIABETICS |
| INSULIN LISPRO INJ (HUMALOG equiv) | - | 1 | ANTIDIABETICS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| INSULIN LISPRO JR KWIKPEN INJ | - | 2 | ANTIDIABETICS |
| INSULIN LISPRO KWIKPEN INJ | - | 2 | ANTIDIABETICS |
| INSULIN SYRINGE | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| INTELENCE TAB | - | 2 | ANTIVIRALS |
| INTENSE COUGH LIQUID | - | NC | COUGH/COLD/ALLERGY |
| INTERMEZZO SL TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| INTRAROSA SUPP | - | NC | VAGINAL PRODUCTS |
| INTRON-A INJ | MSP | S | ANTINEOPLASTICS |
| INVELTYS OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| INVIRASE CAP | - | 2 | ANTIVIRALS |
| INVIRASE TAB | - | 2 | ANTIVIRALS |
| INVOKAMET TAB | - | NC | ANTIDIABETICS |
| INVOKAMET XR TAB | - | NC | ANTIDIABETICS |
| INVOKANA TAB | - | NC | ANTIDIABETICS |
| IODOFLEX PAD | - | NC | ANTISEPTICS & DISINFECTANTS |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | 1 | DERMATOLOGICALS |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv) | - | NC | DERMATOLOGICALS |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | - | NC | DERMATOLOGICALS |
| IOPIDINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| IPOL INJ | VAC | \$0 | VACCINES |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ipratropium neb soln (ATROVENT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| IQIRVO TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| irbesartan tab (AVAPRO equiv) | - | 1 | ANTIHYPERTENSIVES |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 | ANTIHYPERTENSIVES |
| ISENTRESS (HD) TAB | - | 2 | ANTIVIRALS |
| ISENTRESS CHEW TAB | - | 2 | ANTIVIRALS |
| ISENTRESS POWDER PACK | - | 2 | ANTIVIRALS |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 | CONTRACEPTIVES |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | 1 | MIGRAINE PRODUCTS |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | 2 | MIGRAINE PRODUCTS |
| isoniazid syrup (ISONIAZID equiv) | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| isoniazid tab | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv) | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 | ANTIANGINAL AGENTS |
| isotretinoin cap 25mg (ABSORICA equiv) | - | NC | DERMATOLOGICALS |
| isotretinoin cap 35mg (ABSORICA equiv) | - | NC | DERMATOLOGICALS |
| ISOXSUPRINE TAB | - | 1 | CARDIOVASCULAR AGENTS - MISC. |
| isradipine cap (DYNACIRC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| ISTALOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| itraconazole cap (SPORANOX equiv) | - | 1 | ANTIFUNGALS |
| itraconazole soln (SPORANOX equiv) | PA | 1 | ANTIFUNGALS |
| ivabradine hcl tab (CORLANOR equiv) | PA | 1 | CARDIOVASCULAR AGENTS - MISC. |
| IVERMECTIN CREAM | - | NC | DERMATOLOGICALS |
| ivermectin cream (SOOLANTRA equiv) | - | NC | DERMATOLOGICALS |
| IVERMECTIN LOTION | - | NC | DERMATOLOGICALS |
| ivermectin tab (STROMECTOL equiv) | - | 1 | ANTHELMINTICS |
| IWILFIN TAB (QL= 8 tabs/day; Only available through BioMatrix Specialty Pharmacy 855-359-9679) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IYUZEH OPHTH DROPS | - | NC | OPHTHALMIC AGENTS |
| JADENU SPRINKLE | - | NC | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JANUVIA TAB (QL= 1 tab/day) | QL-¢ | 2 | ANTIDIABETICS |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| JAYPIRCA TAB (QL= 2 tabs/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JENLIVA CAP | - | NC | MULTIVITAMINS |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| JESDUVROQ TAB | - | NC | HEMATOPOIETIC AGENTS |
| jinteli tab (FEMHRT equiv) | - | 1 | ESTROGENS |
| JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | S | MISCELLANEOUS THERAPEUTIC CLASSES |
| JUBLIA SOLN | - | NC | DERMATOLOGICALS |
| JULUCA TAB | - | 2 | ANTIVIRALS |
| JUXTAPID CAP | - | NC | ANTIHYPERTENSIVES |
| JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 or older) | PA | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KALETRA TAB | - | 3 | ANTIVIRALS |
| KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | RESPIRATORY AGENTS - MISC. |
| KAPSPARGO CAP | - | NC | BETA BLOCKERS |
| KAPVAY TAB | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| KARBINAL ER SUSP | - | NC | ANTIHISTAMINES |
| KATERZIA SUSP (Prior Authorization required for members age 9 or older) | PA | 3 | CALCIUM CHANNEL BLOCKERS |
| KEFLEX CAP 750MG | - | NC | CEPHALOSPORINS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |
| | | | generic = small letters | | BRANDS = CAPITAL LETTERS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| kelnor tab (DEMULEN equiv) | - | \$0 | CONTRACEPTIVES |
| KENALOG INJ, TRIAMCINOLONE ACE INJ | - | 3 | CORTICOSTEROIDS |
| KERAFOAM | - | NC | DERMATOLOGICALS |
| KERALAC CREAM | - | NC | DERMATOLOGICALS |
| KERAMATRIX | - | NC | DERMATOLOGICALS |
| KERASTAT CREAM | - | NC | DERMATOLOGICALS |
| KERASTAT GEL | - | NC | DERMATOLOGICALS |
| KERENDIA TAB (QL= 1 tab/day) | PA-QL | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KERYDIN SOLN | - | NC | DERMATOLOGICALS |
| KESIMPTA INJ | LMSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| KETAMINE HCL TROCHES | - | NC | GENERAL ANESTHETICS |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole tab (NIZORAL equiv) | - | 1 | ANTIFUNGALS |
| KETO-DIASTIX TEST STRIP | OTC | \$0 | DIAGNOSTIC PRODUCTS |
| KETOPROFEN CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| KETOPROFEN ER CAP | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| KETOROLAC INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj (TORADOL equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 | OPHTHALMIC AGENTS |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| KETOSTIX | - | \$0 | DIAGNOSTIC PRODUCTS |
| ketotifen ophth soln (ZADITOR equiv) (OTC covered only) | OTC | EXC | OPHTHALMIC AGENTS |
| KEVEYIS TAB | - | NC | DIURETICS |
| KEVZARA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ | VAC | \$0 | TOXOIDS |
| KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE | VAC | \$0 | TOXOIDS |
| KISQALI PAK (QL= 91 tabs/28 days) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KISQALI TAB (QL= 63 tabs/28 days) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KITABIS PAK NEB SOLN | - | NC | AMINOGLYCOSIDES |
| KLARITY-B DROPS | - | NC | OPHTHALMIC AGENTS |
| KLARITY-L DROPS | - | NC | OPHTHALMIC AGENTS |
| KLISYRI OINT | - | NC | DERMATOLOGICALS |
| KLOXXADO NASAL SPRAY | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| KOMBIGLYZE XR TAB | - | NC | ANTIDIABETICS |
| KONVOMEK SUSP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| KORLYM TAB | - | NC | ANTIDIABETICS |
| KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| K-PHOS TAB | - | 2 | MINERALS & ELECTROLYTES |
| KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| KRINTAFEL TAB | - | 2 | ANTIMALARIALS |
| KRISTALOSE PACK, LACTULOSE PACK | - | NC | LAXATIVES |
| KRISTALOSE PACKET | - | NC | LAXATIVES |
| K-TAB | - | 1 | MINERALS & ELECTROLYTES |
| KUVAN POWDER PACK | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KUVAN TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| KYBELLA INJ | - | NC | DERMATOLOGICALS |
| KYNAMRO INJ | - | NC | ANTHYPERLIPIDEMICS |
| KYNMOBI FILM | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| KYNMOBI TITRATION KIT | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| KYZATREX CAP | - | NC | ANDROGENS-ANABOLIC |
| KYZATREX CAP, JATENZO CAP, TLANDO CAP | - | NC | ANDROGENS-ANABOLIC |
| L.E.T. GEL | - | NC | DERMATOLOGICALS |
| labetalol tab (NORMODYNE equiv) | - | 1 | BETA BLOCKERS |
| lacosamide oral solution (VIMPAT equiv) | - | 1 | ANTICONVULSANTS |
| lacosamide tab (VIMPAT equiv) | - | 1 | ANTICONVULSANTS |
| LACRISERT OPHTH INSERT | - | NC | OPHTHALMIC AGENTS |
| LACTIC ACID LOTION | - | 1 | DERMATOLOGICALS |
| lactulose soln | - | 1 | LAXATIVES |
| LAGEVRIO CAP (EUA) (QL= 40 caps/fill) | QL | \$0 | ANTIVIRALS |
| LAGEVRIO CAP 200MG (QL= 40 caps/fill) | QL | 2 | ANTIVIRALS |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 | ANTICONVULSANTS |
| lamivudine soln (EPIVIR equiv) | - | 1 | ANTIVIRALS |
| lamivudine tab (EPIVIR equiv) | - | 1 | ANTIVIRALS |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 1 | ANTIVIRALS |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 1 | ANTIVIRALS |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 1 | ANTICONVULSANTS |
| lamotrigine ODT (LAMICTAL equiv) | - | NC | ANTICONVULSANTS |
| lamotrigine ODT kit (LAMICTAL equiv) | - | NC | ANTICONVULSANTS |
| lamotrigine starter kit (LAMICTAL STARTER KIT equiv) | - | 1 | ANTICONVULSANTS |
| lamotrigine tab (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| LAMPIT TAB (Restricted to Infectious Disease Specialist) | RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| LANCET KIT | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| LANCETS | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| LANOXIN INJ | - | NC | CARDIOTONICS |
| LANOXIN TAB 62.5MCG | - | NC | CARDIOTONICS |
| lansoprazole cap (PREVACID equiv) (Rx Only) | - | 1 | ULCER DRUGS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| LANSOPRAZOLE SUSP | - | 3 | ULCER DRUGS |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| LANTUS INJ, INSULIN GLARGINE INJ | - | NC | ANTIDIABETICS |
| lapatinib ditosylate tab (TYKERB equiv) | LMSP-PA | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LASTACFT OPTH SOLN (QL= 3ml/30 days) | QL | 3 | OPHTHALMIC AGENTS |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| LATUDA TAB | - | 3 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | \$0 | CONTRACEPTIVES |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days) | PA-QL | 3 | ANALGESICS - OPIOID |
| LAZCLUZE TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day) | LMSP-PA-QL | S | ANTIVIRALS |
| leflunomide tab (ARAVA equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | 1 | MISCELLANEOUS THERAPEUTIC CLASSE |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| letrozole tab (FEMARA equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| leucovorin tab | - | 1 | ANTINEOPLASTICS |
| LEUKERAN TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LEUKINE INJ | - | NC | HEMATOPOIETIC AGENTS |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product) | QL-ST | 3 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| levalbuterol neb soln (XOPENEX equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVEMIR FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| LEVEMIR INJ | - | 2 | ANTIDIABETICS |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam soln (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam tab (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| LEVOBUNOLOL OPTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| levocarnitine soln (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocarnitine tab (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocetirizine soln (XYZAL equiv) | - | EXC | ANTIHISTAMINES |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| levocetirizine tab (XYZAL equiv) | - | EXC | ANTIHISTAMINES |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| LEVOFLOXACIN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| LEVOFLOXACIN OPHTH SOLN 0.5% | - | 1 | OPHTHALMIC AGENTS |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | OTC | EXC | CONTRACEPTIVES |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv) | - | \$0 | CONTRACEPTIVES |
| levorphanol tab (LEVORPHANOL equiv) | - | NC | ANALGESICS - OPIOID |
| LEVOTHYROXINE INJ | - | NC | THYROID AGENTS |
| LEVOTHYROXINE INJ 100MCG/ML | - | NC | THYROID AGENTS |
| levothyroxine tab (SYNTHROID equiv) | - | 1 | THYROID AGENTS |
| LEXIVA SUSP | - | 2 | ANTIVIRALS |
| l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day) | LMSP-PA-QL | 1 | HEMATOPOIETIC AGENTS |
| LIBERVANT FILM | - | NC | ANTICONVULSANTS |
| LICART PATCH | - | NC | DERMATOLOGICALS |
| LIDO/MENTHOL SPRAY | - | NC | DERMATOLOGICALS |
| LIDO/RAC/TET GEL | - | NC | DERMATOLOGICALS |
| LIDOCAINE CREAM | - | NC | DERMATOLOGICALS |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine cream 3.88% (LIDOTRAL CREAM equiv) | - | NC | DERMATOLOGICALS |
| lidocaine gel (GLYDO equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine gel (XYLOCAINE equiv) | - | NC | DERMATOLOGICALS |
| lidocaine hcl cream 4.12% | - | NC | DERMATOLOGICALS |
| lidocaine lotion | - | NC | DERMATOLOGICALS |
| lidocaine oint (QL= 107gm/30 days) | QL | 1 | DERMATOLOGICALS |
| lidocaine oint/transparent dressing kit | - | NC | DERMATOLOGICALS |
| LIDOCAINE ORAL SOLN 4% | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine patch (QL= 3 patches/day) | QL | 1 | DERMATOLOGICALS |
| lidocaine patch 3.5% (GEN7T equiv) | - | NC | DERMATOLOGICALS |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day) | QL | 1 | DERMATOLOGICALS |
| lidocaine soln (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| LIDOCAINE SUPP | - | NC | ANORECTAL AND RELATED PRODUCTS |
| lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 1 | ANORECTAL AGENTS |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | NC | ANORECTAL AGENTS |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 | DERMATOLOGICALS |
| LIDOCIN GEL | - | NC | DERMATOLOGICALS |
| LIDO-EP-TETR SOLN | - | NC | DERMATOLOGICALS |
| LIDOLOG KIT | - | NC | CORTICOSTEROIDS |
| LIDOSTREAM KIT | - | NC | DERMATOLOGICALS |
| LIDOTIN PAK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LIDOTRAL CREAM (lidocaine cream equiv) | - | NC | DERMATOLOGICALS |
| LIDOTREX GEL | - | NC | DERMATOLOGICALS |
| LIDOVEX CREAM | - | NC | DERMATOLOGICALS |
| LIKMEZ SUSP (Prior Authorization required for members age 9 or older) | PA | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| LINDANE SHAMPOO | - | 1 | DERMATOLOGICALS |
| linezolid susp (Restricted to Infectious Disease Specialist) | RS | 1 | ANTI-INFECTIVE AGENTS - MISC. |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| LINZESS CAP (QL= 1 cap/day) | PA-QL | 3 | GASTROINTESTINAL AGENTS - MISC. |
| liothyronine tab (CYTOMEL equiv) | - | 1 | THYROID AGENTS |
| LIQREV SUSP | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| lisdexamfetamine dimesylate cap (VYVANSE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| lisdexamfetamine dimesylate chew tab (VYVANSE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| LITFULO CAP (QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | S | DERMATOLOGICALS |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate tab | - | 1 | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| lithium oral solution (LITHIUM equiv) (Prior Authorization Required for members age 9 and older) | PA | 1 | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| LITHOSTAT TAB | - | 3 | GENITOURINARY AGENTS - MISCELLANEOUS |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST | 3 | ANTIHYPERLIPIDEMICS |
| LIVDELZI CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481) | LD-PA-QL | S | GASTROINTESTINAL AGENTS - MISC. |
| LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTIVIRALS |
| L-METHYLFOLATE TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| LO LOESTRIN TAB | - | \$0 | CONTRACEPTIVES |
| LOCOID CREAM | - | NC | DERMATOLOGICALS |
| LOCOID LIPOCREAM | - | NC | DERMATOLOGICALS |
| LOCOID OINT | - | NC | DERMATOLOGICALS |
| LOCOID SOLN | - | NC | DERMATOLOGICALS |
| LODOCO TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days) | PA-QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LOKELMA PAK | PA | 2 | MISCELLANEOUS THERAPEUTIC CLASSES |
| LOMAIRA TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER) | ST | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| LONSURF TAB | MSP-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| loperamide cap (IMODIUM equiv) | - | NC | ANTI-DIARRHEALS |
| loperamide hcl soln (LOPERAMIDE equiv) | OTC | NC | ANTI-DIARRHEAL/PROBIOTIC AGENTS |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 1 | ANTIVIRALS |
| lopinavir/ritonavir tab (KALETRA equiv) | - | 1 | ANTIVIRALS |
| loratadine cap (CLARITIN equiv) | OTC | EXC | ANTI-HISTAMINES |
| lorazepam conc (ATIVAN equiv) | - | 1 | ANTI-ANXIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | 1 | ANTI-ANXIETY AGENTS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LOREEV XR CAP | - | NC | ANTIANKXIETY AGENTS |
| LORTAB ELIXIR | - | 3 | ANALGESICS - OPIOID |
| LORVATUS PHARMAPAK KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| losartan tab (COZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| LOTEMAX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| LOTEMAX SM GEL 0.38% | - | NC | OPHTHALMIC AGENTS |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 1 | OPHTHALMIC AGENTS |
| loteprednol ophth susp (LOTEMAX, ALREX equiv) | - | 1 | OPHTHALMIC AGENTS |
| LOTRIMIN AF CREAM | - | NC | DERMATOLOGICALS |
| lovastatin tab (MEVACOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| loxapine cap (LOXITANE equiv) | - | 1 | ANTIpsychOTICS/ANTIMANIC AGENTS |
| lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day) | PA-QL | 1 | GASTROINTESTINAL AGENTS - MISC. |
| LUCEMYRA TAB (QL= 96 tabs/7 days) | PA-QL | 3 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC | DERMATOLOGICALS |
| LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUMRYZ STARTER PACK (QL= 1 packet/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479) | LD-PA-QL | S | MISCELLANEOUS THERAPEUTIC CLASSES |
| lurasidone hcl tab (LATUDA equiv) | - | 1 | ANTIpsychOTICS/ANTIMANIC AGENTS |
| LUVIRA CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| LUXIQ FOAM | - | NC | DERMATOLOGICALS |
| LYBALVI TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYUMJEV INJ | - | 2 | ANTIDIABETICS |
| LYUMJEV KWIKPEN INJ | - | 2 | ANTIDIABETICS |
| LYUMJEV TEMPO PEN INJ | - | NC | ANTIDIABETICS |
| LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization) | PA | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| MACRILEN PACK | - | NC | DIAGNOSTIC PRODUCTS |
| MAFENIDE ACETATE SOLN PACK | - | NC | DERMATOLOGICALS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 1 | DERMATOLOGICALS |
| MALE CONDOMS (QL= 12 condoms/fill) | OTC-QL | EXC | MEDICAL DEVICES AND SUPPLIES |
| MAPROTILINE TAB | - | 1 | ANTIDEPRESSANTS |
| maraviroc tab (SELZENTRY equiv) | - | 1 | ANTIVIRALS |
| MARPLAN TAB | - | 2 | ANTIDEPRESSANTS |
| MATULANE CAP | - | 2 | ANTINEOPLASTICS |
| MAVENCLAD THERAPY PAK (Only available through Walgreens 888-347-3416) | LD | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAVYRET PAK (QL= 5 packs/day) | LMSP-PA-QL | S | ANTIVIRALS |
| MAVYRET TAB (QL= 3 tabs/day) | LMSP-PA-QL | S | ANTIVIRALS |
| MAXIDEX OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| MAYZENT TAB | LMSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MAYZENT TAB STARTER PACK | LMSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| meclizine chew tab (BONINE equiv) | OTC | EXC | ANTIEMETICS |
| meclizine tab (ANTIVERT equiv) (Rx Only) | - | 1 | ANTIEMETICS |
| MECLOFENAMATE CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC | DERMATOLOGICALS |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 | CONTRACEPTIVES |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 | PROGESTINS |
| mefenamic acid cap (PONSTEL equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| mefloquine tab (LARIAM equiv) | - | 1 | ANTIMALARIALS |
| megestrol ES susp (MEGACE ES equiv) | - | 1 | PROGESTINS |
| MEGESTROL SUSP | - | 1 | PROGESTINS |
| megestrol susp (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| megestrol tab (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST SOLN | LMSP-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 2MG (QL= 1 tab/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKTOVI TAB (QL= 6 tabs/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| meloxicam cap (VIVLODEX equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| MELOXICAM COMFORT KIT | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| MELOXICAM SUSP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| meloxicam tab (MOBIC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| MELPHALAN TAB | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| memantine ER cap (NAMENDA XR equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine soln (NAMENDA equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine tab (NAMENDA equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MENACTRA INJ | VAC | \$0 | VACCINES |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| MENEST TAB | - | 3 | ESTROGENS |
| MENOSTAR PATCH | - | NC | ESTROGENS |
| MENQUADFI INJ | VAC | \$0 | VACCINES |
| MENTAX CREAM | - | 3 | DERMATOLOGICALS |
| MENTHOREAL10 THERAPY PACK | - | NC | DERMATOLOGICALS |
| MENVEO INJ | VAC | \$0 | VACCINES |
| meperidine tab (DEMEROL equiv) | - | NC | ANALGESICS - OPIOID |
| meprobamate tab (MILTOWN equiv) | - | NC | ANTIANKXIETY AGENTS |
| mercaptopurine tab (PURINETHOL equiv) | - | 1 | ANTINEOPLASTICS |
| mesalamine DR cap (DELZICOL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine DR tab (LIALDA equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine enema (ROWASA equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (APRISO equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (PENTASA CR equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine supp (CANASA equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine tab (ASACOL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| MESNEX TAB | LMSP | S | ANTINEOPLASTICS |
| METANX CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| metaxalone tab (SKELAXIN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| METAXALONE TAB 400MG | - | 3 | MUSCULOSKELETAL THERAPY AGENTS |
| METDRAY GEL | - | NC | DERMATOLOGICALS |
| metformin ER osmotic tab (FORTAMET equiv) | - | NC | ANTIDIABETICS |
| metformin ER osmotic tab (GLUMETZA equiv) | - | NC | ANTIDIABETICS |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 | ANTIDIABETICS |
| metformin soln (RIOMET equiv) | - | 1 | ANTIDIABETICS |
| metformin tab (GLUCOPHAGE equiv) | - | 1 | ANTIDIABETICS |
| METFORMIN TAB | - | NC | ANTIDIABETICS |
| methadone soln | - | 1 | ANALGESICS - OPIOID |
| methadone tab (DOLOPHINE equiv) | - | 1 | ANALGESICS - OPIOID |
| methadose tab | - | 1 | ANALGESICS - OPIOID |
| methamphetamine tab (DESOXYN equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methazolamide tab (NEPTAZANE equiv) | - | 1 | DIURETICS |
| methenamine hippurate tab (HIPREX equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| methenamine mandelate tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| methimazole tab (TAPAZOLE equiv) | - | 1 | THYROID AGENTS |
| METHITEST TAB | PA | 3 | ANDROGENS-ANABOLIC |
| methocarbamol tab (ROBAXIN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| METHOCARBAMOL TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| methotrexate inj | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methotrexate tab (TREXALL equiv) | - | 1 | ANTINEOPLASTICS |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 1 | DERMATOLOGICALS |
| METHOXSALEN CAP | - | 2 | DERMATOLOGICALS |
| methscopolamine tab (PAMINE equiv) | - | 1 | ULCER DRUGS |
| methsuximide cap (CELONTIN equiv) | - | 1 | ANTICONVULSANTS |
| METHYLDOPA TAB | - | 1 | ANTIHYPERTENSIVES |
| methylidopa tab (ALDOMET equiv) | - | 1 | ANTIHYPERTENSIVES |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 1 | OXYTOCICS |
| methylphenidate CD cap (METADATE CD equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate chew tab (METHYLIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER cap (APTENSIO XR equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER cap (RITALIN LA equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate ER tab | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate soln (METHYLIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate tab (RITALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylphenidate td patch (DAYTRANA equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| methylprednisolone acetate inj (DEPO-MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methylprednisolone tab (MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methylprednisolone sod succinate inj (SOLU-MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methyltestosterone cap | - | NC | ANDROGENS-ANABOLIC |
| METIPRANOLOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| metoclopramide soln (REGLAN equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metoclopramide tab (REGLAN equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metolazone tab (ZAROXOLYN equiv) | - | 1 | DIURETICS |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 | BETA BLOCKERS |
| metoprolol tab (LOPRESSOR equiv) | - | 1 | BETA BLOCKERS |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| METZOZLV ODT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| metronidazole cap (FLAGYL equiv) | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole cream (METROCREAM equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole gel (METROGEL equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole gel 0.75% (METROGEL equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole lotion (METROLOTION equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole tab (FLAGYL equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 | VAGINAL PRODUCTS |
| metyrosine cap (DEMSEER equiv) | - | NC | ANTIHYPERTENSIVES |
| mexiletine hcl cap | - | 1 | ANTIARRHYTHMICS |
| MEXPAROX HC CREAM | - | NC | DERMATOLOGICALS |
| MICARDIS HCT TAB | - | NC | ANTIHYPERTENSIVES |
| MICLARA LIQUID | - | NC | ANTIHISTAMINES |
| MICORT-HC CREAM | - | NC | DERMATOLOGICALS |
| MICROVIX LP PAK | - | NC | DERMATOLOGICALS |
| midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist) | RS | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| midodrine tab (PROAMATINE equiv) | - | 1 | VASOPRESSORS |
| MIEBO OPHTH SOLN (QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 2 | OPHTHALMIC AGENTS |
| mifepristone tab (KORLYM equiv) (QL= 4 tabs/day) | LMSP-PA-QL | 1 | ANTIDIABETICS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| mifepristone tab 200mg (MIFIPREX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIGERGOT SUPP | - | NC | MIGRAINE PRODUCTS |
| miglitol tab (MIGLITOL equiv) | - | 1 | ANTIDIABETICS |
| MIGLITOL TAB | - | 3 | ANTIDIABETICS |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | 1 | HEMATOPOIETIC AGENTS |
| MIGRANAL SPRAY | - | NC | MIGRAINE PRODUCTS |
| MILLIPRED DP PAK | - | NC | CORTICOSTEROIDS |
| MILLIPRED TAB | - | NC | CORTICOSTEROIDS |
| minocycline cap (MINOCIN equiv) | - | 1 | TETRACYCLINES |
| MINOCYCLINE ER CAP | - | NC | TETRACYCLINES |
| minocycline ER tab (SOLODYN equiv) | - | NC | TETRACYCLINES |
| minocycline tab (DYNACIN equiv) | - | 1 | TETRACYCLINES |
| MINOLIRA TAB | - | NC | TETRACYCLINES |
| minoxidil tab (LONITEN equiv) | - | 1 | ANTIHYPERTENSIVES |
| MIPLYFFA CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| mirabegron tab er (MYRBETRIQ equiv) | - | NC | URINARY ANTISPASMODICS |
| MIRALAX PACKET | OTC | EXC | LAXATIVES |
| MIRALAX POWDER | OTC | EXC | LAXATIVES |
| MIRENA IUD | - | \$0 | CONTRACEPTIVES |
| mirtazapine ODT (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| mirtazapine tab (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| MIRVASO GEL | - | EXC | DERMATOLOGICALS |
| misoprostol tab (CYTOTEC equiv) | - | 1 | ULCER DRUGS |
| M-M-R II INJ | VAC | \$0 | VACCINES |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MODERIBA TAB | - | NC | ANTIVIRALS |
| moexipril tab (UNIVASC equiv) | - | 1 | ANTIHYPERTENSIVES |
| MOLINDONE TAB | - | NC | ANTI-PSYCHOTICS/ANTIMANIC AGENTS |
| mometasone cream (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mometasone nasal spray (NASONEX equiv) | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| mometasone oint (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mometasone soln (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| montelukast chew tab (SINGULAIR equiv) | - | 1 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast granule pack (SINGULAIR equiv) | - | 1 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast tab (SINGULAIR equiv) | - | 1 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| MONUROL GRANULE PACK | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| MORPHABOND TAB | - | NC | ANALGESICS - OPIOID |
| MORPHINE SULFATE ER BEAD CAP | - | NC | ANALGESICS - OPIOID |
| MORPHINE SULFATE ER CAP | - | NC | ANALGESICS - OPIOID |
| morphine sulfate ER cap (KADIAN equiv) | - | NC | ANALGESICS - OPIOID |
| morphine sulfate ER tab (MS CONTIN equiv) | - | 1 | ANALGESICS - OPIOID |
| MORPHINE SULFATE ORAL SOLN 100MG/5ML | - | 1 | ANALGESICS - OPIOID |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| MORPHINE SULFATE ORAL SOLN 10MG/5ML | - | 1 | ANALGESICS - OPIOID |
| morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv) | - | 1 | ANALGESICS - OPIOID |
| morphine sulfate soln | - | 1 | ANALGESICS - OPIOID |
| MORPHINE SULFATE SUPP | - | 1 | ANALGESICS - OPIOID |
| morphine sulfate tab | - | 1 | ANALGESICS - OPIOID |
| MOTEGRITY TAB (QL= 1 tab/day) | PA-QL | 3 | GASTROINTESTINAL AGENTS - MISC. |
| MOTPOLY XR CAP | - | NC | ANTICONVULSANTS |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| MOVANTIK TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| MOVIPREP SOLN | - | NC | LAXATIVES |
| MOXATAG TAB | - | NC | PENICILLINS |
| MOXATAG TAB 775MG | - | NC | PENICILLINS |
| MOXEZA OPHTH SOLN 0.5% | - | NC | OPHTHALMIC AGENTS |
| MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 | OPHTHALMIC AGENTS |
| MOXIFLOXACIN SOLN | - | NC | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | 1 | FLUOROQUINOLONES |
| MPM PAK | - | NC | OXYTOCICS |
| MRESVIA INJ (QL= 1 dose/lifetime; Covered for members age 60 years or older) | QL-VAC | \$0 | VACCINES |
| MUCINEX LIQUID | - | NC | COUGH/COLD/ALLERGY |
| MUCINEX TAB | - | NC | COUGH/COLD/ALLERGY |
| MULPLETA TAB | - | NC | HEMATOPOIETIC AGENTS |
| MULTAQ TAB | - | 2 | ANTIARRHYTHMICS |
| MULTIGEN FOLIC TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN PLUS TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTIGEN TAB | - | 1 | HEMATOPOIETIC AGENTS |
| MULTI-MAC TAB | - | NC | MULTIVITAMINS |
| MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW 0.25MG | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW 1MG | - | 1 | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW 0.25MG | - | NC | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW 0.5MG | - | NC | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW 1MG | - | NC | MULTIVITAMINS |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | 1 | MULTIVITAMINS |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 | MULTIVITAMINS |
| MULTI-VIT-FLOR CHEW 0.25MG | - | NC | MULTIVITAMINS |
| MULTI-VIT-FLOR CHEW 0.5MG | - | NC | MULTIVITAMINS |
| MULTI-VIT-FLOR CHEW 1MG | - | NC | MULTIVITAMINS |
| mupirocin cream (BACTROBAN CREAM equiv) | - | NC | DERMATOLOGICALS |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 | DERMATOLOGICALS |
| MYALEPT INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MYCAPSSA CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| mycophenolate DR tab (MYFORTIC equiv) | - | 1 | ASSORTED CLASSES |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 1 | ASSORTED CLASSES |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 1 | ASSORTED CLASSES |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 1 | ASSORTED CLASSES |
| MYDAYIS CAP 12.5MG | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYDAYIS CAP 25MG | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYDAYIS CAP 37.5MG | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYDAYIS CAP 50MG | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| MYDCOMBI OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| MYFEMBREE TAB (QL= 1 tab/day) | PA-QL | 2 | ESTROGENS |
| MYHIBBIN SUSP | - | NC | MISCELLANEOUS THERAPEUTIC CLASSE |
| MYLERAN TAB | LMSP | S | ANTINEOPLASTICS |
| MYNATAL-Z TAB | - | 3 | MULTIVITAMINS |
| MYRBETRIQ SUSP | - | NC | URINARY ANTISPASMODICS |
| MYRBETRIQ TAB | - | 1 | URINARY ANTISPASMODICS |
| MYTESI TAB | - | NC | ANTIDIARRHEALS |
| nabumetone tab (RELAFEN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| nadolol tab (CORGARD equiv) | - | 1 | BETA BLOCKERS |
| NAFLON CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naftifine cream (NAFTIN equiv) | - | 1 | DERMATOLOGICALS |
| NAFTIFINE CREAM | - | 3 | DERMATOLOGICALS |
| naftifine gel (NAFTIN equiv) | - | 1 | DERMATOLOGICALS |
| naftifine hcl gel 2% (NAFTIN equiv) | - | NC | DERMATOLOGICALS |
| NAFTIN GEL | - | 3 | DERMATOLOGICALS |
| NAFTIN GEL 2% | - | NC | DERMATOLOGICALS |
| naloxone hcl nasal spray (NARCAN equiv) | OTC | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE HCL SOLN 0.4MG/ML | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone inj | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone prefilled inj | - | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIA equiv) | - | 1 | ANTIDOTES |
| NAMENDA XR TITRATION PACK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAPRELAN CR TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN EC TAB 500MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROSYN SUSP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN CREAM COMPOUND KIT | - | NC | DERMATOLOGICALS |
| naproxen EC tab (NAPROSYN EC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen EC tab 500mg (NAPROSYN EC equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN SUSP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| naproxen tab (NAPROSYN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| NARCAN NASAL SPRAY | OTC | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NARDIL TAB 15MG | - | 3 | ANTIDEPRESSANTS |
| NASACORT OTC NASAL SPRAY | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| NASCOBAL SPRAY | - | 3 | HEMATOPOIETIC AGENTS |
| NATACYN OPHTH SUSP (QL= 15ml/fill) | QL | 2 | OPHTHALMIC AGENTS |
| NATAZIA TAB | - | \$0 | CONTRACEPTIVES |
| nateglinide tab (STARLIX equiv) | - | 1 | ANTIDIABETICS |
| NATESTO GEL | - | NC | ANDROGENS-ANABOLIC |
| NATESTO NASAL GEL | - | NC | ANDROGENS-ANABOLIC |
| NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 | DERMATOLOGICALS |
| NAYZILAM SPRAY (QL= 4 doses/fill) | QL | 3 | ANTICONVULSANTS |
| nebivolol hcl tab (BYSTOLIC equiv) | ¢ | 1 | BETA BLOCKERS |
| NEBUSAL NEB SOLN | - | 2 | COUGH/COLD/ALLERGY |
| NEFAZODONE TAB | - | 1 | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | 1 | ANTIDEPRESSANTS |
| NEFFY SPRAY | - | NC | VASOPRESSORS |
| NEMLUVIO INJ | - | NC | DERMATOLOGICALS |
| NENDRUX GEL | - | NC | DERMATOLOGICALS |
| neomycin tab | - | 1 | AMINOGLYCOSIDES |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| NEONATAL 19 TAB | - | 3 | MULTIVITAMINS |
| NEONATAL FE TAB | - | 3 | MULTIVITAMINS |
| NEOSALUS FOAM | - | NC | DERMATOLOGICALS |
| NEOSALUS LOTION | - | NC | DERMATOLOGICALS |
| NEO-SYNALAR CREAM | - | NC | DERMATOLOGICALS |
| NEPHRON FA TAB | - | 2 | HEMATOPOIETIC AGENTS |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NEULASTA INJ | - | NC | HEMATOPOIETIC AGENTS |
| NEUPOGEN INJ | - | NC | HEMATOPOIETIC AGENTS |
| NEUPRO PATCH | - | 3 | ANTIPARKINSON AGENTS |
| NEVANAC OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| NEVIRAPINE ER TAB | - | 1 | ANTIVIRALS |
| nevirapine ER tab (VIRAMUNE XR equiv) | - | 1 | ANTIVIRALS |
| NEVIRAPINE SUSP | - | 1 | ANTIVIRALS |
| nevirapine tab (VIRAMUNE equiv) | - | 1 | ANTIVIRALS |
| NEXICLON XR TAB | - | NC | ANTIHYPERTENSIVES |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| NEXIUM 24HR TAB | OTC | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| NEXIUM CAP (Rx Only) | - | 3 | ULCER DRUGS |
| NEXIUM GRANULE PACK | - | NC | ULCER DRUGS |
| NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTHYPERLIPIDEMICS |
| NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTHYPERLIPIDEMICS |
| NEXPLANON IMPLANT | - | \$0 | CONTRACEPTIVES |
| NEXTSTELLIS TAB | - | \$0 | CONTRACEPTIVES |
| NGENLA INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| niacin cap | OTC | EXC | VITAMINS |
| niacin CR tab (SLO-NIACIN equiv) | OTC | EXC | VITAMINS |
| niacin ER tab (NIASPAN equiv) | - | 1 | ANTHYPERLIPIDEMICS |
| niacin tab | OTC | EXC | VITAMINS |
| NIACIN TR CAP | OTC | EXC | VITAMINS |
| NIACIN TR TAB | OTC | EXC | VITAMINS |
| niacinamide tab | OTC | EXC | VITAMINS |
| NIACOR TAB | - | NC | ANTHYPERLIPIDEMICS |
| NIASPAN ER TAB | - | 3 | ANTHYPERLIPIDEMICS |
| nicardipine cap (CARDENE equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTINE KIT | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nifedipine cap (PROCARDIA equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nilutamide tab (NILANDRON equiv) | LMSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nimodipine cap (NIMOTOP equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566) | LD-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nisoldipine ER tab (SULAR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | 1 | CALCIUM CHANNEL BLOCKERS |
| NITAZOXANIDE TAB (QL= 6 tabs/3 days) | PA-QL | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| nitisinone cap (ORFADIN equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NITRO-BID OINT | - | 2 | ANTIANGINAL AGENTS |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 | ANTIANGINAL AGENTS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv) | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older) | PA | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| NITROFURANTOIN SUSP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| NITROGLYCERIN ER CAP | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin oint (RECTIV equiv) | - | NC | ANORECTAL AND RELATED PRODUCTS |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 | ANTIANGINAL AGENTS |
| NITROMIST SPRAY | - | 3 | ANTIANGINAL AGENTS |
| NITYR TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NIVESTYM INJ | LMSP | S | HEMATOPOIETIC AGENTS |
| NIZATIDINE CAP | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| nizatidine cap (AXID equiv) | - | 1 | ULCER DRUGS |
| NIZORAL A-D SHAMPOO | OTC | EXC | DERMATOLOGICALS |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | EXC | DERMATOLOGICALS |
| NOCDURNA SL TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NOCTIVA EMULSION SPRAY | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NORDITROPIN INJ, NUTROPIN AQ INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone tab (NORA-QD equiv) | - | \$0 | CONTRACEPTIVES |
| norethindrone tab (AYGESTIN equiv) | - | 1 | PROGESTINS |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | \$0 | CONTRACEPTIVES |
| NORGESIC TAB FORTE | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| NORITATE CREAM | - | NC | DERMATOLOGICALS |
| NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization) | PA | 3 | CALCIUM CHANNEL BLOCKERS |
| NORPACE CR CAP | - | 2 | ANTIARRHYTHMICS |
| NORTHERA CAP | - | NC | VASOPRESSORS |
| norel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | \$0 | CONTRACEPTIVES |
| norel tab (OVCON 35 equiv) | - | \$0 | CONTRACEPTIVES |
| nortriptyline cap (PAMELOR equiv) | - | 1 | ANTIDEPRESSANTS |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 | ANTIDEPRESSANTS |
| NORVIR CAP | - | 2 | ANTIVIRALS |
| NORVIR POWDER PACK | - | 2 | ANTIVIRALS |
| NORVIR SOLN | - | 2 | ANTIVIRALS |
| NOVACORT GEL | - | NC | DERMATOLOGICALS |
| NOVAVAX INJ (QL= 1 dose/24 days) | QL-VAC | \$0 | VACCINES |
| NOVOFINE PEN NEEDLE | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN 70/30 FLEXPEN INJ | OTC | NC | ANTIDIABETICS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| NOVOLIN 70/30 FLEXPEN RELION INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN 70/30 INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN 70/30 RELION INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN N FLEXPEN INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN N INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN N RELION 100UNIT/ML | OTC | NC | ANTIDIABETICS |
| NOVOLIN R FLEXPEN INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN R INJ | OTC | NC | ANTIDIABETICS |
| NOVOLIN R RELION INJ | OTC | NC | ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ | - | NC | ANTIDIABETICS |
| NOVOLOG INJ | - | NC | ANTIDIABETICS |
| NOVOLOG MIX FLEXPEN INJ | - | NC | ANTIDIABETICS |
| NOVOLOG MIX INJ | - | NC | ANTIDIABETICS |
| NOVOLOG PENFILL INJ | - | NC | ANTIDIABETICS |
| NOVOTWIST PEN NEEDLE | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| NOXAFIL PAK | - | 3 | ANTIFUNGALS |
| NOXAFIL TAB | - | NC | ANTIFUNGALS |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 | THYROID AGENTS |
| NUBEQA TAB (QL= 4 tabs/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NUCALA INJ (QL= 1 inj/28 days) | LMSP-PA-QL | S | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| NUCARACLINPA KIT | - | NC | DERMATOLOGICALS |
| NUCARARXPAK KIT | - | NC | DERMATOLOGICALS |
| NUCYNTA ER TAB (QL= 2 tabs/day) | QL | 2 | ANALGESICS - OPIOID |
| NUCYNTA TAB | - | 3 | ANALGESICS - OPIOID |
| NUEDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nulido pad (NULIDO equiv) | - | NC | DERMATOLOGICALS |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| NUPLAZID CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| NUPLAZID TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| NURTEC ODT | - | NC | MIGRAINE PRODUCTS |
| NUVAKAAN II KIT | - | NC | DERMATOLOGICALS |
| NUVARING | - | \$0 | CONTRACEPTIVES |
| NUZYRA TAB | - | NC | TETRACYCLINES |
| NYMALIZE SOLN | - | NC | CALCIUM CHANNEL BLOCKERS |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 | DERMATOLOGICALS |
| nystatin oint | - | 1 | DERMATOLOGICALS |
| nystatin powder | - | 1 | ANTIFUNGALS |
| nystatin susp | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| NYSTATIN SUSP | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| nystatin tab | - | 1 | ANTIFUNGALS |
| nystatin topical powder | - | 1 | DERMATOLOGICALS |
| nystatin/triamcinolone cream | - | 1 | DERMATOLOGICALS |
| nystatin/triamcinolone oint | - | 1 | DERMATOLOGICALS |
| NYVEPRIA INJ | LMSP | S | HEMATOPOIETIC AGENTS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| OICALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL-¢ | S | GASTROINTESTINAL AGENTS - MISC. |
| octreotide inj (SANDOSTATIN equiv) | LMSP | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OCTREOTIDE INJ 100MCG | LMSP | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ODACTRA SL TAB | PA | 3 | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| ODEFSEY TAB | - | 2 | ANTIVIRALS |
| ODOMZO CAP | LMSP-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | S | RESPIRATORY AGENTS - MISC. |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 | OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 | OTIC AGENTS |
| ofloxacin tab (FLOXIN equiv) | - | 1 | FLUOROQUINOLONES |
| OGSIVEO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OGSIVEO TAB 50MG (QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OHTUVAYRE SUSP | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| OJEMDA SUSP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OJEMDA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| olanzapine ODT (ZYPREXA equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab (ZYPREXA equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| OLLIZAC POWDER | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| olmesartan tab (BENICAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv) | - | NC | ANTIHYPERTENSIVES |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| olopatadine nasal spray (PATANASE equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| olopatadine ophth soln 0.1% (PATANOL equiv) | OTC | 1 | OPHTHALMIC AGENTS |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | OTC-QL | 1 | OPHTHALMIC AGENTS |
| OLPRUVA PACK | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OLUMIANT TAB (QL= 1 tab/day) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| OLUX E FOAM | - | NC | DERMATOLOGICALS |
| OLYSIO CAP | - | NC | ANTIVIRALS |
| OMEGA-3 RX PAK COMPLETE | - | NC | ANTIHYPERLIPIDEMICS |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 | ULCER DRUGS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv) | OTC | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| omeprazole tab | OTC | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | NC | ULCER DRUGS |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | NC | ULCER DRUGS |
| OMNARIS NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| OMNIPAQUE SOLN | - | NC | DIAGNOSTIC PRODUCTS |
| OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G6 PODS MISC (QL= 10 pods/30 days) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 INTRO KIT (QL= 1 kit/year) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 PACK PODS (QL= 10 pods/month) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH INTRO KIT (QL= 1 kit/year) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH PDM KIT | - | NC | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH PODS (QL= 10 pods/month) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT (QL= 10 pods/month) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| OMNITROPE INJ | LMSP-PA | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OMVOH INJ | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ondansetron soln (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ONDANSETRON TAB | - | 1 | ANTIEMETICS |
| ondansetron tab (ZOFTRAN equiv) | - | 1 | ANTIEMETICS |
| ONDANSETRON TAB ODT | - | NC | ANTIEMETICS |
| ONETOUCH METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH TEST STRIP | OTC | \$0 | DIAGNOSTIC PRODUCTS |
| ONETOUCH VERIO FLEX METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO IQ METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO REFLECT METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ONETOUCH VERIO TEST STRIP | OTC | \$0 | DIAGNOSTIC PRODUCTS |
| ONEXTON GEL 1.2-3.75% | - | NC | DERMATOLOGICALS |
| ONFI SUSP (Members age 9 or older require Prior Authorization) | PA | 3 | ANTICONVULSANTS |
| ONFI TAB | - | NC | ANTICONVULSANTS |
| ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill) | PA-QL | 3 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| ONGLYZA TAB | - | NC | ANTIDIABETICS |
| ONUREG TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ONYCHO-MED KIT | - | NC | DERMATOLOGICALS |
| ONYDA XR SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ONZETRA XSAIL | - | NC | MIGRAINE PRODUCTS |
| OPANA ER TAB (CRUSH RESISTANT) | - | NC | ANALGESICS - OPIOID |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |
| | generic = small letters | | | | BRANDS = CAPITAL LETTERS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| OPANA TAB | - | NC | ANALGESICS - OPIOID |
| OPILL TAB | OTC | EXC | CONTRACEPTIVES |
| opium tincture | - | 1 | ANTIDIARRHEALS |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| OPSYNVI TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| OPVEE NASAL SPRAY | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| OPZELURA CREAM (QL= 12 tubes/year) | PA-QL | 3 | DERMATOLOGICALS |
| ORACEA CAP | - | NC | DERMATOLOGICALS |
| ORACIT SOLN | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ORALAIR SL TAB | - | NC | BIOLOGICALS MISC |
| ORAVIG TAB | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| ORENITRAM TAB | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| ORENITRAM TAB MONTH PAK | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| ORFADIN CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORFADIN SUSP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 | ESTROGENS |
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | RESPIRATORY AGENTS - MISC. |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | RESPIRATORY AGENTS - MISC. |
| ORLADEYO CAP | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| ORSERDU TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ORTIKOS ER CAP | - | NC | CORTICOSTEROIDS |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 1 | ANTIVIRALS |
| OSMOLEX ER TAB | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| OSMOPREP TAB | - | NC | LAXATIVES |
| OSPHENA TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |
| | | | generic = small letters | | BRANDS = CAPITAL LETTERS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| OTEZLA TAB (QL= 2 tabs/day) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC | OTIC AGENTS |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | - | NC | OTIC AGENTS |
| OVACE PLUS CREAM | - | 3 | DERMATOLOGICALS |
| OVACE PLUS LOTION | - | NC | DERMATOLOGICALS |
| OVACE PLUS SHAMPOO | - | NC | DERMATOLOGICALS |
| OVACE PLUS FOAM | - | NC | DERMATOLOGICALS |
| OVEEZA CAP | - | NC | HEMATOPOIETIC AGENTS |
| OVIDREL INJ | INF | EXC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| oxaprozin tab (DAYPRO equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| oxazepam cap (SERAX equiv) | - | 1 | ANTIANKXIETY AGENTS |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | HEMATOPOIETIC AGENTS |
| OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | HEMATOPOIETIC AGENTS |
| oxcarbazepine er tab (OXTELLAR equiv) | - | NC | ANTICONVULSANTS |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523) | LD-PA-QL | S | OPHTHALMIC AGENTS |
| OXIANUJO CREAM | - | NC | DERMATOLOGICALS |
| oxiconazole nitrate cream (OXISTAT equiv) | - | NC | DERMATOLOGICALS |
| OXISTAT CREAM | - | NC | DERMATOLOGICALS |
| OXISTAT LOTION | - | NC | DERMATOLOGICALS |
| OXTELLAR XR TAB | - | NC | ANTICONVULSANTS |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin syrup | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin tab (DITROPAN equiv) | - | 1 | URINARY ANTISPASMODICS |
| OXYBUTYNIN TAB | - | NC | URINARY ANTISPASMODICS |
| oxycodone cap (OXYIR equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone conc (ROXICODONE equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE ER TAB (QL= 2 tabs/day) | QL | 2 | ANALGESICS - OPIOID |
| oxycodone soln (ROXICODONE equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE TAB | - | 1 | ANALGESICS - OPIOID |
| oxycodone tab (ROXICODONE equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML | - | NC | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG | - | NC | ANALGESICS - OPIOID |
| OXYCODONE/ASPIRIN TAB | - | 1 | ANALGESICS - OPIOID |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCONTIN CR TAB | - | NC | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB | - | NC | ANALGESICS - OPIOID |
| oxymorphone tab (OPANA equiv) | - | NC | ANALGESICS - OPIOID |
| OXYTROL PATCH (OTC) | OTC | EXC | URINARY ANTISPASMODICS |

| | | | | | |
|------|---|------|--------------------------------------|-----|-------------------------|
| EXC | Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | S | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416) | LD-PA | S | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| paliperidone ER tab (INVEGA equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP | - | NC | DIGESTIVE AIDS |
| PANDEL CREAM | - | NC | DERMATOLOGICALS |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 | ULCER DRUGS |
| pantoprazole sodium packet (PROTONIX equiv) | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| PARAGARD IUD | - | \$0 | CONTRACEPTIVES |
| paramox hc gel (NOVACORT GEL equiv) | - | NC | DERMATOLOGICALS |
| PAREGORIC TINCTURE | - | NC | ANTIDIARRHEALS |
| paricalcitol cap (ZEMPLAR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| paroxetine cap (BRISDELLE equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| paroxetine ER tab (PAXIL CR equiv) | - | 1 | ANTIDEPRESSANTS |
| paroxetine oral susp (PAXIL equiv) | - | 1 | ANTIDEPRESSANTS |
| paroxetine tab (PAXIL equiv) | - | 1 | ANTIDEPRESSANTS |
| PATADAY OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PAXLOVID TAB 150-100MG (QL= 20 tabs/fill) | QL | 2 | ANTIVIRALS |
| PAXLOVID TAB 300-100MG (QL= 30 tabs/fill) | QL | 2 | ANTIVIRALS |
| PAZEO OPHTH SOLN 0.7% | - | NC | OPHTHALMIC AGENTS |
| pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day) | LMSP-PA-QL | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| pb-belladonna elixir (DONNATAL equiv) | - | NC | ULCER DRUGS |
| PCE TAB | - | 3 | MACROLIDES |
| PEAK FLOW METER | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| PEDIARIX INJ | VAC | \$0 | TOXOIDS |
| pediatric multiple vitamins/fluoride soln | - | 1 | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 | MULTIVITAMINS |
| PEDIZOLPAK THERAPY PACK | - | NC | DERMATOLOGICALS |
| PEDVAXHIB INJ | VAC | \$0 | VACCINES |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay) | QL | \$0 | LAXATIVES |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 | LAXATIVES |
| peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 | LAXATIVES |
| PEGANONE TAB | - | 2 | ANTICONVULSANTS |
| PEGASYS INJ | LMSP | S | ANTIVIRALS |
| PEG-INTRON INJ | LMSP | S | ANTIVIRALS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| PEG-PREP KIT | - | NC | LAXATIVES |
| PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PEN NEEDLE | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| PENBRAYA INJ | VAC | \$0 | VACCINES |
| penciclovir cream (DENA VIR equiv) | - | NC | DERMATOLOGICALS |
| penicillamine cap (CUPRIMINE equiv) | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 1 | MISCELLANEOUS THERAPEUTIC CLASSES |
| penicillin vk tab (VEETIDS equiv) | - | 1 | PENICILLINS |
| PENLAC SOLN | - | NC | DERMATOLOGICALS |
| PENNSAID SOLN | - | NC | DERMATOLOGICALS |
| PENTACEL INJ | VAC | \$0 | TOXOIDS |
| pentamidine neb soln (NEBUPENT equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| PENTASA CR CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| PENTASA CR CAP 250MG | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | 1 | ANALGESICS - OPIOID |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | 1 | ANALGESICS - OPIOID |
| PENTOSAN CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| PEPCID TAB (Rx Only) | - | 3 | ULCER DRUGS |
| PERINDOPRIL TAB | - | 1 | ANTIHYPERTENSIVES |
| perindopril tab (ACEON equiv) | - | 1 | ANTIHYPERTENSIVES |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| perphenazine tab (TRILAFON equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PEXEVA TAB | - | NC | ANTIDEPRESSANTS |
| PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523) | LD | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| phenazopyridine tab (PYRIDIUM equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenazopyridine tab 95mg (AZO equiv) | OTC | EXC | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenazopyridine tab 97.5mg (AZO equiv) | OTC | EXC | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenazopyridine tab 99.5mg (AZO equiv) | OTC | EXC | GENITOURINARY AGENTS - MISCELLANEOUS |
| PHENDIMETRAZINE ER TAB | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| phendimetrazine tab (BONTRIL PDM equiv) | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| PHENELZINE SULFATE TAB | - | 1 | ANTIDEPRESSANTS |
| phenelzine tab (NARDIL equiv) | - | 1 | ANTIDEPRESSANTS |
| phenobarbital elixir | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| phenobarbital tab | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| phenoxybenzamine cap (DIBENZYLININE equiv) | - | 1 | ANTIHYPERTENSIVES |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 | OPHTHALMIC AGENTS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| phenytoin cap (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| phenytoin susp (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| PHEXXI GEL (QL= 1 box/fill) | QL | \$0 | VAGINAL AND RELATED PRODUCTS |
| PHOSLYRA SOLN | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| PHOSPHOLINE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PHOTREXA OP KIT | - | NC | OPHTHALMIC AGENTS |
| PHOTREXA VISCOUS OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| phytonadione tab (MEPHYTON equiv) | - | 1 | VITAMINS |
| PICATO GEL (QL= 1 box/fill) | QL | 3 | DERMATOLOGICALS |
| PIFELTRO TAB | - | 2 | ANTIVIRALS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| pilocarpine tab (SALAGEN equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 1 | DERMATOLOGICALS |
| PIMOZIDE TAB | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pindolol tab (VISKEN equiv) | - | 1 | BETA BLOCKERS |
| pioglitazone tab (ACTOS equiv) | - | 1 | ANTIDIABETICS |
| pioglitazone/glimepiride tab (DUETACT equiv) | - | NC | ANTIDIABETICS |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | NC | ANTIDIABETICS |
| PIQRAY TAB | LMSP-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day) | LMSP-PA-QL | 1 | RESPIRATORY AGENTS - MISC. |
| PIRFENIDONE TAB | - | NC | RESPIRATORY AGENTS - MISC. |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | LMSP-PA-QL | 1 | RESPIRATORY AGENTS - MISC. |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | LMSP-PA-QL | 1 | RESPIRATORY AGENTS - MISC. |
| piroxicam cap (FELDENE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST | 1 | ANTIHYPERLIPIDEMICS |
| PLAN B TAB | OTC | EXC | CONTRACEPTIVES |
| PLAVIX TAB 300MG | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| PLEGRIDY INJ | LMSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLEGRIDY PEN INJ | LMSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PLENITY CAP | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| PLENVU SOLN | - | NC | LAXATIVES |
| PLEXION CREAM 9.8-4.8% | - | NC | DERMATOLOGICALS |
| PLIAGLIS CREAM | - | NC | DERMATOLOGICALS |
| PLIAGLIS KIT | - | NC | DERMATOLOGICALS |
| PNEUMOVAX INJ | VAC | \$0 | VACCINES |
| PODIAPN CAP | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| PODOCON SOLN | - | 2 | DERMATOLOGICALS |
| podofilox gel (CONDYLOX equiv) | - | 1 | DERMATOLOGICALS |
| PODOFILOX SOLN | - | 1 | DERMATOLOGICALS |
| podofilox soln (CONDYLOX equiv) | - | 1 | DERMATOLOGICALS |

| | | | | | |
|------|---|------|--------------------------------------|-----|-------------------------|
| EXC | Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| POKONZA POWDER | - | NC | MINERALS & ELECTROLYTES |
| polyethylene glycol 3350 powder (MIRALAX equiv) | OTC | EXC | LAXATIVES |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | 2 | PHARMACEUTICAL ADJUVANTS |
| polyethylene glycol packet (MIRALAX equiv) | OTC | EXC | LAXATIVES |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 | OPHTHALMIC AGENTS |
| POLY-TUSSIN DM SYRUP | - | NC | COUGH/COLD/ALLERGY |
| POLY-VI-FLOR CHEW 0.25MG | - | NC | MULTIVITAMINS |
| POLY-VI-FLOR CHEW 0.5MG | - | NC | MULTIVITAMINS |
| POLY-VI-FLOR CHEW 1MG | - | NC | MULTIVITAMINS |
| POLY-VI-FLOR CHEW W/IRON | - | NC | MULTIVITAMINS |
| POLY-VI-FLOR SUSP | - | NC | MULTIVITAMINS |
| POMALYST CAP (QL= 21 caps/28 days) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PONSTEL CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| PONVORY TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PONVORY TAB STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| posaconazole DR tab (NOXAFIL equiv) | - | 1 | ANTIFUNGALS |
| posaconazole susp (NOXAFIL equiv) | - | 1 | ANTIFUNGALS |
| POT/CHLORIDE EFFER TAB | - | 1 | MINERALS & ELECTROLYTES |
| POTABA POWDER PACKET | - | 2 | VITAMINS |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER tab (K-TAB equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride micro tab (K-DUR equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride powder packet (KLOR-CON equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride soln | - | 1 | MINERALS & ELECTROLYTES |
| POTASSIUM CHLORIDE TAB ER | - | 1 | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROCIT-K TAB equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium iodide oral soln (SSKI equiv) | - | 1 | COUGH/COLD/ALLERGY |
| potassium phosphate monobasic tab (K-PHOS equiv) | - | 1 | MINERALS & ELECTROLYTES |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 | ANTICONSULSANTS |
| PRADAXA PELLETT PACK | - | NC | ANTICOAGULANTS |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 1 | ANTIPARKINSON AGENTS |
| pramipexole tab (MIRAPEX equiv) | - | 1 | ANTIPARKINSON AGENTS |
| PRAMOSONE CREAM 1-1% | - | NC | DERMATOLOGICALS |
| PRAMOSONE E CREAM | - | 2 | DERMATOLOGICALS |
| PRAMOSONE LOTION | - | NC | DERMATOLOGICALS |
| PRAMOSONE OINT | - | NC | DERMATOLOGICALS |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | 1 | ANORECTAL AGENTS |
| PRANDIMET TAB | - | NC | ANTIDIABETICS |
| PRASCION RA CREAM | - | 2 | DERMATOLOGICALS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |
| | | | generic = small letters | | BRANDS = CAPITAL LETTERS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| prasugrel tab (EFFIENT equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 | ANTIHYPERTENSIVES |
| praziquantel tab (BILTRICIDE equiv) | - | 1 | ANTHELMINTICS |
| prazosin cap (MINIPRESS equiv) | - | 1 | ANTIHYPERTENSIVES |
| PRECISION XTRA KETONE TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| PRECISION XTRA METER | OTC | NC | MEDICAL DEVICES AND SUPPLIES |
| PRECISION XTRA TEST STRIP | OTC | NC | DIAGNOSTIC PRODUCTS |
| PRED FORTE OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| PRED MILD OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PRED-G OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PREDNICARBATE CREAM | - | 2 | DERMATOLOGICALS |
| PREDNICARBATE OIN | - | 2 | DERMATOLOGICALS |
| prednisolone acetate ophth susp (PRED FORTE equiv) | - | 1 | OPHTHALMIC AGENTS |
| prednisolone ODT (ORAPRED equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISOLONE ODT TAB | - | 2 | CORTICOSTEROIDS |
| PREDNISOLONE OPHTH SUSP | - | 1 | OPHTHALMIC AGENTS |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| prednisolone soln | - | 1 | CORTICOSTEROIDS |
| prednisolone soln (PEDIAPRED equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISOLONE SOLN | - | 3 | CORTICOSTEROIDS |
| prednisolone tab (MILLIPRED equiv) | - | NC | CORTICOSTEROIDS |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP | - | NC | OPHTHALMIC AGENTS |
| prednisone pack | - | NC | CORTICOSTEROIDS |
| PREDNISON SOLN | - | 2 | CORTICOSTEROIDS |
| prednisone tab (DELTASONE equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISON/DIPHENHYDRAMINE KIT | - | NC | CORTICOSTEROIDS |
| PREFEST TAB | - | 3 | ESTROGENS |
| pregabalin cap (LYRICA equiv) (QL= 3 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 | ANTICONVULSANTS |
| pregabalin ER tab (LYRICA CR equiv) | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | 1 | ANTICONVULSANTS |
| PREGEN DHA CAP | - | NC | MULTIVITAMINS |
| PREGENNA TAB | - | NC | MULTIVITAMINS |
| PREHEVBRIO SUSP | VAC | \$0 | VACCINES |
| PREMARIN TAB | - | 2 | ESTROGENS |
| PREMARIN VAGINAL CREAM | - | 2 | VAGINAL PRODUCTS |
| PREMPHASE TAB, PREMPRO TAB | - | 2 | ESTROGENS |
| PRENARA CAP | - | NC | MULTIVITAMINS |
| PRENATABS RX TAB | - | 1 | MULTIVITAMINS |
| PRENATAL 19 CHEW TAB | - | 1 | MULTIVITAMINS |
| PRENATAL 19 TAB | - | 1 | MULTIVITAMINS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 | MULTIVITAMINS |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 | MULTIVITAMINS |
| PRENATOL-M TAB 27-1.2MG | - | NC | MULTIVITAMINS |
| PRENATRIX TAB | - | NC | MULTIVITAMINS |
| PRENATRYL TAB | - | NC | MULTIVITAMINS |
| PRESTALIA TAB | - | NC | ANTIHYPERTENSIVES |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTIMYCOBACTERIAL AGENTS |
| PREVACID OTC CAP | OTC | EXC | ULCER DRUGS |
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 | MOUTH/THROAT/DENTAL AGENTS |
| PREVIDENT SOLN | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| PREVNAR 13 INJ | VAC | \$0 | VACCINES |
| PREVNAR 20 INJ (Covered for members age 19 years or older) | VAC | \$0 | VACCINES |
| PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days) | LMSP-PA-QL | S | ANTIVIRALS |
| PREZCOBIX TAB | - | 2 | ANTIVIRALS |
| PREZISTA SUSP | - | 2 | ANTIVIRALS |
| PREZISTA TAB | - | 2 | ANTIVIRALS |
| PREZISTA TAB | - | 3 | ANTIVIRALS |
| PRIFTIN TAB | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| PRILOSEC CAP | - | NC | ULCER DRUGS |
| PRILOSEC OTC DR TAB | OTC | EXC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| PRILOSEC OTC DR TAB | OTC | NC | ULCER DRUGS |
| primaquine tab (PRIMAQUINE equiv) | - | 1 | ANTIMALARIALS |
| primidone tab (MYSOLINE equiv) | - | 1 | ANTICONVULSANTS |
| PRIMIDONE TAB | - | NC | ANTICONVULSANTS |
| PRIMLEV TAB 10-300MG | - | NC | ANALGESICS - OPIOID |
| PRIMLEV TAB 5-300MG | - | NC | ANALGESICS - OPIOID |
| PRIMSOL SOLN | - | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| PRIORIX INJ | VAC | \$0 | VACCINES |
| probenecid tab (BENEMID equiv) | - | 1 | GOUT AGENTS |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PROCRIT INJ | - | NC | HEMATOPOIETIC AGENTS |
| PROCTOFOAM HC FOAM | - | 2 | ANORECTAL AGENTS |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 | ANORECTAL AGENTS |
| PROCYSBI CAP | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| PROCYSBI GRANULES PACKET | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| PRODRIN TAB | - | NC | MIGRAINE PRODUCTS |
| PROFINAC PAK | - | NC | DERMATOLOGICALS |
| progesterone cap (PROMETRIUM equiv) | - | 1 | PROGESTINS |
| progesterone oil inj | - | 1 | PROGESTINS |
| PROGESTERONE SUPP | PA | 3 | VAGINAL PRODUCTS |
| PROGRAF PACKET | - | NC | MISCELLANEOUS THERAPEUTIC CLASSES |
| PROLATE TAB 7.5-300MG | - | NC | ANALGESICS - OPIOID |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |
| | | | generic = small letters | | BRANDS = CAPITAL LETTERS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| PROLENSA OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PROMACTA POWDER (QL= 1 packet/day) | LMSP-PA-QL | S | HEMATOPOIETIC AGENTS |
| PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day) | LMSP-PA-QL | S | HEMATOPOIETIC AGENTS |
| PROMACTA TAB 50MG (QL= 2 tabs/day) | LMSP-PA-QL | S | HEMATOPOIETIC AGENTS |
| PROMACTA TAB 75MG (QL= 2 tabs/day) | LMSP-PA-QL | S | HEMATOPOIETIC AGENTS |
| promethazine DM syrup | - | 1 | COUGH/COLD/ALLERGY |
| promethazine supp (PHENERGAN equiv) | - | 1 | ANTIHISTAMINES |
| promethazine syrup | - | 1 | ANTIHISTAMINES |
| promethazine tab (PHENERGAN equiv) | - | 1 | ANTIHISTAMINES |
| PROMETHAZINE VC SYRUP | - | 1 | COUGH/COLD/ALLERGY |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 | COUGH/COLD/ALLERGY |
| PROMETHAZINE VC/CODEINE SYRUP | - | 1 | COUGH/COLD/ALLERGY |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 | COUGH/COLD/ALLERGY |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 | COUGH/COLD/ALLERGY |
| PROMETHEGAN SUPP | - | 1 | ANTIHISTAMINES |
| PROMISEB CREAM | - | NC | DERMATOLOGICALS |
| propafenone ER cap (RYTHMOL SR equiv) | - | 1 | ANTIARRHYTHMICS |
| propafenone tab (RYTHMOL equiv) | - | 1 | ANTIARRHYTHMICS |
| PROPANTHELINE TAB | - | 2 | ULCER DRUGS |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| propranolol ER cap (INDERAL LA equiv) | - | 1 | BETA BLOCKERS |
| propranolol oral soln 20mg/5ml (PROPRANOLOL equiv) | - | 1 | BETA BLOCKERS |
| PROPRANOLOL SOLN | - | 1 | BETA BLOCKERS |
| propranolol tab (INDERAL equiv) | - | 1 | BETA BLOCKERS |
| propylthiouracil tab | - | 1 | THYROID AGENTS |
| PROQUAD INJ | VAC | \$0 | VACCINES |
| PROQUIN XR TAB | - | NC | FLUOROQUINOLONES |
| PROSED DS TAB | - | NC | URINARY ANTI-INFECTIVES |
| PROTHELIAL PASTE | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| protriptyline tab (VIVACTIL equiv) | - | 1 | ANTIDEPRESSANTS |
| PROZAC WEEKLY CAP | - | NC | ANTIDEPRESSANTS |
| PROZENA PAD | - | NC | DERMATOLOGICALS |
| PULMICORT FLEXHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| PULMOZYME INH SOLN | LMSP | S | RESPIRATORY AGENTS - MISC. |
| PUREFOLIX TAB | - | NC | HEMATOPOIETIC AGENTS |
| PURIXAN SUSP (Members age 9 or older require Prior Authorization) | PA | 3 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PYLERA CAP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| pyrazinamide tab | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| pyridostigmine CR tab (MESTINON equiv) | - | 1 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | 1 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| PYRIDOSTIGMINE TAB 30MG | - | NC | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridstigmine soln (MESTINON equiv) | - | 1 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 1 | ANTIMALARIALS |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC | ANTIMALARIALS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |
| PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |
| QBRELIS SOLN (Prior Authorization required for members age 9 or older) | PA | 3 | ANTIHYPERTENSIVES |
| QBREXZA PAD | - | NC | DERMATOLOGICALS |
| QDOLO SOLN, TRAMADOL SOLN | - | NC | ANALGESICS - OPIOID |
| QELBREE ER CAP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| QMIIZ ODT TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| QNASL NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| QTERN TAB | - | NC | ANTIDIABETICS |
| QUALAQUIN CAP | - | NC | ANTIMALARIALS |
| QUAZEPAM TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| QUDEXY XR CAP | - | NC | ANTICONVULSANTS |
| quetiapine tab (SEROQUEL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| QUETIAPINE TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| QUFLORA PEDIATRIC CHEW 0.25MG | - | NC | MULTIVITAMINS |
| QUFLORA PEDIATRIC CHEW 0.5MG | - | NC | MULTIVITAMINS |
| QUFLORA PEDIATRIC CHEW 1MG | - | NC | MULTIVITAMINS |
| QUILLICHEW ER TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| QUILLIVANT XR SUSP | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| quinapril tab (ACCUPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| QUINAPRIL/HCTZ TAB | - | NC | ANTIHYPERTENSIVES |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | NC | ANTIHYPERTENSIVES |
| quinidine gluconate CR tab | - | 1 | ANTIARRHYTHMICS |
| quinidine sulfate tab | - | 1 | ANTIARRHYTHMICS |
| QUINIDINE SULFATE TAB | - | NC | ANTIARRHYTHMICS |
| quinine sulfate cap (QUALAQUIN equiv) | - | NC | ANTIMALARIALS |
| QUINIXIL PAK | - | NC | DERMATOLOGICALS |
| QULIPTA TAB | - | NC | MIGRAINE PRODUCTS |
| QUVIVIQ TAB | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| QVAR REDIHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| rabeprazole EC tab (ACIPHEX equiv) | - | 1 | ULCER DRUGS |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S | NEUROMUSCULAR AGENTS |
| RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S | NEUROMUSCULAR AGENTS |
| RAGWITEK SL TAB | - | NC | BIOLOGICALS MISC |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ENDOCRINE AND METABOLIC AGENTS - MISC. |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ramipril cap (ALTACE equiv) | - | 1 | ANTIHYPERTENSIVES |
| ranitidine cap (ZANTAC equiv) | - | NC | ULCER DRUGS |
| ranitidine syrup (ZANTAC equiv) | - | NC | ULCER DRUGS |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | NC | ULCER DRUGS |
| ranolazine tab (RANEXA equiv) | - | 1 | ANTIANGINAL AGENTS |
| rasagiline tab (AZILECT equiv) | ¢ | 1 | ANTIPARKINSON AGENTS |
| RAVICTI LIQUID | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYALDEE CAP | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RAYOS TAB | - | NC | CORTICOSTEROIDS |
| REBETOL SOLN | LMSP | S | ANTIVIRALS |
| REBIF INJ | LMSP | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| RECORLEV TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RECTIV OINT | - | NC | ANORECTAL AND RELATED PRODUCTS |
| REDITREX INJ | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 | DERMATOLOGICALS |
| RELAFEN DS TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 | ANTIVIRALS |
| RELEUKO INJ | - | NC | HEMATOPOIETIC AGENTS |
| RELEUKO PREFILLED SYRINGE INJ | - | NC | HEMATOPOIETIC AGENTS |
| RELEXXI ER TAB | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| RELISTOR INJ | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| RELISTOR INJ KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| RELISTOR TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| RELTONE CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| REMEDIENT CAP | - | NC | MULTIVITAMINS |
| RENAGEL TAB 800MG | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| renaphro cap (NEPHROCAP equiv) | - | 1 | MULTIVITAMINS |
| RENOVA CREAM | - | EXC | DERMATOLOGICALS |
| RENVELA TAB | - | 3 | GASTROINTESTINAL AGENTS - MISC. |
| repaglinide tab (PRANDIN equiv) | - | 1 | ANTIDIABETICS |
| REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTIHYPERLIPIDEMICS |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 | ANTIHYPERLIPIDEMICS |
| RESRIPTOR TAB | - | 2 | ANTIVIRALS |
| RESERVAPAK SYRUP | - | NC | ALTERNATIVE MEDICINES |
| RESTASIS MULTI-DOSE | - | NC | OPHTHALMIC AGENTS |
| RESTASIS OPHTH EMULSION | - | NC | OPHTHALMIC AGENTS |
| RETACRIT INJ | - | 2 | HEMATOPOIETIC AGENTS |
| RETEVMO CAP (QL= 2 caps/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO CAP 40MG (QL= 3 caps/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |
| | | | generic = small letters | | BRANDS = CAPITAL LETTERS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| RETEVMO TAB (QL= 2 tabs/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETEVMO TAB 40MG (QL= 3 tabs/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RETIN-A MICRO GEL 0.04%, 0.1% | - | NC | DERMATOLOGICALS |
| RETIN-A MICRO GEL 0.08%, 0.06% | - | NC | DERMATOLOGICALS |
| REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist) | LD-QL-RS | S | MISCELLANEOUS THERAPEUTIC CLASSES |
| REXAPHENAC CREAM | - | NC | DERMATOLOGICALS |
| REXULTI TAB | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| REYATAZ POWDER PACK | - | 2 | ANTIVIRALS |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| REZDIFFRA TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | S | MISCELLANEOUS THERAPEUTIC CLASSES |
| REZVOGLAR INJ | - | NC | ANTIDIABETICS |
| REZYST CHEW TAB | - | NC | ANTIDIARRHEALS |
| RHEUMATREX TAB | - | 3 | ANALGESICS - ANTI-INFLAMMATORY |
| RHOFADE CREAM | - | EXC | DERMATOLOGICALS |
| RHOPRESSA OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| RIBAPAK TAB | - | NC | ANTIVIRALS |
| ribavirin cap (REBETOL equiv) | LMSP | 1 | ANTIVIRALS |
| RIBAVIRIN CAP | LMSP | S | ANTIVIRALS |
| ribavirin inh soln (VIRAZOLE equiv) | - | NC | ANTIVIRALS |
| RIBAVIRIN TAB | LMSP | S | ANTIVIRALS |
| RIDAURA CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| rifabutin cap (MYCOBUTIN equiv) | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| RIFAMATE CAP | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| rifampin cap (RIFADIN equiv) | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| RIFLOZA INJ 160MG (QL= 1 inj/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | S | GENITOURINARY AGENTS - MISCELLANEOUS |
| riluzole tab (RILUTEK equiv) | - | 1 | NEUROMUSCULAR AGENTS |
| RIMANTADINE TAB | - | 3 | ANTIVIRALS |
| RINVOQ ER TAB (QL= 1 tab/day) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| RINVOQ ORAL SOLN (QL= 12ml/day) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| risedronate tab (ACTONEL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| risperidone ODT (RISPERDAL M equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERIDONE ODT | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone soln (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone tab (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ritonavir tab (NORVIR equiv) | - | 1 | ANTIVIRALS |
| rivastigmine cap (EXELON equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rivastigmine patch (EXELON equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |
| | | | | | BRANDS = CAPITAL LETTERS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| RIVFLOZA INJ (QL= 1 inj/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | S | GENITOURINARY AGENTS - MISCELLANEOUS |
| RIVFLOZA VIAL (QL= 2 vials/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | S | GENITOURINARY AGENTS - MISCELLANEOUS |
| RIVIVE, REXTOVY SPRAY | OTC | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 | MIGRAINE PRODUCTS |
| ROAOXIA GEL | - | NC | DERMATOLOGICALS |
| ROCKLATAN OPTH SOLN | - | NC | OPHTHALMIC AGENTS |
| roflumilast tab | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ropinirole ER tab (REQUIP XL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| ropinirole tab (REQUIP equiv) | - | 1 | ANTIPARKINSON AGENTS |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ | - | NC | LOCAL ANESTHETICS-PARENTERAL |
| ROSDAN KIT | - | NC | DERMATOLOGICALS |
| rosuvastatin tab (CRESTOR equiv) | - | \$0 | ANTIHYPERLIPIDEMICS |
| ROSZET TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ROTARIX SUSP | VAC | \$0 | VACCINES |
| ROTATEQ INJ | VAC | \$0 | VACCINES |
| ROWASA KIT | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ROXYBOND TAB | - | NC | ANALGESICS - OPIOID |
| ROXYBOND TAB 15MG | - | NC | ANALGESICS - OPIOID |
| ROXYBOND TAB 30MG | - | NC | ANALGESICS - OPIOID |
| ROXYBOND TAB 5MG | - | NC | ANALGESICS - OPIOID |
| ROZLYTREK CAP (QL= 3 caps/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ROZLYTREK PAK (QL= 6 packs/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RUCONEST INJ (Only available through Accredo 800-803-2523) | LD-PA | S | HEMATOLOGICAL AGENTS - MISC. |
| rufinamide susp (BANZEL equiv) | PA | 1 | ANTICONVULSANTS |
| rufinamide tab (BANZEL equiv) | PA | 1 | ANTICONVULSANTS |
| RUKOBIA ER TAB (Restricted to Infectious Disease Specialist) | RS | 2 | ANTIVIRALS |
| RYALTRIS SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| RYBIX ODT | - | NC | ANALGESICS - OPIOID |
| RYCLORA SOLN | - | NC | ANTIHISTAMINES |
| RYDAPT CAP (QL= 56 caps/28 days) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB | - | NC | ANTIHISTAMINES |
| SABRIL TAB | - | NC | ANTICONVULSANTS |
| SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SALEX LOTION KIT | - | NC | DERMATOLOGICALS |
| SALEX SHAMPOO | - | 3 | DERMATOLOGICALS |
| SALICATE LIQUID | - | NC | DERMATOLOGICALS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| salicylic acid soln | - | NC | DERMATOLOGICALS |
| salicylic acid cream (CERAVE PSORIASIS equiv) | - | NC | DERMATOLOGICALS |
| salicylic acid shampoo (SALEX equiv) | - | 1 | DERMATOLOGICALS |
| SALIMEZ FORTE CREAM | - | NC | DERMATOLOGICALS |
| salsalate tab (DISALCID equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 | ANTIEMETICS |
| SANDIMMUNE SOLN 100MG/ML | - | 2 | ASSORTED CLASSES |
| SANDOSTATIN LAR INJ KIT | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 | DERMATOLOGICALS |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | LMSP-PA | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | LMSP-PA | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SARAFEM TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVAYSA TAB | - | NC | ANTICOAGULANTS |
| SAVELLA PAK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVELLA TAB (QL= 2 tabs/day) | QL | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| saxagliptin hcl tab (ONGLYZA equiv) | - | NC | ANTIDIABETICS |
| saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) | - | NC | ANTIDIABETICS |
| SCARCIN GEL | - | NC | DERMATOLOGICALS |
| scarcin gel (SCARCIN equiv) | - | NC | DERMATOLOGICALS |
| SCARCIN LIQUID ROLL-ON | - | NC | DERMATOLOGICALS |
| SCSEMBLIX TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SCSEMBLIX TAB 100 MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| scopolamine patch (TRANSDERM-SCOP equiv) | - | 1 | ANTIEMETICS |
| SECONAL CAP | - | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| SECUADO PATCH | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SEEBRI NEOHALER CAP | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SEGLENTIS TAB | - | NC | ANALGESICS - OPIOID |
| SEGLUROMET TAB | - | NC | ANTIDIABETICS |
| selegiline cap (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selenium sulfide lotion | OTC | EXC | DERMATOLOGICALS |
| selenium sulfide shampoo (SELSEB equiv) | - | 1 | DERMATOLOGICALS |
| selenium sulfide shampoo 2.3% (SELRX equiv) | - | NC | DERMATOLOGICALS |
| SELZENTRY SOLN | - | 2 | ANTIVIRALS |
| SELZENTRY TAB | - | 2 | ANTIVIRALS |
| SELZENTRY TAB | - | 3 | ANTIVIRALS |
| SEMGLEE INJ (SINGLE PEN) | - | NC | ANTIDIABETICS |
| SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ | - | 2 | ANTIDIABETICS |
| SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN | - | 2 | ANTIDIABETICS |
| SEMGLEE SOLN | - | NC | ANTIDIABETICS |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| SEMPREX-D CAP | - | EXC | COUGH/COLD/ALLERGY |
| SENSIPAR TAB | - | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SEREVENT DISKUS INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SERNIVO SPRAY | - | NC | DERMATOLOGICALS |
| SERTRALINE CAP | - | NC | ANTIDEPRESSANTS |
| sertraline conc (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| sertraline tab (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer powder pak (RENVELA equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer tab (RENVELA TAB equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| SEYSARA TAB | - | NC | TETRACYCLINES |
| SHINGRIX INJ (Covered for members age 19 years or older) | VAC | \$0 | VACCINES |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SIKLOS TAB | - | NC | HEMATOPOIETIC AGENTS |
| SILALITE PAK MIS | - | NC | DERMATOLOGICALS |
| SILATRIX GEL | - | NC | MOUTH/THROAT/DENTAL AGENTS |
| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization) | PA | 1 | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 | CARDIOVASCULAR AGENTS - MISC. |
| SILIPAC KIT | - | NC | DERMATOLOGICALS |
| SILIQ INJ | - | NC | DERMATOLOGICALS |
| silodosin cap (RAPAFLO equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| SILVERA PAD | - | NC | DERMATOLOGICALS |
| SIMBRINZA OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| SIMCOR TAB | - | NC | ANTIHYPERLIPIDEMICS |
| SIMLANDI INJ (adalimumab-ryvk) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI AUTO-INJECTOR 50MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI INJ 100MG (QL=1 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| SIMPONI INJ 50MG | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | \$0 | ANTIHYPERLIPIDEMICS |
| simvastatin tab 80mg (ZOCOR equiv) | - | NC | ANTIHYPERLIPIDEMICS |
| sirolimus soln (RAPAMUNE equiv) | - | 1 | MISCELLANEOUS THERAPEUTIC CLASSES |
| sirolimus tab (RAPAMUNE equiv) | - | 1 | ASSORTED CLASSES |
| SIRTURO TAB | - | NC | ANTIMYCOBACTERIAL AGENTS |
| SITAGLIPTIN/METFORMIN TAB | - | NC | ANTIDIABETICS |
| SITAVIG TAB | - | NC | ANTIVIRALS |
| SITZMARKS CAP | - | NC | DIAGNOSTIC PRODUCTS |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| SKLICE LOTION | - | NC | DERMATOLOGICALS |
| SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | NEUROMUSCULAR AGENTS |
| SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days) | LMSP-PA-QL | S | DERMATOLOGICALS |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days) | LMSP-PA-QL | S | GASTROINTESTINAL AGENTS - MISC. |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days) | LMSP-PA-QL | S | GASTROINTESTINAL AGENTS - MISC. |
| SKYTROFA INJ | LMSP-PA | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SLO-NIACIN TAB | OTC | EXC | VITAMINS |
| SLYND TAB | - | \$0 | CONTRACEPTIVES |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| SOAAZ TAB | - | NC | DIURETICS |
| sodium chloride neb soln (HYPER-SAL equiv) | - | 1 | COUGH/COLD/ALLERGY |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 | MINERALS & ELECTROLYTES |
| SODIUM IODIDE I-131 SOLN | - | NC | THYROID AGENTS |
| SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688) | LD-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| sodium phenylbutyrate powder (BUPHENYL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phenylbutyrate tab (BUPHENYL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 1 | ASSORTED CLASSES |
| sodium polystyrene susp (SPS equiv) | - | 1 | ASSORTED CLASSES |
| sodium sulfacetamide gel (OVACE equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide lotion (KLARON equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide shampoo (OVACE equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur susp (PLEXION TS equiv) | - | 1 | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR SUSP | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | NC | DERMATOLOGICALS |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | NC | DERMATOLOGICALS |
| sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay) | QL | \$0 | LAXATIVES |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |
| | | | generic = small letters | | BRANDS = CAPITAL LETTERS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| SOFDRA GEL | - | NC | DERMATOLOGICALS |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | LMSP-PA-QL | S | ANTIVIRALS |
| SOGROYA INJ | LMSP-PA | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOHONOS CAP 1.5MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | S | MUSCULOSKELETAL THERAPY AGENTS |
| SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | S | MUSCULOSKELETAL THERAPY AGENTS |
| SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | S | MUSCULOSKELETAL THERAPY AGENTS |
| SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | S | MUSCULOSKELETAL THERAPY AGENTS |
| SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | S | MUSCULOSKELETAL THERAPY AGENTS |
| SOLAICE PATCH | - | NC | DERMATOLOGICALS |
| SOLARAVIX PAK | - | NC | DERMATOLOGICALS |
| solifenacin tab (VESICARE equiv) | - | 1 | URINARY ANTISPASMODICS |
| SOLIQUA INJ (QL= 15ml/25 days) | QL | 2 | ANTIDIABETICS |
| SOLOSEC GRANULES PACKET (QL= 1 packet/fill) | PA-QL | 3 | AMEBICIDES |
| SOLU-CORTEF INJ (QL= 1 vial/fill) | QL | 2 | CORTICOSTEROIDS |
| SOLU-CORTEF INJ 100MG (QL= 2 vials/fill) | QL | 3 | CORTICOSTEROIDS |
| SOLU-MEDROL INJ 2GM | - | 2 | CORTICOSTEROIDS |
| SOLU-MEDROL PF INJ | - | 3 | CORTICOSTEROIDS |
| SOMA TAB 250MG | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SOOLANTRA CREAM | - | NC | DERMATOLOGICALS |
| sorafenib tosylate tab (NEXAVAR equiv) | LMSP-PA | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 | BETA BLOCKERS |
| sotalol tab (BETAPACE equiv) | - | 1 | BETA BLOCKERS |
| SOTYKTU TAB | - | NC | DERMATOLOGICALS |
| SOTYLIZE SOLN | - | NC | BETA BLOCKERS |
| SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older) | PA | 3 | BETA BLOCKERS |
| SOVALDI PELLETT PAK | - | NC | ANTIVIRALS |
| SOVALDI TAB | - | NC | ANTIVIRALS |
| SOVUNA TAB | - | NC | ANTIMALARIALS |
| SPECTRACEF TAB | - | 3 | CEPHALOSPORINS |
| SPEVIGO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S | DERMATOLOGICALS |
| SPIKEVAX INJ (QL= 1 dose/24 days) | QL-VAC | \$0 | VACCINES |
| SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days) | QL-VAC | \$0 | VACCINES |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 | DERMATOLOGICALS |
| SPIRIVA HANDHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)) | QL-ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 or older) | PA | 1 | DIURETICS |
| spironolactone tab (ALDACTONE equiv) | - | 1 | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 | DIURETICS |
| SPORANOX SOLN | PA | 3 | ANTIFUNGALS |
| SPRAVATO NASAL SOLN | - | NC | ANTIDEPRESSANTS |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 | CONTRACEPTIVES |
| SPRITAM TAB | - | NC | ANTICONVULSANTS |
| SPRIX NASAL SPRAY | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| SPRYCEL TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SPS | - | 1 | MISCELLANEOUS THERAPEUTIC CLASSES |
| SSKI ORAL SOLN | - | 3 | COUGH/COLD/ALLERGY |
| STAVUDINE CAP | - | 1 | ANTIVIRALS |
| stavudine cap (ZERIT equiv) | - | 1 | ANTIVIRALS |
| STAVZOR CAP | - | NC | ANTICONVULSANTS |
| STEGLATRO TAB | - | NC | ANTIDIABETICS |
| STEGLUJAN TAB | - | NC | ANTIDIABETICS |
| STELARA INJ (QL= 1 inj/84 days) | LMSP-PA-QL | S | DERMATOLOGICALS |
| STIMATE NASAL SOLN | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STIMUFEND INJ | - | NC | HEMATOPOIETIC AGENTS |
| STIOLTO INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STRIANT FILM | - | NC | ANDROGENS-ANABOLIC |
| STRIBILD TAB | - | 2 | ANTIVIRALS |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SUBLOCADE SOLN | - | NC | ANALGESICS - OPIOID |
| SUBOXONE SL FILM | - | NC | ANALGESICS - OPIOID |
| SUBSYS SPRAY | - | NC | ANALGESICS - OPIOID |
| SUCRAID SOLN | - | NC | DIGESTIVE AIDS |
| sucrafate susp (CARAFATE equiv) | - | 1 | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS |
| sucrafate tab (CARAFATE equiv) | - | 1 | ULCER DRUGS |
| SUFLAVE SOLN (QL= 2 fills/calendar year) | QL | 2 | LAXATIVES |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 | OPHTHALMIC AGENTS |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv) | - | NC | DERMATOLOGICALS |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv) | - | 1 | DERMATOLOGICALS |
| sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv) | - | NC | DERMATOLOGICALS |
| sulfadiazine tab | - | 1 | SULFONAMIDES |
| SULFAMYLON CREAM | - | 2 | DERMATOLOGICALS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulindac tab (CLINORIL equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| SUMADAN WASH 9-4.5% | - | 3 | DERMATOLOGICALS |
| SUMADEN XLT KIT | - | NC | DERMATOLOGICALS |
| SUMANSETRON PAK | - | NC | MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan/naproxen tab (TREMIMET equiv) | - | NC | MIGRAINE PRODUCTS |
| SUMAVEL DOSEPRO INJ | - | NC | MIGRAINE PRODUCTS |
| SUMAXIN WASH | - | NC | DERMATOLOGICALS |
| sunitinib malate cap (SUTENT equiv) | LMSP-PA | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SUNLENCA TAB | - | NC | ANTIVIRALS |
| SUNOSI TAB (QL= 1 tab/day) | PA-QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| SUPRAX CAP | - | 3 | CEPHALOSPORINS |
| SUPRAX CHEW TAB | - | 3 | CEPHALOSPORINS |
| SUPRAX SUSP 500MG/5ML | - | 3 | CEPHALOSPORINS |
| SUPREP BOWEL PREP PACK | - | NC | LAXATIVES |
| SUSTIVA TAB | - | 3 | ANTIVIRALS |
| SUSTOL INJ | - | NC | ANTIEMETICS |
| SUTAB TAB | - | NC | LAXATIVES |
| SUTENT CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYLATRON INJ | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYMAX DUOTAB | - | 3 | ULCER DRUGS |
| SYMBICORT INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | RESPIRATORY AGENTS - MISC. |
| SYMFI (LO) TAB | - | 3 | ANTIVIRALS |
| SYMLINPEN INJ | - | NC | ANTIDIABETICS |
| SYMPAZAN ORAL FILM | - | NC | ANTICONSULTANTS |
| SYMPROIC TAB | PA | 2 | GASTROINTESTINAL AGENTS - MISC. |
| SYMTUZA TAB | - | 2 | ANTIVIRALS |
| SYNAREL NASAL SOLN | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SYNDROS SOLN | - | NC | ANTIEMETICS |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| SYNVEXIA TC CREAM | - | NC | DERMATOLOGICALS |

| | | | | | |
|------|---|------|--------------------------------------|-----|-------------------------|
| EXC | Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| TABLOID TAB | - | 2 | ANTINEOPLASTICS |
| TABRECTA TAB (QL= 4 tabs/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tacrolimus cap (PROGRAF equiv) | - | 1 | ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 | DERMATOLOGICALS |
| tadalafil tab (PAH) (ADCIRCA equiv) | PA | 1 | CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap) | QL-ST | 1 | CARDIOVASCULAR AGENTS - MISC. |
| TADLIQ SUSP (Members age 9 years or older require Prior Authorization) | PA | 3 | CARDIOVASCULAR AGENTS - MISC. |
| TAFINLAR CAP (QL= 4 caps/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAFINLAR TAB | LMSP-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) | - | NC | OPHTHALMIC AGENTS |
| TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |
| TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |
| TALICIA CAP | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| TALTZ INJ (QL= 1 inj/28 days) | LMSP-PA-QL | S | DERMATOLOGICALS |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamsulosin cap (FLOMAX equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| TANLOR TAB | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| TANZEUM INJ | - | NC | ANTIDIABETICS |
| TARCEVA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TARGRETIN GEL | - | NC | DERMATOLOGICALS |
| TARPEYO CAP | - | NC | CORTICOSTEROIDS |
| TASCENSO ODT TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TASIGNA CAP | LMSP-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tasimelteon cap (HETLIOZ equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| TASOPROL CREAM KIT | - | NC | DERMATOLOGICALS |
| tavaborole soln (KERYDIN equiv) | - | NC | DERMATOLOGICALS |
| TAVALISSE TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| tazarotene cream 0.05% (TAZORAC equiv) | - | 1 | DERMATOLOGICALS |
| tazarotene cream 0.1% (TAZORAC equiv) | - | 1 | DERMATOLOGICALS |
| tazarotene gel (TAZORAC equiv) | - | NC | DERMATOLOGICALS |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TECFIDERA CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECFIDERA STARTER PACK | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| TECHNIVIE TAB | - | NC | ANTIVIRALS |
| TEKTRUNA HCT TAB | - | 3 | ANTIHYPERTENSIVES |
| telmisartan tab (MICARDIS equiv) | - | 1 | ANTIHYPERTENSIVES |
| TELMISARTAN/AMLODIPINE TAB | - | NC | ANTIHYPERTENSIVES |
| telmisartan/amlodipine tab (TWYNSTA equiv) | - | NC | ANTIHYPERTENSIVES |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) | - | NC | ANTIHYPERTENSIVES |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temazepam cap 22.5mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temazepam cap 7.5mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temozolomide cap (TEMODAR equiv) | LMSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 1 | ANTIVIRALS |
| TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| terazosin cap (HYTRIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| terbinafine tab (LAMISIL equiv) | - | 1 | ANTIFUNGALS |
| terbutaline sulfate tab (BRETHINE equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| terconazole cream (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TERCONAZOLE CREAM 0.8% | - | 1 | VAGINAL PRODUCTS |
| terconazole supp (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| teriflunomide tab (AUBAGIO equiv) | LMSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TERIPARATIDE INJ 620MCG/2.48ML | LMSP | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TEST STRIP (all other test strips) | OTC | NC | DIAGNOSTIC PRODUCTS |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill) | QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 1 | ANDROGENS-ANABOLIC |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 10MG/ACT | - | NC | ANDROGENS-ANABOLIC |
| testosterone gel 2% (FORTESTA equiv) | - | NC | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL, VOGELXO GEL | - | NC | ANDROGENS-ANABOLIC |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| TETANUS/DIPHTHERIA TOXOID INJ | VAC | \$0 | TOXOIDS |
| tetrabenazine tab (XENAZINE equiv) | LMSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| tetracycline cap | - | 1 | TETRACYCLINES |
| TETRACYCLINE TAB | - | NC | TETRACYCLINES |
| TEZSPIRE INJ (QL= 1 pen/28 days) | LMSP-PA-QL | S | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| THALITONE TAB | - | NC | DIURETICS |
| THALOMID CAP | MSP | S | ASSORTED CLASSES |
| theophylline er tab (THEOPHYLLINE ER equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline ER tab (UNIPHYL equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| THEOPHYLLINE TAB ER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| THIOLA EC TAB | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| thioridazine tab (MELLARIL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| thiothixene cap (NAVANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| THYQUIDITY SOLN | - | NC | THYROID AGENTS |
| THYROLAR TAB | - | 2 | THYROID AGENTS |
| tiagabine tab (GABITRIL equiv) | - | 1 | ANTICONVULSANTS |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TICANASE PAK | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| TIGLUTIK SUSP | - | NC | NEUROMUSCULAR AGENTS |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate tab (BLOCADREN equiv) | - | 1 | BETA BLOCKERS |
| tinidazole tab (TINDAMAX equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| tiopronin tab (THIOLA equiv) | LMSP-PA | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| tiopronin tab delayed release (THIOLA EC equiv) | - | NC | GENITOURINARY AGENTS - MISCELLANEOUS |
| tiotropium bromide cap inhaler (SPIRIVA equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TIROSINT CAP | - | NC | THYROID AGENTS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older) | PA-QL | 3 | THYROID AGENTS |
| TIVICAY PD TAB | - | 2 | ANTIVIRALS |
| TIVICAY TAB | - | 2 | ANTIVIRALS |
| tizanidine cap (ZANAFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| TIZANIDINE COMFORT KIT | - | NC | MUSCULOSKELETAL THERAPY AGENTS |
| tizanidine tab (ZANAFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| TOBI PODHALER (Only available through Walgreens 888-347-3416) | LD-PA | S | AMINOGLYCOSIDES |
| TOBRADEX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| TOBRADEX ST OPHTH SUSP | - | 3 | OPHTHALMIC AGENTS |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | LMSP-RS | 1 | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBEX equiv) | - | 1 | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 | OPHTHALMIC AGENTS |
| TOBEX OPHTH OINT | - | 3 | OPHTHALMIC AGENTS |
| TODAY SPONGE | OTC | EXC | VAGINAL PRODUCTS |
| TOLAZAMIDE TAB | - | 1 | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | 2 | ANTIDIABETICS |
| tolcapone tab (TASMAR equiv) | - | 1 | ANTIPARKINSON AGENTS |
| TOLECTIN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| TOLMETIN CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| TOLSURA CAP | - | NC | ANTIFUNGALS |
| tolterodine SR cap (DETROL LA equiv) | - | 1 | URINARY ANTISPASMODICS |
| tolterodine tab (DETROL equiv) | - | 1 | URINARY ANTISPASMODICS |
| TOLVAPTAN TAB | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| tolvaptan tab (SAMSCA equiv) | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TOPICORT CREAM 0.05% | - | NC | DERMATOLOGICALS |
| TOPICORT GEL | - | NC | DERMATOLOGICALS |
| TOPICORT OINT | - | 3 | DERMATOLOGICALS |
| topiramate ER cap (QUDEXY equiv) | - | NC | ANTICONSULTANTS |
| topiramate er cap (TOKENDI XR equiv) | - | NC | ANTICONSULTANTS |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 | ANTICONSULTANTS |
| topiramate tab (TOPAMAX equiv) | - | 1 | ANTICONSULTANTS |
| toremifene tab (FARESTON equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| torseamide tab (DEMADEX equiv) | - | 1 | DIURETICS |
| TOSYMRA SOLN | - | NC | MIGRAINE PRODUCTS |
| TOUJEO MAX SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| TOUJEO SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| TOUJEO SOLOSTAR INJ | - | NC | ANTIDIABETICS |
| TOVET KIT | - | NC | DERMATOLOGICALS |
| TOVIAZ TAB | - | 3 | URINARY ANTISPASMODICS |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| TRADJENTA TAB (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| TRAMADOL COMPOUND KIT | - | NC | DERMATOLOGICALS |
| TRAMADOL ER CAP | - | NC | ANALGESICS - OPIOID |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| tramadol ER tab (ULTRAM ER equiv) | - | 1 | ANALGESICS - OPIOID |
| TRAMADOL HCL ER TAB | - | 1 | ANALGESICS - OPIOID |
| TRAMADOL HCL TAB | - | NC | ANALGESICS - OPIOID |
| tramadol hcl tab 100mg | - | NC | ANALGESICS - OPIOID |
| tramadol tab (ULTRAM equiv) | - | 1 | ANALGESICS - OPIOID |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 1 | ANALGESICS - OPIOID |
| trandolapril tab (MAVIK equiv) | - | 1 | ANTIHYPERTENSIVES |
| TRANDOLAPRIL/VERAPAMIL ER TAB | - | NC | ANTIHYPERTENSIVES |
| tranexamic acid tab (LYSTEDA equiv) | - | 1 | HEMOSTATICS |
| tranylcypromine tab (PARNATE equiv) | - | 1 | ANTIDEPRESSANTS |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| trazodone tab (DESYREL equiv) | - | 1 | ANTIDEPRESSANTS |
| trazodone tab 300mg (DESYREL equiv) | - | NC | ANTIDEPRESSANTS |
| TRECATOR TAB | - | NC | ANTIMYCOBACTERIAL AGENTS |
| TRELEGY ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TREMFYA INJ (QL= 1 inj/56 days) | LMSP-PA-QL | S | DERMATOLOGICALS |
| TRESIBA FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| TRESIBA INJ | - | 2 | ANTIDIABETICS |
| tretinoin cap (VESANOID equiv) | LMSP | 1 | ANTINEOPLASTICS |
| tretinoin cream (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 | DERMATOLOGICALS |
| tretinoin gel (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 | DERMATOLOGICALS |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 | DERMATOLOGICALS |
| tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - members age 35 or older require Prior Authorization) | PA | 1 | DERMATOLOGICALS |
| TRETIN-X CREAM | - | NC | DERMATOLOGICALS |
| TREXALL TAB | - | NC | ANTINEOPLASTICS |
| TREXIMET TAB | - | NC | MIGRAINE PRODUCTS |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | NC | ANALGESICS - OPIOID |
| triamcinolone acetonide inj (KENALOG equiv) | - | 1 | CORTICOSTEROIDS |
| triamcinolone acetonide oint (TRIANEX equiv) | - | NC | DERMATOLOGICALS |
| triamcinolone cream | - | 1 | DERMATOLOGICALS |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| triamcinolone lotion | - | 1 | DERMATOLOGICALS |
| triamcinolone oint | - | 1 | DERMATOLOGICALS |
| triamcinolone OTC nasal spray (NASACORT equiv) | OTC | EXC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| triamcinolone spray (KENALOG equiv) | - | NC | DERMATOLOGICALS |
| triamterene cap (DYRENIUM equiv) | - | 1 | DIURETICS |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 | DIURETICS |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 | DIURETICS |
| TRIANEX OINT | - | NC | DERMATOLOGICALS |
| triazolam tab (HALCION equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| TRIBENZOR TAB | - | NC | ANTIHYPERTENSIVES |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN | - | NC | DIAGNOSTIC PRODUCTS |

| | | | | | |
|------|---|------|--------------------------------------|-----|-------------------------|
| EXC | Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| TRICHOPHYTON MENTAGROPHYTES SOLN | - | NC | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| TRICHOSOL SOLN | - | NC | PHARMACEUTICAL ADJUVANTS |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| tricon cap (TRINSICON equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| trientine cap (SYPRINE equiv) | LMSP-PA | 1 | MISCELLANEOUS THERAPEUTIC CLASSE |
| TRIENTINE CAP | - | NC | MISCELLANEOUS THERAPEUTIC CLASSE |
| trifluoperazine tab (STELAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| TRIFLURIDINE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| TRIGLIDE TAB | - | NC | ANTIHYPERLIPIDEMICS |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| TRIHXYPHENIDYL SOLN | - | 1 | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 | ANTIPARKINSON AGENTS |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | RESPIRATORY AGENTS - MISC. |
| TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | RESPIRATORY AGENTS - MISC. |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 | CONTRACEPTIVES |
| TRILIPIX CAP | - | NC | ANTIHYPERLIPIDEMICS |
| TRILOCICLO KIT | - | NC | DERMATOLOGICALS |
| TRI-LUMA CREAM | - | EXC | DERMATOLOGICALS |
| trimethobenzamide cap (TIGAN equiv) | - | 1 | ANTIEMETICS |
| TRIMETHOPRIM TAB | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| trimipramine cap (SURMONTIL equiv) | - | 1 | ANTIDEPRESSANTS |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL-¢ | 3 | ANTIDEPRESSANTS |
| TRIONEX PAK | - | NC | DERMATOLOGICALS |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 | CONTRACEPTIVES |
| TRIUMEQ PD TAB | - | 2 | ANTIVIRALS |
| TRIUMEQ TAB | - | 2 | ANTIVIRALS |
| TRI-VITAMIN FLUORIDE DROPS | - | 1 | MULTIVITAMINS |
| TRIZIVIR TAB | - | 2 | ANTIVIRALS |
| TROKENDI XR CAP | - | NC | ANTICONVULSANTS |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| tropium chloride SR cap (SANCTURA XR equiv) | - | 1 | URINARY ANTISPASMODICS |
| tropium tab (SANCTURA equiv) | - | 1 | URINARY ANTISPASMODICS |
| TRUDHESA NASAL SPRAY | - | NC | MIGRAINE PRODUCTS |
| TRULANCE TAB (QL= 1 tab/day) | PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| TRUMENBA INJ | VAC | \$0 | VACCINES |
| TRUQAP TAB (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| TRUQAP THERAPY PACK (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TRYVIO TAB | - | NC | ANTIHYPERTENSIVES |
| TUDORZA PRESSAIR INHALER | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TUSSICAPS | - | NC | COUGH/COLD/ALLERGY |
| tussigon tab (HYCODAN equiv) | - | 1 | COUGH/COLD/ALLERGY |
| TUXARIN ER TAB | - | NC | COUGH/COLD/ALLERGY |
| TUZISTRA XR SUSP | - | NC | COUGH/COLD/ALLERGY |
| TWINRIX INJ | VAC | \$0 | VACCINES |
| TWIRLA PATCH | - | \$0 | CONTRACEPTIVES |
| TWYNEO CREAM | - | NC | DERMATOLOGICALS |
| TYBLUME TAB | - | \$0 | CONTRACEPTIVES |
| TYBOST TAB | - | NC | ANTIVIRALS |
| TYENNE INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| TYKERB TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TYMLOS INJ | LMSP | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 2 | OPHTHALMIC AGENTS |
| TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year) | PA-QL | 2 | MIGRAINE PRODUCTS |
| UCERIS RECTAL FOAM | PA | 3 | ANORECTAL AND RELATED PRODUCTS |
| UDENYCA INJ | - | NC | HEMATOPOIETIC AGENTS |
| ULORIC TAB | - | NC | GOUT AGENTS |
| ULTRAVATE LOTION | - | NC | DERMATOLOGICALS |
| ULTRAVATE PAC KIT | - | NC | DERMATOLOGICALS |
| UMECTA EMULSION | - | NC | DERMATOLOGICALS |
| UMECTA PD EMULSION | - | NC | DERMATOLOGICALS |
| UMECTA SUSP | - | NC | DERMATOLOGICALS |
| UPNEEQ SOLN | - | EXC | OPHTHALMIC AGENTS |
| UPTRAVI INJ | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| URAMAXIN CREAM | - | NC | DERMATOLOGICALS |

| | | | | | |
|------|---|------|--------------------------------------|-----|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |
| | | | generic = small letters | | BRANDS = CAPITAL LETTERS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| URAMAXIN GEL | - | NC | DERMATOLOGICALS |
| urea cream | - | NC | DERMATOLOGICALS |
| urea emulsion | - | NC | DERMATOLOGICALS |
| urea gel (URAMAXIN equiv) | - | NC | DERMATOLOGICALS |
| urea lotion (KERALAC LOTION equiv) | - | NC | DERMATOLOGICALS |
| UREA NAIL KIT | - | NC | DERMATOLOGICALS |
| UREA SUSP | - | NC | DERMATOLOGICALS |
| urea susp 40% (UMECTA equiv) | - | NC | DERMATOLOGICALS |
| UREA/SALICYLIC CREAM | - | NC | DERMATOLOGICALS |
| ursodiol cap (ACTIGALL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| URSODIOL CAP | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| UTA CAP | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| UTIBRON NEOHALER CAP | - | NC | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| VAFSEO TAB | - | NC | HEMATOPOIETIC AGENTS |
| valacyclovir tab (VALTREX equiv) | - | 1 | ANTIVIRALS |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874) | LD-PA-QL | S | DERMATOLOGICALS |
| valganciclovir soln (VALCYTE equiv) | - | 1 | ANTIVIRALS |
| valganciclovir tab (VALCYTE equiv) | - | 1 | ANTIVIRALS |
| valproate inj (DEPAICON equiv) | - | NC | ANTICONVULSANTS |
| valproic acid cap (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| valproic acid syrup (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| VALSARTAN SOLN | - | NC | ANTIHYPERTENSIVES |
| valsartan tab (DIOVAN equiv) | - | 1 | ANTIHYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| VALTOCO NASAL SPRAY (QL= 4 doses/fill) | QL | 3 | ANTICONVULSANTS |
| VANCOICIN CAP (QL= 56 caps/fill) | QL | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin cap (VANCOICIN equiv) (QL= 56 caps/fill) | QL | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin hcl soln (VANCOMYCIN equiv) | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOMYCIN ORAL SOLN | - | NC | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOMYCIN SOLN | - | NC | OPHTHALMIC AGENTS |
| VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VANIQA CREAM | - | EXC | DERMATOLOGICALS |
| VANOS CREAM | - | NC | DERMATOLOGICALS |
| VARENICLINE TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VARIVAX INJ | VAC | \$0 | VACCINES |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 | ANTIEMETICS |
| VASCEPA CAP (QL= 4 caps/day) | QL | 1 | ANTIHYPERLIPIDEMICS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| vasolex oint (XENADERM equiv) | - | NC | DERMATOLOGICALS |
| VAXELIS INJ | VAC | \$0 | TOXOIDS |
| VAXNEUVANCE INJ | VAC | \$0 | VACCINES |
| v-c forte cap (V-C FORTE equiv) | - | 1 | MULTIVITAMINS |
| VECAMYL TAB | - | NC | ANTIHYPERTENSIVES |
| VECTICAL OINT | - | NC | DERMATOLOGICALS |
| VELIVET PAK | - | \$0 | CONTRACEPTIVES |
| velivet tab (CYCLESSA equiv) | - | \$0 | CONTRACEPTIVES |
| VELPHORO CHEW TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| VELSIPITY TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| VELTASSA POWDER | PA | 2 | ASSORTED CLASSES |
| VEMLIDY TAB | - | 2 | ANTIVIRALS |
| VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874) | LD-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VENCLEXTA TAB (Only available through Optum 877-445-6874) | LD-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 | ANTIDEPRESSANTS |
| venlafaxine ER tab | - | NC | ANTIDEPRESSANTS |
| venlafaxine tab (EFFEXOR equiv) | - | 1 | ANTIDEPRESSANTS |
| VENLAFAXINE TAB | - | NC | ANTIDEPRESSANTS |
| VENNGEL ONE KIT | - | NC | DERMATOLOGICALS |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| VEOZAH TAB (QL= 1 tab/day) | PA-QL | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VERAPAMIL CR CAP, VERELAN CAP | - | 3 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 100MG | - | NC | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 200MG | - | NC | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 300MG | - | NC | CALCIUM CHANNEL BLOCKERS |
| verapamil SR cap (VERELAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL SR CAP 360mg | - | 2 | CALCIUM CHANNEL BLOCKERS |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil tab (CALAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERDESO FOAM | - | NC | DERMATOLOGICALS |
| VERDROCET TAB 2.5MG-325MG | - | NC | ANALGESICS - OPIOID |
| VEREGEN OINT | - | NC | DERMATOLOGICALS |
| VERELAN PM ER CAP 100MG, 300MG | - | 3 | CALCIUM CHANNEL BLOCKERS |
| VERELAN SR CAP 360mg | - | 3 | CALCIUM CHANNEL BLOCKERS |
| VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist) | QL-RS | 2 | CARDIOVASCULAR AGENTS - MISC. |
| VERSACLOZ SUSP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VERSAPENN AL GEL ANHYDROU | - | NC | PHARMACEUTICAL ADJUVANTS |
| VERZENIO TAB (QL= 2 tabs/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VESICARE LS SUSP | - | NC | URINARY ANTISPASMODICS |
| VFEND SUSP | - | 3 | ANTIFUNGALS |
| V-GO INJ KIT (QL= 1 kit/day) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| VIBERZI TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| VIBRAMYCIN SYRUP | - | 3 | TETRACYCLINES |
| VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 | ANTIDIABETICS |
| VIDEX SOLN | - | 2 | ANTIVIRALS |
| VIEKIRA XR TAB | - | NC | ANTIVIRALS |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | \$0 | CONTRACEPTIVES |
| vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553) | LD-PA | 1 | ANTICONVULSANTS |
| vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553) | LD-PA | 1 | ANTICONVULSANTS |
| vigadrone powder pack (Only available through PantheRx 855-726-8479) | LD-PA | 1 | ANTICONVULSANTS |
| VIGAFYDE SOLN | - | NC | ANTICONVULSANTS |
| VIGAMOX OPTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| VIIBRYD STARTER KIT | - | NC | ANTIDEPRESSANTS |
| VIIBRYD TAB | - | 3 | ANTIDEPRESSANTS |
| VIJOICE GRANULES PACKET (QL= 1 packet/day) | MSP-PA-QL | S | MISCELLANEOUS THERAPEUTIC CLASSE |
| VIJOICE TAB (QL= 1 tab/day) | MSP-PA-QL | S | MISCELLANEOUS THERAPEUTIC CLASSE |
| VIJOICE TAB 250MG (QL= 2 tabs/day) | MSP-PA-QL | S | MISCELLANEOUS THERAPEUTIC CLASSE |
| vilazodone hcl tab (VIIBRYD equiv) | - | 1 | ANTIDEPRESSANTS |
| VIMOVO TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| VIMPAT SOLN | - | NC | ANTICONVULSANTS |
| VIMPAT TAB | - | NC | ANTICONVULSANTS |
| viorele tab, kariva tab (MIRCETTE equiv) | - | \$0 | CONTRACEPTIVES |
| VIRACEPT TAB | - | 2 | ANTIVIRALS |
| VIREAD TAB | - | 2 | ANTIVIRALS |
| VISTOGARD PAK | - | NC | ANTIDOTES |
| VITAFOL STRIPS | - | 3 | MULTIVITAMINS |
| vitamin D cap (RX strength only) | - | 1 | VITAMINS |
| vitamin D cap 1000unit | OTC | NC | VITAMINS |
| vitamin D cap 400unit | OTC | NC | VITAMINS |
| VITAMIN D TAB 400UNIT | OTC | NC | VITAMINS |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VITRECYL IRON TAB | - | NC | MULTIVITAMINS |
| VITRECYL TAB | - | NC | MULTIVITAMINS |
| VIVITROL INJ | LMSP | S | ANTIDOTES |
| VIVJOA CAP | - | NC | ANTIFUNGALS |
| VIVLODEX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| VIZIMPRO TAB (QL= 1 tab/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOGELXO GEL PUMP 1% (QL= 4 bottles/30 days) | PA-QL | 3 | ANDROGENS-ANABOLIC |
| VOLTAREN GEL | OTC | EXC | DERMATOLOGICALS |
| VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOPAC 5 CREAM | - | NC | DERMATOLOGICALS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| VOPAC CREAM | - | NC | DERMATOLOGICALS |
| VOPAC GB CREAM | - | NC | DERMATOLOGICALS |
| VOQUEZNA DUAL PAK | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| VOQUEZNA TAB | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| VOQUEZNA TRIP PAK | - | NC | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS |
| VORANIGO TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| voriconazole susp (VFEND equiv) | - | 1 | ANTIFUNGALS |
| voriconazole tab (VFEND equiv) | - | 1 | ANTIFUNGALS |
| VOSEVI TAB (QL= 1 tab/day) | LMSP-PA-QL | S | ANTIVIRALS |
| VOTRIENT TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575) | LD-PA-QL | S | GASTROINTESTINAL AGENTS - MISC. |
| VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376) | LD-PA-QL | S | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| VOYDEYA TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| VOYDEYA TAB THERAPY PACK | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| VP-PNV-DHA CAP | - | 1 | MULTIVITAMINS |
| VRAYLAR CAP | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VRAYLAR PACK | - | NC | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| VSL #3 CAP | - | NC | ANTIDIARRHEALS |
| VTAMA CREAM | - | NC | DERMATOLOGICALS |
| VTOL SOLN | - | NC | ANALGESICS - NONNARCOTIC |
| VUITY OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| VUMERITY CAP | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYALEV INJ | - | NC | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | S | CARDIOVASCULAR AGENTS - MISC. |
| VYTON CREAM 1.9-1% | - | NC | DERMATOLOGICALS |
| VYVANSE CAP | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| VYVANSE CHEW TAB | - | 3 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| VYZULTA SOLN | - | NC | OPHTHALMIC AGENTS |
| WAINUA INJ (QL= 1 inj/28 days; Only available through Orsini 800-410-8575) | LD-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| warfarin tab (COUMADIN equiv) | - | 1 | ANTICOAGULANTS |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| WEGOVY INJ | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WEGOVY INJ 1.7MG/0.75ML | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WEGOVY INJ 2.4MG/0.75ML | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| WELCHOL PACK | - | 3 | ANTIHYPERTENSIVES |
| WELCHOL TAB | - | 3 | ANTIHYPERTENSIVES |
| WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| WESTCORT OINT | - | NC | DERMATOLOGICALS |
| WINLEVI CREAM | - | NC | DERMATOLOGICALS |
| WINREVAIR INJ | - | NC | CARDIOVASCULAR AGENTS - MISC. |
| WOUND-DRESSING GELS | - | NC | DERMATOLOGICALS |
| WPR PLUS | - | NC | DERMATOLOGICALS |
| WYNZORA CREAM | - | NC | DERMATOLOGICALS |
| XACIATO GEL (QL= 1 applicator/fill) | QL | 2 | VAGINAL AND RELATED PRODUCTS |
| XADAGO TAB (QL= 1 tab/day) | PA-QL | 3 | ANTIPARKINSON AGENTS |
| XALIX SOL | - | NC | DERMATOLOGICALS |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XALKORI SPRINKLE CAP (QL= 4 caps/day) | MSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XAQUIL XR TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| XARELTO STARTER PACK | - | 2 | ANTICOAGULANTS |
| XARELTO SUSP | - | 2 | ANTICOAGULANTS |
| XARELTO TAB | - | 2 | ANTICOAGULANTS |
| XARTEMIS XR TAB | - | NC | ANALGESICS - OPIOID |
| XCOPRI PAK 100-150MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 25MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 | ANTICONVULSANTS |
| XDEMVIY DROP (QL= 1 bottle/42 days (1 bottle= 10ml); Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Restricted to Ophthalmology or Optometry Specialist) | LD-QL-RS | S | OPHTHALMIC AGENTS |
| XELJANZ SOLN (QL= 10ml/day) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ TAB (QL= 2 tabs/day) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ XR TAB (QL= 1 tab/day) | LMSP-PA-QL | S | ANALGESICS - ANTI-INFLAMMATORY |
| XELPROS OPHTH EMULSION | - | NC | OPHTHALMIC AGENTS |
| XELSTRYM PAD | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| XENADERM OINT | - | NC | DERMATOLOGICALS |

| | | | | | |
|------|---|------|--------------------------------------|-----|-------------------------|
| EXC | Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| XENAZINE TAB | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XENICAL CAP | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist) | QL-RS | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| XEPI CREAM | - | NC | DERMATOLOGICALS |
| XERESE CREAM | - | NC | DERMATOLOGICALS |
| XERMELO TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| XHANCE NASAL EXHALER | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days) | QL | 3 | ANTI-INFECTIVE AGENTS - MISC. |
| XIFAXAN TAB 550MG (QL= 60 tabs/30 days) | QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| XIGDUO XR TAB (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| XIGDUO XR TAB 10-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 | ANTIDIABETICS |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 | ANTIDIABETICS |
| XIIDRA OPHTH SOLN (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 2 | OPHTHALMIC AGENTS |
| XODOL TAB 10MG-300MG | - | NC | ANALGESICS - OPIOID |
| XODOL TAB 5MG-300MG | - | NC | ANALGESICS - OPIOID |
| XODOL TAB 7.5MG-300MG | - | NC | ANALGESICS - OPIOID |
| XOFLUZA TAB (QL= 1 tab/fill) | QL | 3 | ANTIVIRALS |
| XOLAIR INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ 150MG/ML (QL= 2 inj/28 days) | LMSP-PA-QL | S | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days) | LMSP-PA-QL | S | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR SYRINGE (QL= 2 inj/28 days) | LMSP-PA-QL | S | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days) | LMSP-PA-QL | S | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days) | LMSP-PA-QL | S | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLEGEL | - | NC | DERMATOLOGICALS |
| XOLREMDI CAP | - | NC | HEMATOPOIETIC AGENTS |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XPHOZAH TAB (QL= 2 tabs/day) | PA-QL | 3 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XPROVIO PAK (QL= 32 tabs/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XRYLIX PAK | - | NC | DERMATOLOGICALS |
| XTAMPZA ER CAP (QL= 120 caps/30 days) | QL | 2 | ANALGESICS - OPIOID |
| XTANDI CAP | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTANDI TAB 40MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XTANDI TAB 80MG | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| XULTOPHY INJ (QL= 15ml/30 days) | QL | 2 | ANTIDIABETICS |
| XURIDEN POWDER | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| XYOSTED INJ | - | NC | ANDROGENS-ANABOLIC |
| XYWAV SOLN | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| XYZAL SOLN | - | EXC | ANTIHISTAMINES |
| XYZAL TAB | - | EXC | ANTIHISTAMINES |
| XYZBAC TAB | - | EXC | DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS |
| YBUPHEN TAB | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| YONSA TAB | - | NC | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| YORVIPATH INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| YOSPRALA TAB | - | NC | HEMATOLOGICAL AGENTS - MISC. |
| YUFLYMA INJ KIT (adalimumab-aaty) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| YUFLYMA KIT (adalimumab-aaty) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| YUPELRI SOLN | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| YUSIMRY INJ (adalimumab-aqvh) | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ZADITOR OPHTH SOLN | OTC | NC | OPHTHALMIC AGENTS |
| zafemy patch (XULANE equiv) | - | \$0 | CONTRACEPTIVES |
| zafirlukast tab (ACCOLATE equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZANTAC EFFER TAB | - | NC | ULCER DRUGS |
| ZARXIO INJ | LMSP | S | HEMATOPOIETIC AGENTS |
| ZAVESCA CAP | - | NC | HEMATOPOIETIC AGENTS |
| ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days) | PA-QL | 2 | MIGRAINE PRODUCTS |
| ZECUITY PAD | - | NC | MIGRAINE PRODUCTS |
| ZEGALOGUE INJ (QL= 2 inj/fill) | QL | 2 | ANTIDIABETICS |
| ZEGERID CAP OTC | OTC | EXC | ULCER DRUGS |
| ZEGERID POWDER PACK | - | NC | ULCER DRUGS |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELAPAR ODT | - | NC | ANTIPARKINSON AGENTS |
| ZELBORAF TAB (QL= 8 tabs/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZELNORM TAB | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| zenzedi tab 10mg (DEXEDRINE equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| zenzedi tab 5mg (DEXEDRINE equiv) | - | NC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ZEPATIER TAB | - | NC | ANTIVIRALS |
| ZEPBOUND INJ | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |

| | | | | | |
|------|---|------|--------------------------------------|-----|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| ZEPBOUND VIAL INJ | - | EXC | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ZEPOSIA CAP (QL= 1 cap/day) | LMSP-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZEPOSIA STARTER PACK (QL= 1 cap/day) | LMSP-PA-QL | S | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZERVIATE OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ZETIA TAB | - | NC | ANTIHYPERTENSIVES |
| ZETONNA NASAL SPRAY | - | NC | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| zidovudine cap (RETROVIR equiv) | - | 1 | ANTIVIRALS |
| zidovudine syrup (RETROVIR equiv) | - | 1 | ANTIVIRALS |
| zidovudine tab (RETROVIR equiv) | - | 1 | ANTIVIRALS |
| ZIEXTENZO INJ | - | NC | HEMATOPOIETIC AGENTS |
| ZILACAINE PAK | - | NC | DERMATOLOGICALS |
| ZILBRYSQ INJ (QL= 1 inj/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |
| ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |
| ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | S | HEMATOLOGICAL AGENTS - MISC. |
| zileuton ER tab (ZYFLO CR equiv) | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZILXI FOAM | - | NC | DERMATOLOGICALS |
| ZIMHI SOLN | - | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| ZINBRYTA INJ | - | NC | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZIOPTAN OPHTH SOLN | - | NC | OPHTHALMIC AGENTS |
| ziprasidone cap (GEODON equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZIPSOR CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ZIRGAN OPHTH GEL | - | 2 | OPHTHALMIC AGENTS |
| ZITHROMAX POWDER PACK | - | 3 | MACROLIDES |
| ZITUVIMET XR TAB | - | NC | ANTIDIABETICS |
| ZITUVIO TAB | - | NC | ANTIDIABETICS |
| ZOCOR TAB 80MG | - | NC | ANTIHYPERTENSIVES |
| ZOHYDRO ER CAP | - | NC | ANALGESICS - OPIOID |
| ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S | MISCELLANEOUS THERAPEUTIC CLASSES |
| ZOLINZA CAP | LMSP-PA | S | ANTINEOPLASTICS |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| ZOLPAK KIT | - | NC | DERMATOLOGICALS |
| ZOLPIDEM CAP | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS |

| | | | | | |
|------|---|------|--------------------------------------|-----|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Alphabetical Index
Last Updated 11/1/2024

| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZOLPIDEM TARTRATE SL TAB 1.75MG | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZOLPIDEM TARTRATE SL TAB 3.5MG | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZOLPIMIST SPRAY | - | NC | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| ZOMACTON INJ | - | NC | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 | MIGRAINE PRODUCTS |
| ZONATUSS CAP 150MG | - | NC | COUGH/COLD/ALLERGY |
| ZONISADE SUSP (PA required for members age 9 years or older) | PA | 3 | ANTICONVULSANTS |
| zonisamide cap (ZONEGRAN equiv) | - | 1 | ANTICONVULSANTS |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 3 | HEMATOLOGICAL AGENTS - MISC. |
| ZORVOLEX CAP | - | NC | ANALGESICS - ANTI-INFLAMMATORY |
| ZORYVE CREAM (QL= 60 grams/30 days) | PA-QL | 2 | DERMATOLOGICALS |
| ZORYVE CREAM | - | NC | DERMATOLOGICALS |
| ZORYVE FOAM | - | NC | DERMATOLOGICALS |
| ZOVIRAX CREAM | - | NC | DERMATOLOGICALS |
| ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | S | ANTICONVULSANTS |
| ZUBSOLV SL TAB | - | 2 | ANALGESICS - OPIOID |
| ZUPLENZ SL FILM | - | NC | ANTIEMETICS |
| ZURAMPIC TAB | - | NC | GOUT AGENTS |
| ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | S | ANTIDEPRESSANTS |
| ZURZUVAE CAP 30MG (QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | S | ANTIDEPRESSANTS |
| ZYCLARA CREAM | - | NC | DERMATOLOGICALS |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYFLO TAB | - | NC | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ZYKADIA CAP (QL= 3 caps/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYKADIA TAB (QL= 3 tabs/day) | LMSP-PA-QL | S | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 | OPHTHALMIC AGENTS |
| ZYLOTROL-L KIT | - | NC | DERMATOLOGICALS |
| ZYMAXID OPHTH SOLN | - | 3 | OPHTHALMIC AGENTS |
| ZYMFENTRA INJ | - | NC | GASTROINTESTINAL AGENTS - MISC. |
| ZYPITAMAG TAB | - | NC | ANTIHYPERLIPIDEMICS |
| ZYRTEC CHILD CHEW ALLERGY | OTC | NC | ANTIHISTAMINES |
| ZYRTEC CHILD CHEW TAB | OTC | EXC | ANTIHISTAMINES |

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | 1 |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 1 |
| dextroamphetamine soln (PROCENTRA equiv) | - | 1 |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 |
| lisdexamfetamine dimesylate cap (VYVANSE equiv) | - | 1 |
| lisdexamfetamine dimesylate chew tab (VYVANSE equiv) | - | 1 |
| VYVANSE CAP | - | 3 |
| VYVANSE CHEW TAB | - | 3 |
| ADZENYS ER SUSP | - | NC |
| ADZENYS XR TAB | - | NC |
| AMPHETAMINE ER SUSP, DYANAVEL XR SUSP | - | NC |
| amphetamine tab (EVEKEO equiv) | - | NC |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) | - | NC |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) | - | NC |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) | - | NC |
| amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) | - | NC |
| dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) | - | NC |
| dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) | - | NC |
| dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) | - | NC |
| dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) | - | NC |
| dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) | - | NC |
| DYANAVEL XR CHEW | - | NC |
| EVEKEO ODT | - | NC |
| methamphetamine tab (DESOXYN equiv) | - | NC |
| MYDAYIS CAP 12.5MG | - | NC |
| MYDAYIS CAP 25MG | - | NC |
| MYDAYIS CAP 37.5MG | - | NC |
| MYDAYIS CAP 50MG | - | NC |
| XELSTRYM PAD | - | NC |
| zenzedi tab 10mg (DEXEDRINE equiv) | - | NC |
| zenzedi tab 5mg (DEXEDRINE equiv) | - | NC |
| ANALECTICS | | |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 1 |
| CAFCIT INJ | - | NC |
| ANOREXIANTS NON-AMPHETAMINE | | |
| BENZPHETAMINE TAB | - | EXC |
| DIETHYLPROPION ER TAB | - | EXC |
| diethylpropion tab | - | EXC |
| LOMAIRA TAB | - | EXC |
| PHENDIMETRAZINE ER TAB | - | EXC |
| phendimetrazine tab (BONTRIL PDM equiv) | - | EXC |
| PLENITY CAP | - | EXC |
| ANTI-OBESITY AGENTS | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont. | | |
| WEGOVY INJ | - | EXC |
| WEGOVY INJ 1.7MG/0.75ML | - | EXC |
| WEGOVY INJ 2.4MG/0.75ML | - | EXC |
| XENICAL CAP | - | EXC |
| ZEPBOUND INJ | - | EXC |
| ZEPBOUND VIAL INJ | - | EXC |
| IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | S |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| atomoxetine cap (STRATTERA equiv) | - | 1 |
| clonidine ER tab (KAPVAY equiv) | - | 1 |
| guanfacine ER tab (INTUNIV equiv) | - | 1 |
| KAPVAY TAB | - | 3 |
| ONYDA XR SUSP | - | NC |
| QELBREE ER CAP | - | NC |
| DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) | | |
| SUNOSI TAB (QL= 1 tab/day) | PA-QL | 2 |
| HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS | | |
| WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| STIMULANTS - MISC. | | |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | QL | 1 |
| dexmethylphenidate ER cap (FOCALIN XR equiv) | - | 1 |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 |
| methylphenidate CD cap (METADATE CD equiv) | - | 1 |
| methylphenidate chew tab (METHYLIN equiv) | - | 1 |
| methylphenidate ER cap (APTENSIO XR equiv) | - | 1 |
| methylphenidate ER cap (RITALIN LA equiv) | - | 1 |
| METHYLPHENIDATE ER TAB | - | 1 |
| methylphenidate soln (METHYLIN equiv) | - | 1 |
| methylphenidate tab (RITALIN equiv) | - | 1 |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | 1 |
| AZSTARYS CAP | - | NC |
| COTEMPLA XR ODT | - | NC |
| methylphenidate td patch (DAYTRANA equiv) | - | NC |
| QUILLICHEW ER TAB | - | NC |
| QUILLIVANT XR SUSP | - | NC |
| RELEXXI ER TAB | - | NC |
| ALLERGENIC EXTRACTS/BIOLOGICALS MISC | | |
| ALLERGENIC EXTRACTS | | |
| ODACTRA SL TAB | PA | 3 |
| TRICHOPHYTON MENTAGROPHYTES SOLN | - | NC |
| PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416) | LD-PA | S |
| PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416) | LD-PA | S |
| ALTERNATIVE MEDICINES | | |
| ALTERNATIVE MEDICINE - R'S | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSPL Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|------------------------------------|---------------------|-------------|
| ALTERNATIVE MEDICINES Cont. | | |
| RESERVAPAK SYRUP | - | NC |

AMEBICIDES

| | | |
|---|-------|---|
| AMEBICIDES | | |
| SOLOSEC GRANULES PACKET (QL= 1 packet/fill) | PA-QL | 3 |

AMINOGLYCOSIDES

| | | |
|---|----------|----|
| AMINOGLYCOSIDES | | |
| neomycin tab | - | 1 |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | LMSP-RS | 1 |
| HUMATIN CAP | - | NC |
| KITABIS PAK NEB SOLN | - | NC |
| ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046) | LD-PA-QL | S |
| TOBI PODHALER (Only available through Walgreens 888-347-3416) | LD-PA | S |

ANALGESICS - ANTI-INFLAMMATORY

| | | |
|--|------------|---|
| ANTIRHEUMATIC - ENZYME INHIBITORS | | |
| OLUMIANT TAB (QL= 1 tab/day) | LMSP-PA-QL | S |
| RINVOQ ER TAB (QL= 1 tab/day) | LMSP-PA-QL | S |
| RINVOQ ORAL SOLN (QL= 12ml/day) | LMSP-PA-QL | S |
| XELJANZ SOLN (QL= 10ml/day) | LMSP-PA-QL | S |
| XELJANZ TAB (QL= 2 tabs/day) | LMSP-PA-QL | S |
| XELJANZ XR TAB (QL= 1 tab/day) | LMSP-PA-QL | S |

| | | |
|--------------------------------------|---|----|
| ANTIRHEUMATIC ANTIMETABOLITES | | |
| RHEUMATREX TAB | - | 3 |
| REDITREX INJ | - | NC |

| | | |
|--|---|----|
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | |
| ABRILADA INJ | - | NC |
| ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) | - | NC |
| ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) | - | NC |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) | - | NC |
| ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) | - | NC |
| ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) | - | NC |
| ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) | - | NC |
| ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) | - | NC |
| ADALIMUMAB-ADAZ PFS INJ | - | NC |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) | - | NC |
| ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) | - | NC |
| ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) | - | NC |
| ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) | - | NC |
| ADALIMUMAB-RYVK INJ | - | NC |
| AMJEVITA AUTO-INJECTOR (adalimumab-atto) | - | NC |
| AMJEVITA INJ (adalimumab-atto) | - | NC |
| CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm) | - | NC |
| CYLTEZO INJ (adalimumab-adbm) | - | NC |
| HADLIMA INJ | - | NC |
| HADLIMA INJ 40MG/0.8ML | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------------------------|-------------------------|--------------------------------|---------------------------------|--|--|--|--------------------|-----------------|-------------------------|--|--|----------------------|------------------------|-------------------|-----------------------------|-----------------------------|------------------------|-----------------|---------------------|-----------|--|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | | | | | | | | | | | | | | | | | | | | | | |
| HADLIMA PUSH INJ | - | NC | | | | | | | | | | | | | | | | | | | | | |
| HADLIMA PUSH INJ 40MG/0.8ML | - | NC | | | | | | | | | | | | | | | | | | | | | |
| HULIO INJ (adalimumab-fkjp) | - | NC | | | | | | | | | | | | | | | | | | | | | |
| HULIO KIT (adalimumab-fkjp) | - | NC | | | | | | | | | | | | | | | | | | | | | |
| HYRIMOZ INJ (adalimumab-adaz) | - | NC | | | | | | | | | | | | | | | | | | | | | |
| HYRIMOZ PFS INJ (adalimumab-adaz) | - | NC | | | | | | | | | | | | | | | | | | | | | |
| IDACIO INJ (adalimumab-aacf) | - | NC | | | | | | | | | | | | | | | | | | | | | |
| SIMLANDI INJ (adalimumab-ryvk) | - | NC | | | | | | | | | | | | | | | | | | | | | |
| SIMPONI AUTO-INJECTOR 50MG | - | NC | | | | | | | | | | | | | | | | | | | | | |
| SIMPONI INJ 50MG | - | NC | | | | | | | | | | | | | | | | | | | | | |
| YUFLYMA INJ KIT (adalimumab-aaty) | - | NC | | | | | | | | | | | | | | | | | | | | | |
| YUFLYMA KIT (adalimumab-aaty) | - | NC | | | | | | | | | | | | | | | | | | | | | |
| YUSIMRY INJ (adalimumab-aqvh) | - | NC | | | | | | | | | | | | | | | | | | | | | |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| HUMIRA INJ 40MG (QL= 2 pens/28 days) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| HUMIRA INJ 80MG (QL= 2 syringes/28 days) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| HUMIRA PEN INJ 40MG (QL= 2 syringes/28 days) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| SIMPONI INJ 100MG (QL=1 inj/28 days) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| GOLD COMPOUNDS | | | | | | | | | | | | | | | | | | | | | | | |
| RIDAURA CAP | - | NC | | | | | | | | | | | | | | | | | | | | | |
| INTERLEUKIN-1 BLOCKERS | | | | | | | | | | | | | | | | | | | | | | | |
| ARCALYST INJ | - | NC | | | | | | | | | | | | | | | | | | | | | |
| INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) | | | | | | | | | | | | | | | | | | | | | | | |
| KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | | | | | | | | | | | | | | | | | | | | | | |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| KEVZARA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| TYENNE INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | | | | | | | | | | | | | | | | | | | | | | |
| celecoxib cap (CELEBREX equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| etodolac cap (LODINE equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| etodolac ER tab (LODINE XL equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tbody> <tr> <td>NC = Not Covered</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>NC/3P = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>LMSP Lumicera Mandatory Specialty Pharmacy Program</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RDX Restricted to Diagnosis</td> </tr> <tr> <td>RS Restricted to Specialist</td> <td>SMKG Smoking Cessation</td> <td>ST Step Therapy</td> </tr> <tr> <td>VAC Vaccine Program</td> <td>¢ RxCENTS</td> <td></td> </tr> </tbody> </table> | | | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS | NC/3P = Not Covered, Third Party Reviewer | | | EXC Plan Exclusion | INF Infertility | LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis | RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy | VAC Vaccine Program | ¢ RxCENTS | |
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS | | | | | | | | | | | | | | | | | | | | | |
| NC/3P = Not Covered, Third Party Reviewer | | | | | | | | | | | | | | | | | | | | | | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution | | | | | | | | | | | | | | | | | | | | | |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter | | | | | | | | | | | | | | | | | | | | | |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis | | | | | | | | | | | | | | | | | | | | | |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy | | | | | | | | | | | | | | | | | | | | | |
| VAC Vaccine Program | ¢ RxCENTS | | | | | | | | | | | | | | | | | | | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| etodolac tab | - | 1 |
| FLURBIPROFEN TAB | - | 1 |
| flurbiprofen tab (ANSAID equiv) | - | 1 |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | 1 |
| ibuprofen tab | - | 1 |
| ibuprofen tab ((RX only)) | - | 1 |
| indomethacin cap (INDOCIN equiv) | - | 1 |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 |
| ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 |
| ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 |
| ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days) | QL | 1 |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 |
| meloxicam tab (MOBIC equiv) | - | 1 |
| nabumetone tab (RELAFEN equiv) | - | 1 |
| naproxen EC tab (NAPROSYN EC equiv) | - | 1 |
| naproxen sodium tab (ANAPROX equiv) | - | 1 |
| naproxen tab (NAPROSYN equiv) | - | 1 |
| oxaprozin tab (DAYPRO equiv) | - | 1 |
| piroxicam cap (FELDENE equiv) | - | 1 |
| sulindac tab (CLINORIL equiv) | - | 1 |
| CELEBREX CAP | - | 3 |
| KETOPROFEN ER CAP | - | 3 |
| COXANTO CAP | - | NC |
| DICLOFENAC CAP | - | NC |
| diclofenac potassium cap (ZIPSOR equiv) | - | NC |
| diclofenac potassium tab 25mg (DICLOFENAC equiv) | - | NC |
| fenoprofen calcium cap (NALFON equiv) | - | NC |
| fenoprofen calcium tab | - | NC |
| FENOPROFEN CAP, NAFLON CAP | - | NC |
| FENOPROFEN TAB | - | NC |
| IBU 600-EZS KIT | - | NC |
| ibuprofen-famotidine tab (DUEXIS equiv) | - | NC |
| INDOCIN SUPP | - | NC |
| INDOCIN SUSP | - | NC |
| INDOMETHACIN CAP, TIVORBEX CAP | - | NC |
| indomethacin suppository (INDOCIN equiv) | - | NC |
| indomethacin susp (INDOCIN equiv) | - | NC |
| INFLATHERM PAK | - | NC |
| KETOPROFEN CAP | - | NC |
| KETOROLAC INJ | - | NC |
| ketorolac inj (TORADOL equiv) | - | NC |
| MECLOFENAMATE CAP | - | NC |
| mefenamic acid cap (PONSTEL equiv) | - | NC |
| meloxicam cap (VIVLODEX equiv) | - | NC |
| MELOXICAM COMFORT KIT | - | NC |
| MELOXICAM SUSP | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| NAFLON CAP | - | NC |
| NAPRELAN CR TAB | - | NC |
| NAPROSYN EC TAB 500MG | - | NC |
| NAPROSYN SUSP | - | NC |
| naproxen EC tab 500mg (NAPROSYN EC equiv) | - | NC |
| naproxen sodium CR tab (NAPRELAN CR equiv) | - | NC |
| NAPROXEN SUSP | - | NC |
| naproxen/esomeprazole magnesium DR tab (VIMOVO equiv) | - | NC |
| PONSTEL CAP | - | NC |
| QMIIZ ODT TAB | - | NC |
| RELAFEN DS TAB | - | NC |
| SPRIX NASAL SPRAY | - | NC |
| TOLECTIN TAB | - | NC |
| TOLMETIN CAP | - | NC |
| VIMOVO TAB | - | NC |
| VIVLODEX CAP | - | NC |
| YBUPHEN TAB | - | NC |
| ZIPSOR CAP | - | NC |
| ZORVOLEX CAP | - | NC |

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

| | | |
|--|------------|---|
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | LMSP-PA-QL | S |
| OTEZLA TAB (QL= 2 tabs/day) | LMSP-PA-QL | S |

PYRIMIDINE SYNTHESIS INHIBITORS

| | | |
|-------------------------------|---|---|
| leflunomide tab (ARAVA equiv) | - | 1 |
|-------------------------------|---|---|

SELECTIVE COSTIMULATION MODULATORS

| | | |
|---|------------|---|
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | LMSP-PA-QL | S |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | LMSP-PA-QL | S |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | LMSP-PA-QL | S |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | LMSP-PA-QL | S |

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

| | | |
|---|------------|---|
| ENBREL INJ 25MG (QL= 8 inj/28 days) | LMSP-PA-QL | S |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | S |
| ENBREL MINI INJ (QL= 4 inj/28 days) | LMSP-PA-QL | S |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | LMSP-PA-QL | S |

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

| | | |
|--|---|----|
| ALLZITAL TAB | - | NC |
| butalbital/acetaminophen cap | - | NC |
| butalbital/acetaminophen/caffeine soln | - | NC |
| butalbital/acetaminophen/caffeine tab (FIORICET equiv) | - | NC |
| BUTALBITAL/ASPIRIN/CAFFEINE TAB | - | NC |
| DOLGIC PLUS TAB | - | NC |
| ESGIC TAB | - | NC |
| FIORICET CAP | - | NC |
| FIORINAL CAP | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANALGESICS - NONNARCOTIC Cont. | | |
| VTOL SOLN | - | NC |
| SALICYLATES | | |
| aspirin chew tab 81mg (Covered for females (no age restriction)) | OTC | \$0 |
| aspirin ec tab 81mg (Covered for females (no age restriction)) | OTC | \$0 |
| diflunisal tab (DOLOBID equiv) | - | 1 |
| salsalate tab (DISALCID equiv) | - | 1 |
| aspirin EC tab 325mg | OTC | NC |
| aspirin tab 325mg | OTC | NC |
| DOLOBID TAB | - | NC |

ANALGESICS - OPIOID

| OPIOID AGONISTS | | |
|--|-------|---|
| CODEINE SULFATE TAB | - | 1 |
| FENTANYL CITRATE LOLLIPOP (QL= 120 lozenges/30 days) | PA-QL | 1 |
| fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days) | PA-QL | 1 |
| fentanyl patch (DURAGESIC equiv) | - | 1 |
| hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day) | QL | 1 |
| hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day) | QL | 1 |
| hydromorphone tab (DILAUDID equiv) | - | 1 |
| methadone soln | - | 1 |
| methadone tab (DOLOPHINE equiv) | - | 1 |
| methadose tab | - | 1 |
| morphine sulfate ER tab (MS CONTIN equiv) | - | 1 |
| MORPHINE SULFATE ORAL SOLN 100MG/5ML | - | 1 |
| MORPHINE SULFATE ORAL SOLN 10MG/5ML | - | 1 |
| morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv) | - | 1 |
| MORPHINE SULFATE SOLN | - | 1 |
| MORPHINE SULFATE SUPP | - | 1 |
| morphine sulfate tab | - | 1 |
| oxycodone cap (OXYIR equiv) | - | 1 |
| oxycodone conc (ROXICODONE equiv) | - | 1 |
| oxycodone soln (ROXICODONE equiv) | - | 1 |
| OXYCODONE TAB | - | 1 |
| oxycodone tab (ROXICODONE equiv) | - | 1 |
| tramadol ER tab (ULTRAM ER equiv) | - | 1 |
| TRAMADOL HCL ER TAB | - | 1 |
| tramadol tab (ULTRAM equiv) | - | 1 |
| HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day) | QL | 2 |
| NUCYNTA ER TAB (QL= 2 tabs/day) | QL | 2 |
| OXYCODONE ER TAB (QL= 2 tabs/day) | QL | 2 |
| XTAMPZA ER CAP (QL= 120 caps/30 days) | QL | 2 |
| ABSTRAL SL TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| CODEINE SULFATE SOLN | - | 3 |
| FENTANYL BUCCAL TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| FENTORA TAB (QL= 120 tabs/30 days) | PA-QL | 3 |
| LAZANDA NASAL SPRAY (QL= 15 bottles/30 days) | PA-QL | 3 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANALGESICS - OPIOID Cont. | | |
| NUCYNTA TAB | - | 3 |
| ARYMO ER TAB | - | NC |
| DSUVIA SL TAB | - | NC |
| EMBEDA CAP | - | NC |
| EXALGO TAB | - | NC |
| fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv) | - | NC |
| hydromorphone ER tab (EXALGO TAB equiv) | - | NC |
| HYDROMORPHONE SUPP | - | NC |
| levorphanol tab (LEVORPHANOL equiv) | - | NC |
| meperidine tab (DEMEROL equiv) | - | NC |
| MORPHABOND TAB | - | NC |
| MORPHINE SULFATE ER BEAD CAP | - | NC |
| MORPHINE SULFATE ER CAP | - | NC |
| morphine sulfate ER cap (KADIAN equiv) | - | NC |
| OPANA ER TAB (CRUSH RESISTANT) | - | NC |
| OPANA TAB | - | NC |
| OXYCONTIN CR TAB | - | NC |
| OXYMORPHONE ER TAB | - | NC |
| oxymorphone tab (OPANA equiv) | - | NC |
| QDOLO SOLN, TRAMADOL SOLN | - | NC |
| ROXYBOND TAB | - | NC |
| ROXYBOND TAB 15MG | - | NC |
| ROXYBOND TAB 30MG | - | NC |
| ROXYBOND TAB 5MG | - | NC |
| RYBIX ODT | - | NC |
| SUBSYS SPRAY | - | NC |
| TRAMADOL ER CAP | - | NC |
| TRAMADOL HCL TAB | - | NC |
| tramadol hcl tab 100mg | - | NC |
| ZOHYDRO ER CAP | - | NC |

OPIOID COMBINATIONS

| | | |
|---|---|---|
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | 1 |
| APAP/CODEINE SOLN | - | 1 |
| aspirin/codeine tab | - | 1 |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | 1 |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | 1 |
| hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) | - | 1 |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | 1 |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | 1 |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | 1 |
| OXYCODONE/ACETAMINOPHEN SOLN | - | 1 |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | 1 |
| OXYCODONE/ASPIRIN TAB | - | 1 |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | 1 |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | 1 |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANALGESICS - OPIOID Cont. | | |
| HYDROCODONE/IBUPROFEN TAB 10-200MG | - | 3 |
| LORTAB ELIXIR | - | 3 |
| ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB | - | NC |
| APADAZ TAB | - | NC |
| FIORICET/CODEINE CAP | - | NC |
| FIORINAL/CODEINE CAP | - | NC |
| hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) | - | NC |
| hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) | - | NC |
| OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML | - | NC |
| OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG | - | NC |
| PRIMLEV TAB 10-300MG | - | NC |
| PRIMLEV TAB 5-300MG | - | NC |
| PROLATE TAB 7.5-300MG | - | NC |
| SEGLENTIS TAB | - | NC |
| TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP | - | NC |
| VERDROCET TAB 2.5MG-325MG | - | NC |
| XARTEMIS XR TAB | - | NC |
| XODOL TAB 10MG-300MG | - | NC |
| XODOL TAB 5MG-300MG | - | NC |
| XODOL TAB 7.5MG-300MG | - | NC |

OPIOID PARTIAL AGONISTS

| | | |
|---|----|----|
| buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days) | QL | 1 |
| buprenorphine SL tab (SUBUTEX equiv) | - | 1 |
| buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv) | - | 1 |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | 1 |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days) | QL | 1 |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | 1 |
| ZUBSOLV SL TAB | - | 2 |
| BELBUCA FILM | - | NC |
| BUNAVAIL FILM | - | NC |
| buprenorphine hcl buccal film (BELBUCA equiv) | - | NC |
| SUBLOCADE SOLN | - | NC |
| SUBOXONE SL FILM | - | NC |
| BRIXADI SOLN 128MG/0.36ML (Only available through Walgreens 888-347-3416) | LD | S |
| BRIXADI SOLN 16MG/0.32ML (Only available through Walgreens 888-347-3416) | LD | S |
| BRIXADI SOLN 24MG/0.48ML (Only available through Walgreens 888-347-3416) | LD | S |
| BRIXADI SOLN 32MG/0.64ML (Only available through Walgreens 888-347-3416) | LD | S |
| BRIXADI SOLN 64MG/0.18ML (Only available through Walgreens 888-347-3416) | LD | S |
| BRIXADI SOLN 8MG/0.16ML (Only available through Walgreens 888-347-3416) | LD | S |
| BRIXADI SOLN 96MG/0.27ML (Only available through Walgreens 888-347-3416) | LD | S |

ANDROGENS-ANABOLIC

ANDROGENS

| | | |
|--|---|---|
| danazol cap (DANOCRINE equiv) | - | 1 |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANDROGENS-ANABOLIC Cont. | | |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 1 |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 1 |
| testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 1 |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 1 |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 1 |
| TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days) | PA-QL | 1 |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 1 |
| testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days) | PA-QL | 1 |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 |
| TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill) | QL | 2 |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 |
| METHITEST TAB | PA | 3 |
| VOGELXO GEL PUMP 1% (QL= 4 bottles/30 days) | PA-QL | 3 |
| FORTESTA GEL 2% | - | NC |
| KYZATREX CAP | - | NC |
| KYZATREX CAP, JATENZO CAP, TLANDO CAP | - | NC |
| methyltestosterone cap | - | NC |
| NATESTO GEL | - | NC |
| NATESTO NASAL GEL | - | NC |
| STRIANT FILM | - | NC |
| TESTOSTERONE GEL 10MG/ACT | - | NC |
| testosterone gel 2% (FORTESTA equiv) | - | NC |
| TESTOSTERONE GEL, VOGELXO GEL | - | NC |
| XYOSTED INJ | - | NC |

ANORECTAL AGENTS

INTRARECTAL STEROIDS

| | | |
|--|---|---|
| hydrocortisone enema (CORTENEMA equiv) | - | 1 |
| CORTIFOAM | - | 3 |

RECTAL COMBINATIONS

| | | |
|--|---|----|
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 1 |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | 1 |
| PROCTOFOAM HC FOAM | - | 2 |
| ANALPRAM-E KIT | - | 3 |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | NC |

RECTAL STEROIDS

| | | |
|---------------------------------------|---|---|
| hydrocortisone supp (ANUSOL HC equiv) | - | 1 |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 |

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

| | | |
|---|----|---|
| budesonide rectal foam (UCERIS RECTAL FOAM equiv) | PA | 1 |
| UCERIS RECTAL FOAM | PA | 3 |

RECTAL COMBINATIONS

| | | |
|--|---|---|
| HYDROCORTISONE ACETATE/PRAMOXINE CREAM | - | 1 |
| ANALPRAM-HC CREAM | - | 3 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANORECTAL AND RELATED PRODUCTS Cont. | | |
| HYDROCORTISONE/PRAMOXINE SUPP | - | NC |
| RECTAL LOCAL ANESTHETICS | | |
| LIDOCAINE SUPP | - | NC |
| VASODILATING AGENTS | | |
| nitroglycerin oint (RECTIV equiv) | - | NC |
| RECTIV OINT | - | NC |
| ANTHELMINTICS | | |
| ANTHELMINTICS | | |
| ivermectin tab (STROMEKTOL equiv) | - | 1 |
| praziquantel tab (BILTRICIDE equiv) | - | 1 |
| BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist) | RS | 2 |
| BILTRICIDE TAB | - | 3 |
| albendazole tab (ALBENZA equiv) | - | NC |
| ALBENZA TAB | - | NC |
| EGATEN TAB | - | NC |
| EMVERM TAB | - | NC |
| ANTIANGINAL AGENTS | | |
| ANTIANGINALS-OTHER | | |
| ranolazine tab (RANEXA equiv) | - | 1 |
| ASPRUZYO SPRINKLE GRANULES | - | NC |
| NITRATES | | |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 |
| isosorbide dinitrate tab 40mg (ISORDIL equiv) | - | 1 |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 |
| NITROGLYCERIN ER CAP | - | 1 |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 1 |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 |
| NITRO-BID OINT | - | 2 |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 3 |
| NITROMIST SPRAY | - | 3 |
| GONITRO POWDER | - | NC |
| ANTIANSIETY AGENTS | | |
| ANTIANSIETY AGENTS - MISC. | | |
| bupirone tab (BUSPAR equiv) | - | 1 |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 |
| hydroxyzine syrup (ATARAX equiv) | - | 1 |
| hydroxyzine tab (ATARAX equiv) | - | 1 |
| meprobamate tab (MILTOWN equiv) | - | NC |
| BENZODIAZEPINES | | |
| alprazolam ER tab (XANAX XR equiv) | - | 1 |
| alprazolam ODT (NIRAVAM equiv) | - | 1 |
| alprazolam tab (XANAX equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | |
|-------------|--|--------------------------------|---------------------------------|
| EXC | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| LMSP | NC/3P = Not Covered, Third Party Reviewer | INF | LD |
| PA | Plan Exclusion | INF | Limited Distribution |
| RS | Lumicera Mandatory Specialty Pharmacy Program | MSP | Over-the-Counter |
| VAC | Prior Authorization | QL | Restricted to Diagnosis |
| | Restricted to Specialist | SMKG | Step Therapy |
| | Vaccine Program | ¢ | RxCENTS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIANGIENITIC AGENTS Cont. | | |
| chlorthalidone cap (LIBRIUM equiv) | - | 1 |
| clonazepam tab (TRANXENE-T equiv) | - | 1 |
| diazepam conc (VALIUM equiv) | - | 1 |
| diazepam oral soln 5mg/5ml (DIAZEPAM equiv) | - | 1 |
| diazepam tab (VALIUM equiv) | - | 1 |
| lorazepam conc (ATIVAN equiv) | - | 1 |
| lorazepam tab (ATIVAN equiv) | - | 1 |
| oxazepam cap (SERAX equiv) | - | 1 |
| LOREEV XR CAP | - | NC |

ANTIARRHYTHMICS

| ANTIARRHYTHMICS TYPE I-A | | |
|----------------------------------|---|----|
| disopyramide cap (NORPACE equiv) | - | 1 |
| quinidine gluconate CR tab | - | 1 |
| quinidine sulfate tab | - | 1 |
| NORPACE CR CAP | - | 2 |
| QUINIDINE SULFATE TAB | - | NC |

| ANTIARRHYTHMICS TYPE I-B | | |
|---------------------------------|---|---|
| mexiletine hcl cap | - | 1 |

| ANTIARRHYTHMICS TYPE I-C | | |
|---------------------------------------|---|---|
| flecainide tab (TAMBOCOR equiv) | - | 1 |
| propafenone ER cap (RYTHMOL SR equiv) | - | 1 |
| propafenone tab (RYTHMOL equiv) | - | 1 |

| ANTIARRHYTHMICS TYPE III | | |
|----------------------------------|---|---|
| amiodarone tab (CORDARONE equiv) | - | 1 |
| dofetilide cap (TIKOSYN equiv) | - | 1 |
| MULTAQ TAB | - | 2 |

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

| ANTIASTHMATIC - MONOCLONAL ANTIBODIES | | |
|--|------------|---|
| FASENRA PEN INJ (QL= 1 inj/56 days) | LMSP-PA-QL | S |
| NUCALA INJ (QL= 1 inj/28 days) | LMSP-PA-QL | S |
| TEZSPIRE INJ (QL= 1 pen/28 days) | LMSP-PA-QL | S |
| XOLAIR INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S |
| XOLAIR INJ 150MG/ML (QL= 2 inj/28 days) | LMSP-PA-QL | S |
| XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days) | LMSP-PA-QL | S |
| XOLAIR SYRINGE (QL= 2 inj/28 days) | LMSP-PA-QL | S |
| XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days) | LMSP-PA-QL | S |
| XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days) | LMSP-PA-QL | S |

| ANTI-INFLAMMATORY AGENTS | | |
|---------------------------------|---|----|
| cromolyn neb soln (INTAL equiv) | - | NC |

| BRONCHODILATORS - ANTICHOLINERGICS | | |
|---|----|---|
| ipratropium neb soln (ATROVENT equiv) | - | 1 |
| ATROVENT HFA INHALER | - | 2 |
| INCRUSE ELLIPTA INHALER | - | 2 |
| LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER) | ST | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|---|------------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)) | QL-ST | 2 |
| SEEBRI NEOHALER CAP | - | NC |
| SPIRIVA HANDIHALER | - | NC |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | - | NC |
| tiotropium bromide cap inhaler (SPIRIVA equiv) | - | NC |
| TUDORZA PRESSAIR INHALER | - | NC |
| YUPELRI SOLN | - | NC |
| LEUKOTRIENE MODULATORS | | |
| montelukast chew tab (SINGULAIR equiv) | - | 1 |
| montelukast granule pack (SINGULAIR equiv) | - | 1 |
| montelukast tab (SINGULAIR equiv) | - | 1 |
| zafirlukast tab (ACCOLATE equiv) | - | 1 |
| zileuton ER tab (ZYFLO CR equiv) | - | NC |
| ZYFLO TAB | - | NC |
| PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS | | |
| OHTUVAYRE SUSP | - | NC |
| SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| roflumilast tab | - | 1 |
| DALIRESP TAB | - | 3 |
| STEROID INHALANTS | | |
| budesonide inh susp (PULMICORT equiv) | - | 1 |
| ALVESCO INHALER | - | 2 |
| ARNUITY ELLIPTA INHALER | - | 2 |
| ASMANEX HFA INHALER | - | 2 |
| ASMANEX INHALER | - | 2 |
| QVAR REDIHALER | - | 2 |
| FLUTICASONE DISKUS INHALER | - | 3 |
| FLUTICASONE HFA INHALER | - | 3 |
| ARMONAIR DIGITAL INHALER 113MCG/ACT | - | NC |
| ARMONAIR DIGITAL INHALER 232MCG/ACT | - | NC |
| ARMONAIR DIGITAL INHALER 55MCG/ACT | - | NC |
| FLOVENT DISKUS INHALER | - | NC |
| FLOVENT HFA INHALER | - | NC |
| PULMICORT FLEXHALER | - | NC |
| SYMPATHOMIMETICS | | |
| albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | 1 |
| albuterol neb soln | - | 1 |
| ALBUTEROL NEBULIZER SOLN | - | 1 |
| albuterol sulfate syrup | - | 1 |
| albuterol sulfate tab | - | 1 |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 |
| arformoterol tartrate neb soln (BROVANA equiv) | - | 1 |
| budesonide/formoterol inhaler (SYMBICORT equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) | - | 1 |
| FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT | - | 1 |
| FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT | - | 1 |
| FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT | - | 1 |
| formoterol fumarate neb soln (PERFOROMIST equiv) | - | 1 |
| levalbuterol neb soln (XOPENEX equiv) | - | 1 |
| terbutaline sulfate tab (BRETHINE equiv) | - | 1 |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 1 |
| ADVAIR HFA INHALER | - | 2 |
| ANORO ELLIPTA INHALER | - | 2 |
| BREO ELLIPTA INHALER | - | 2 |
| BREO ELLIPTA INHALER 50-25 MCG/ACT | - | 2 |
| BREZTRI AEROSPHERE INHALER | - | 2 |
| COMBIVENT RESPIMAT INHALER | - | 2 |
| DULERA INHALER | - | 2 |
| STIOLTO INHALER | - | 2 |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | 2 |
| TRELEGY ELLIPTA INHALER | - | 2 |
| LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product) | QL-ST | 3 |
| ADVAIR DISKUS INHALER | - | NC |
| AIRDUO POWDER INHALER W/SENSOR | - | NC |
| AIRDUO RESPICLICK | - | NC |
| AIRSUPRA INH | - | NC |
| ALBUTEROL HFA INHALER | - | NC |
| BEVESPI AEROSPHERE INHALER | - | NC |
| DUAKLIR INHALER | - | NC |
| FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT | - | NC |
| FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT | - | NC |
| FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT | - | NC |
| FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT | - | NC |
| FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT | - | NC |
| SEREVENT DISKUS INHALER | - | NC |
| SYMBICORT INHALER | - | NC |
| UTIBRON NEOHALER CAP | - | NC |
| XANTHINES | | |
| theophylline er tab (THEOPHYLLINE ER equiv) | - | 1 |
| theophylline ER tab (UNIPHYL equiv) | - | 1 |
| theophylline soln | - | 1 |
| ELIXOPHYLLIN ELIXIR | - | 2 |
| THEOPHYLLINE TAB ER | - | 2 |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| warfarin tab (COUMADIN equiv) | - | 1 |
| DIRECT FACTOR XA INHIBITORS | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSPP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTICOAGULANTS Cont. | | |
| ELIQUIS TAB, ELIQUIS STARTER PACK | - | 2 |
| XARELTO STARTER PACK | - | 2 |
| XARELTO SUSP | - | 2 |
| XARELTO TAB | - | 2 |
| SAVAYSA TAB | - | NC |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| enoxaparin inj (LOVENOX equiv) | - | 1 |
| fondaparinux inj (ARIXTRA equiv) | - | 1 |
| FRAGMIN INJ | - | 3 |
| THROMBIN INHIBITORS | | |
| dabigatran etexilate mesylate cap (PRADAXA equiv) | - | 1 |
| PRADAXA PELLETT PACK | - | NC |
| ANTICONVULSANTS | | |
| AMPA GLUTAMATE RECEPTOR ANTAGONISTS | | |
| FYCOMPA TAB | - | NC |
| FYCOMPA SUSP | - | NC |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization) | PA | 1 |
| clobazam tab (ONFI equiv) | - | 1 |
| clonazepam ODT (KLONOPIN equiv) | - | 1 |
| clonazepam tab (KLONOPIN equiv) | - | 1 |
| diazepam rectal gel (QL= 4 doses/fill) | QL | 1 |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill) | QL | 2 |
| DIAZEPAM GEL (QL= 4 doses/fill) | QL | 2 |
| DIASTAT ACDL GEL (QL= 4 doses/fill) | QL | 3 |
| NAYZILAM SPRAY (QL= 4 doses/fill) | QL | 3 |
| ONFI SUSP (Members age 9 or older require Prior Authorization) | PA | 3 |
| VALTOCO NASAL SPRAY (QL= 4 doses/fill) | QL | 3 |
| LIBERVANT FILM | - | NC |
| ONFI TAB | - | NC |
| SYMPAZAN ORAL FILM | - | NC |
| ANTICONVULSANTS - MISC. | | |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 |
| carbamazepine ER cap (CARBATROL equiv) | - | 1 |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 1 |
| carbamazepine susp (TEGRETOL equiv) | - | 1 |
| carbamazepine tab (TEGRETOL equiv) | - | 1 |
| gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day) | QL | 1 |
| gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day) | QL | 1 |
| gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day) | QL | 1 |
| gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day) | QL | 1 |
| lacosamide oral solution (VIMPAT equiv) | - | 1 |
| lacosamide tab (VIMPAT equiv) | - | 1 |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| lamotrigine starter kit (LAMICTAL STARTER KIT equiv) | - | 1 |
| lamotrigine tab (LAMICTAL equiv) | - | 1 |
| levetiracetam ER tab (KEPPRA XR equiv) | - | 1 |
| levetiracetam soln (KEPPRA equiv) | - | 1 |
| levetiracetam tab (KEPPRA equiv) | - | 1 |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 |
| pregabalin cap (LYRICA equiv) (QL= 3 caps/day) | QL | 1 |
| pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 |
| pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day) | QL | 1 |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | 1 |
| primidone tab (MYSOLINE equiv) | - | 1 |
| rufinamide susp (BANZEL equiv) | PA | 1 |
| rufinamide tab (BANZEL equiv) | PA | 1 |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 |
| topiramate tab (TOPAMAX equiv) | - | 1 |
| zonisamide cap (ZONEGRAN equiv) | - | 1 |
| POTIGA TAB (QL= 3 tabs/day) | QL | 2 |
| BANZEL SUSP | PA | 3 |
| EPRONTIA SOLN (Members age 9 or older require Prior Authorization) | PA | 3 |
| LAMICTAL ODT KIT, LAMICTAL XR KIT | - | 3 |
| ZONISADE SUSP (PA required for members age 9 years or older) | PA | 3 |
| APTIOM TAB | - | NC |
| BANZEL TAB | - | NC |
| BRIVIACT INJ 50MG/5ML | - | NC |
| BRIVIACT SOLN 10MG/ML | - | NC |
| BRIVIACT TAB | - | NC |
| CARBAMAZEPINE CHEW TAB | - | NC |
| ELEPSIA XR TAB | - | NC |
| lamotrigine ODT (LAMICTAL equiv) | - | NC |
| lamotrigine ODT kit (LAMICTAL equiv) | - | NC |
| MOTPOLY XR CAP | - | NC |
| oxcarbazepine er tab (OXTELLAR equiv) | - | NC |
| OXTELLAR XR TAB | - | NC |
| PRIMIDONE TAB | - | NC |
| QUDEXY XR CAP | - | NC |
| SPRITAM TAB | - | NC |
| topiramate ER cap (QUDEXY equiv) | - | NC |
| topiramate er cap (TROKENDI XR equiv) | - | NC |
| TROKENDI XR CAP | - | NC |
| VIMPAT SOLN | - | NC |
| VIMPAT TAB | - | NC |
| DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | S |
| DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479) | LD-PA | S |
| EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553) | LD-PA | S |
| FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | S |
| CARBAMATES | | |
| felbamate susp (FELBATOL equiv) | - | 1 |
| felbamate tab (FELBATOL equiv) | - | 1 |
| XCOPRI PAK 100-150MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI PAK 150-200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI PAK 50-200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day) | QL | 2 |
| XCOPRI TAB 25MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TAB 50MG, 100MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day) | QL | 2 |
| XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day) | QL | 2 |
| GABA MODULATORS | | |
| tiagabine tab (GABITRIL equiv) | - | 1 |
| vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553) | LD-PA | 1 |
| vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553) | LD-PA | 1 |
| vigadrone powder pack (Only available through PantheRx 855-726-8479) | LD-PA | 1 |
| SABRIL TAB | - | NC |
| VIGAFYDE SOLN | - | NC |
| HYDANTOINS | | |
| phenytoin cap (DILANTIN equiv) | - | 1 |
| phenytoin chew tab (DILANTIN equiv) | - | 1 |
| phenytoin susp (DILANTIN equiv) | - | 1 |
| DILANTIN CAP 30MG | - | 2 |
| PEGANONE TAB | - | 2 |
| SUCCINIMIDES | | |
| ethosuximide cap (ZARONTIN equiv) | - | 1 |
| ethosuximide soln (ZARONTIN equiv) | - | 1 |
| methsuximide cap (CELONTIN equiv) | - | 1 |
| VALPROIC ACID | | |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 |
| valproic acid cap (DEPAKENE equiv) | - | 1 |
| valproic acid syrup (DEPAKENE equiv) | - | 1 |
| DEPACON INJ | - | NC |
| STAVZOR CAP | - | NC |
| valproate inj (DEPACON equiv) | - | NC |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| mirtazapine ODT (REMERON equiv) | - | 1 |
| mirtazapine tab (REMERON equiv) | - | 1 |
| ANTIDEPRESSANT COMBINATIONS | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIDEPRESSANTS Cont. | | |
| AUVELITY TAB | - | NC |
| ANTIDEPRESSANTS - MISC. | | |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 |
| bupropion tab (WELLBUTRIN equiv) | - | 1 |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 |
| MAPROTILINE TAB | - | 1 |
| APLENZIN TAB | - | NC |
| FORFIVO XL TAB | - | NC |
| GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID | | |
| ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | S |
| ZURZUVAE CAP 30MG (QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | S |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| PHENELZINE SULFATE TAB | - | 1 |
| phenelzine tab (NARDIL equiv) | - | 1 |
| tranylcypromine tab (PARNATE equiv) | - | 1 |
| MARPLAN TAB | - | 2 |
| EMSAM PATCH | - | 3 |
| NARDIL TAB 15MG | - | 3 |
| N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS | | |
| SPRAVATO NASAL SOLN | - | NC |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| citalopram soln (CELEXA equiv) | - | 1 |
| citalopram tab (CELEXA equiv) | - | 1 |
| escitalopram soln (LEXAPRO equiv) | - | 1 |
| escitalopram tab (LEXAPRO equiv) | - | 1 |
| fluoxetine cap (PROZAC equiv) | - | 1 |
| fluoxetine soln (PROZAC equiv) | - | 1 |
| fluoxetine tab (PROZAC equiv) | - | 1 |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 1 |
| fluvoxamine tab (LUVOX equiv) | - | 1 |
| paroxetine ER tab (PAXIL CR equiv) | - | 1 |
| paroxetine oral susp (PAXIL equiv) | - | 1 |
| paroxetine tab (PAXIL equiv) | - | 1 |
| sertraline conc (ZOLOFT equiv) | - | 1 |
| sertraline tab (ZOLOFT equiv) | - | 1 |
| CITALOPRAM CAP | - | NC |
| fluoxetine weekly cap (PROZAC equiv) | - | NC |
| PEXEVA TAB | - | NC |
| PROZAC WEEKLY CAP | - | NC |
| SERTRALINE CAP | - | NC |
| SEROTONIN MODULATORS | | |
| NEFAZODONE TAB | - | 1 |
| nefazodone tab 50mg, 250mg | - | 1 |
| trazodone tab (DESYREL equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|--------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSPP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIDEPRESSANTS Cont. | | |
| vilazodone hcl tab (VIIBRYD equiv) | - | 1 |
| TRINTELLIX TAB (QL= 1 tab/day) | PA-QL-φ | 3 |
| VIIBRYD TAB | - | 3 |
| trazodone tab 300mg (DESYREL equiv) | - | NC |
| VIIBRYD STARTER KIT | - | NC |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| desvenlafaxine ER tab (PRISTIQ equiv) | - | 1 |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | 1 |
| venlafaxine tab (EFFEXOR equiv) | - | 1 |
| DESVENLAFAXINE ER TAB | - | NC |
| DRIZALMA DR CAP | - | NC |
| duloxetine cap 40mg (IRENKA equiv) | - | NC |
| FETZIMA CAP | - | NC |
| FETZIMA TITRATION PACK | - | NC |
| VENLAFAXINE ER TAB | - | NC |
| VENLAFAXINE TAB | - | NC |
| TRICYCLIC AGENTS | | |
| amitriptyline tab (ELAVIL equiv) | - | 1 |
| amoxapine tab (AMOXAPINE equiv) | - | 1 |
| clomipramine cap (ANAFRANIL equiv) | - | 1 |
| desipramine tab (NORPRAMIN equiv) | - | 1 |
| doxepin cap (SINEQUAN equiv) | - | 1 |
| doxepin conc (SINEQUAN equiv) | - | 1 |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 1 |
| imipramine tab (TOFRANIL equiv) | - | 1 |
| nortriptyline cap (PAMELOR equiv) | - | 1 |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 |
| protriptyline tab (VIVACTIL equiv) | - | 1 |
| trimipramine cap (SURMONTIL equiv) | - | 1 |
| ANTIDIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| acarbose tab (PRECOSE equiv) | - | 1 |
| miglitol tab (MIGLITOL equiv) | - | 1 |
| MIGLITOL TAB | - | 3 |
| ANTIDIABETIC - AMYLIN ANALOGS | | |
| SYMLINPEN INJ | - | NC |
| ANTIDIABETIC COMBINATIONS | | |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 |
| GLYXAMBI TAB (QL= 1 tab/day) | QL | 2 |
| JANUMET TAB (QL= 2 tabs/day) | QL | 2 |
| JANUMET XR TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | 2 |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | 2 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | φ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| SOLIQUA INJ (QL= 15ml/25 days) | QL | 2 |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | 2 |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | 2 |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day) | QL | 2 |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 10-1000MG (QL= 1 tab/day) | QL | 2 |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day) | QL | 2 |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | 2 |
| XULTOPHY INJ (QL= 15ml/30 days) | QL | 2 |
| ACTOPLUS MET TAB | - | NC |
| ALOGLIPTIN/METFORMIN TAB, KAZANO TAB | - | NC |
| ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB | - | NC |
| ALOGLIPTIN-METFORMIN TAB | - | NC |
| ALOGLIPTIN-PIOGILTAZONE TAB | - | NC |
| DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG | - | NC |
| DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG | - | NC |
| DUETACT TAB | - | NC |
| INVOKAMET TAB | - | NC |
| INVOKAMET XR TAB | - | NC |
| KOMBIGLYZE XR TAB | - | NC |
| pioglitazone/glimepiride tab (DUETACT equiv) | - | NC |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | NC |
| PRANDIMET TAB | - | NC |
| QTERN TAB | - | NC |
| saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) | - | NC |
| SEGLUROMET TAB | - | NC |
| SITAGLIPTIN/METFORMIN TAB | - | NC |
| STEGLUJAN TAB | - | NC |
| ZITUVIMET XR TAB | - | NC |
| BIGUANIDES | | |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 |
| metformin soln (RIOMET equiv) | - | 1 |
| metformin tab (GLUCOPHAGE equiv) | - | 1 |
| FORTAMET TAB | - | NC |
| GLUMETZA TAB 1000MG | - | NC |
| GLUMETZA TAB 500MG | - | NC |
| metformin ER osmotic tab (FORTAMET equiv) | - | NC |
| metformin ER osmotic tab (GLUMETZA equiv) | - | NC |
| METFORMIN TAB | - | NC |
| DIABETIC OTHER | | |
| diazoxide susp (PROGLYCEM equiv) | - | 1 |
| GLUCAGON KIT (QL= 2 inj/fill) | QL | 1 |
| mifepristone tab (KORLYM equiv) (QL= 4 tabs/day) | LMSP-PA-QL | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill) | QL | 2 |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill) | QL | 2 |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | 2 |
| GLUCAGON INJ KIT (QL= 2 inj/fill) | QL | 2 |
| GVOKE INJ (QL= 2 inj/fill) | QL | 2 |
| GVOKE INJ KIT (QL= 2 inj/fill) | QL | 2 |
| GVOKE PFS INJ (QL= 2 inj/fill) | QL | 2 |
| ZEGALOGUE INJ (QL= 2 inj/fill) | QL | 2 |
| KORLYM TAB | - | NC |
| DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS | | |
| JANUVIA TAB (QL= 1 tab/day) | QL-¢ | 2 |
| TRADJENTA TAB (QL= 1 tab/day) | QL | 2 |
| ALOGLIPTIN TAB | - | NC |
| ALOGLIPTIN TAB, NESINA TAB | - | NC |
| ONGLYZA TAB | - | NC |
| saxagliptin hcl tab (ONGLYZA equiv) | - | NC |
| ZITUVIO TAB | - | NC |
| DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC | | |
| CYCLOSET TAB | - | 3 |
| INCRETIN MIMETIC AGENTS | | |
| MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| BYDUREON INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 2 |
| BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | 3 |
| TANZEUM INJ | - | NC |
| INSULIN | | |
| INSULIN LISPRO INJ (HUMALOG equiv) | - | 1 |
| HUMALOG JR KWIKPEN INJ | - | 2 |
| HUMALOG KWIKPEN INJ | - | 2 |
| HUMALOG MIX INJ | - | 2 |
| HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN | - | 2 |
| HUMALOG PEN INJ | - | 2 |
| HUMULIN MIX INJ | OTC | 2 |
| HUMULIN MIX PEN INJ | OTC | 2 |
| HUMULIN N INJ | OTC | 2 |
| HUMULIN N PEN INJ | OTC | 2 |
| HUMULIN R INJ | OTC | 2 |
| HUMULIN R INJ U-500 | - | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| HUMULIN R U-500 KWIKPEN INJ | - | 2 |
| INSULIN GLARGINE SOLN PEN-INJ | - | 2 |
| INSULIN LISPRO JR KWIKPEN INJ | - | 2 |
| INSULIN LISPRO KWIKPEN INJ | - | 2 |
| LEVEMIR FLEXTOUCH INJ | - | 2 |
| LEVEMIR INJ | - | 2 |
| LYUMJEV INJ | - | 2 |
| LYUMJEV KWIKPEN INJ | - | 2 |
| SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ | - | 2 |
| SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN | - | 2 |
| TOUJEO MAX SOLOSTAR INJ | - | 2 |
| TOUJEO SOLOSTAR INJ | - | 2 |
| TRESIBA FLEXTOUCH INJ | - | 2 |
| TRESIBA INJ | - | 2 |
| ADMELOG INJ, HUMALOG INJ | - | NC |
| ADMELOG SOLOSTAR, HUMALOG TEMPO PEN | - | NC |
| APIDRA INJ | - | NC |
| APIDRA SOLOSTAR INJ | - | NC |
| BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ | - | NC |
| DEGLUDEC FLEXTOUCH INJ | - | NC |
| DEGLUDEC INJ | - | NC |
| FIASP FLEXTOUCH INJ | - | NC |
| FIASP INJ | - | NC |
| FIASP PENFILL INJ, FIASP PUMP CARTRIDGE | - | NC |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) | - | NC |
| INSULIN ASPART INJ (NOVOLOG equiv) | - | NC |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) | - | NC |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) | - | NC |
| INSULIN ASPART PENFILL INJ | - | NC |
| INSULIN GLARGINE-YFGN (SINGLE PEN) | - | NC |
| LANTUS INJ, INSULIN GLARGINE INJ | - | NC |
| LYUMJEV TEMPO PEN INJ | - | NC |
| NOVOLIN 70/30 FLEXPEN INJ | OTC | NC |
| NOVOLIN 70/30 FLEXPEN RELION INJ | OTC | NC |
| NOVOLIN 70/30 INJ | OTC | NC |
| NOVOLIN 70/30 RELION INJ | OTC | NC |
| NOVOLIN N FLEXPEN INJ | OTC | NC |
| NOVOLIN N INJ | OTC | NC |
| NOVOLIN N RELION 100UNIT/ML | OTC | NC |
| NOVOLIN R FLEXPEN INJ | OTC | NC |
| NOVOLIN R INJ | OTC | NC |
| NOVOLIN R RELION INJ | OTC | NC |
| NOVOLOG FLEXPEN INJ | - | NC |
| NOVOLOG INJ | - | NC |
| NOVOLOG MIX FLEXPEN INJ | - | NC |
| NOVOLOG MIX INJ | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIDIABETICS Cont. | | |
| NOVOLOG PENFILL INJ | - | NC |
| REZVOGLAR INJ | - | NC |
| SEMGLEE INJ (SINGLE PEN) | - | NC |
| SEMGLEE SOLN | - | NC |
| TOUJEO SOLOSTAR INJ | - | NC |
| INSULIN SENSITIZING AGENTS | | |
| pioglitazone tab (ACTOS equiv) | - | 1 |
| MEGLITINIDE ANALOGUES | | |
| nateglinide tab (STARLIX equiv) | - | 1 |
| repaglinide tab (PRANDIN equiv) | - | 1 |
| SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS | | |
| FARXIGA TAB (QL= 1 tab/day) | QL | 2 |
| JARDIANCE TAB (QL= 1 tab/day) | QL | 2 |
| BEXAGLIFLOZN TAB | - | NC |
| DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG | - | NC |
| DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG | - | NC |
| INVOKANA TAB | - | NC |
| STEGLATRO TAB | - | NC |
| SULFONYLUREAS | | |
| glimepiride tab (AMARYL equiv) | - | 1 |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 |
| glipizide tab (GLUCOTROL equiv) | - | 1 |
| GLYBURID MCR TAB | - | 1 |
| glyburide tab (MICRONASE equiv) | - | 1 |
| TOLAZAMIDE TAB | - | 1 |
| TOLBUTAMIDE TAB | - | 2 |
| GLIMEPIRIDE TAB | - | NC |
| GLIPIZIDE TAB | - | NC |
| ANTIDIARRHEAL/PROBIOTIC AGENTS | | |
| ANTIPERISTALTIC AGENTS | | |
| DIPHENOXYLATE/ATROPINE LIQUID | - | 3 |
| loperamide hcl soln (LOPERAMIDE equiv) | OTC | NC |
| ANTIDIARRHEALS | | |
| ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS | | |
| MYTESI TAB | - | NC |
| ANTIDIARRHEAL AGENTS - MISC. | | |
| REZYST CHEW TAB | - | NC |
| VSL #3 CAP | - | NC |
| ANTIDIARRHEAL COMBINATIONS | | |
| EVIVO LIQUID | - | NC |
| ANTIPERISTALTIC AGENTS | | |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 |
| opium tincture | - | 1 |
| loperamide cap (IMODIUM equiv) | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|---|------------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|-----------------------------|---------------------|-------------|
| ANTIDIARRHEALS Cont. | | |
| PAREGORIC TINCTURE | - | NC |

ANTIDOTES

| | | |
|------------------|---|----|
| ANTIDOTES | | |
| VISTOGARD PAK | - | NC |

| | | |
|---|-------|---|
| ANTIDOTES - CHELATING AGENTS | | |
| CHEMET CAP | - | 2 |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | S |
| FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | S |

| | | |
|------------------------------|------|----|
| OPIOID ANTAGONISTS | | |
| naltrexone tab (REVIA equiv) | - | 1 |
| EVZIO INJ | - | NC |
| VIVITROL INJ | LMSP | S |

ANTIDOTES AND SPECIFIC ANTAGONISTS

| | | |
|--|-------|----|
| ANTIDOTES - CHELATING AGENTS | | |
| deferasirox granules packet (JADENU equiv) | LMSP | 1 |
| deferasirox tab (JADENU equiv) | LMSP | 1 |
| deferasirox tab for oral susp (EXJADE equiv) | LMSP | 1 |
| deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | 1 |
| JADENU SPRINKLE | - | NC |

| | | |
|---|---|----|
| ANTIDOTES AND SPECIFIC ANTAGONISTS | | |
| CETYLEV TAB | - | NC |

| | | |
|---|-----|----|
| OPIOID ANTAGONISTS | | |
| naloxone hcl nasal spray (NARCAN equiv) | OTC | 1 |
| NALOXONE HCL SOLN 0.4MG/ML | - | 1 |
| naloxone inj | - | 1 |
| naloxone prefilled inj | - | 1 |
| NARCAN NASAL SPRAY | OTC | 1 |
| RIVIVE, REXTOVY SPRAY | OTC | 1 |
| KLOXXADO NASAL SPRAY | - | 2 |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 |
| OPVEE NASAL SPRAY | - | 2 |
| ZIMHI SOLN | - | 2 |
| EVZIO INJ | - | NC |

ANTIEMETICS

| | | |
|---|----|----|
| 5-HT3 RECEPTOR ANTAGONISTS | | |
| granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill) | QL | 1 |
| ondansetron ODT (ZOFTRAN equiv) | - | 1 |
| ondansetron soln (ZOFTRAN equiv) | - | 1 |
| ONDANSETRON TAB | - | 1 |
| ondansetron tab (ZOFTRAN equiv) | - | 1 |
| ANZEMET TAB (QL= 9 tabs/fill) | QL | 3 |
| GRANISOL SOLN (QL= 60ml/fill) | QL | 3 |
| SANCUSO PATCH (QL= 4 patches/fill) | QL | 3 |
| ONDANSETRON TAB ODT | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIEMETICS Cont. | | |
| SUSTOL INJ | - | NC |
| ZUPLENZ SL FILM | - | NC |
| ANTIEMETICS - ANTICHOLINERGIC | | |
| meclizine tab (ANTIVERT equiv) (Rx Only) | - | 1 |
| scopolamine patch (TRANSDERM-SCOP equiv) | - | 1 |
| trimethobenzamide cap (TIGAN equiv) | - | 1 |
| meclizine chew tab (BONINE equiv) | OTC | EXC |
| ANTIVERT TAB, MECLIZINE TAB | - | NC |
| ANTIEMETICS - MISCELLANEOUS | | |
| dronabinol cap (MARINOL equiv) | PA | 1 |
| AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| CESAMET CAP | - | 3 |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) | - | NC |
| SYNDROS SOLN | - | NC |
| SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS | | |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 1 |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | 1 |
| VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist) | QL-RS | 2 |
| EMEND SUSP | - | NC |
| ANTIFUNGALS | | |
| ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS) | | |
| BREXAFEMME TAB | - | NC |
| ANTIFUNGALS | | |
| flucytosine cap (ANCOBON equiv) | - | 1 |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 1 |
| griseofulvin susp (GRIFULVIN equiv) | - | 1 |
| griseofulvin tab (GRIS-PEG equiv) | - | 1 |
| nystatin powder | - | 1 |
| nystatin tab | - | 1 |
| terbinafine tab (LAMISIL equiv) | - | 1 |
| IMIDAZOLE-RELATED ANTIFUNGALS | | |
| fluconazole susp (DIFLUCAN equiv) | - | 1 |
| fluconazole tab (DIFLUCAN equiv) | - | 1 |
| itraconazole cap (SPORANOX equiv) | - | 1 |
| itraconazole soln (SPORANOX equiv) | PA | 1 |
| ketoconazole tab (NIZORAL equiv) | - | 1 |
| posaconazole DR tab (NOXAFIL equiv) | - | 1 |
| posaconazole susp (NOXAFIL equiv) | - | 1 |
| voriconazole susp (VFEND equiv) | - | 1 |
| voriconazole tab (VFEND equiv) | - | 1 |
| NOXAFIL PAK | - | 3 |
| SPORANOX SOLN | PA | 3 |
| VFEND SUSP | - | 3 |
| CRESEMBA CAP | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|---|------------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--------------------------|---------------------|-------------|
| ANTIFUNGALS Cont. | | |
| NOXAFIL TAB | - | NC |
| TOLSURA CAP | - | NC |
| VIVJOA CAP | - | NC |

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

| | | |
|---------------------------|---|----|
| DEXCHLORPHENIRAMINE SYRUP | - | NC |
| MICLARA LIQUID | - | NC |
| RYCLOLA SOLN | - | NC |

ANTIHISTAMINES - ETHANOLAMINES

| | | |
|---|---|----|
| CARBINOXAMINE SOLN | - | 1 |
| carbinoxamine tab (PALGIC equiv) | - | 1 |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| CLEMASTINE SYRUP | - | NC |
| CLEMASTINE TAB | - | NC |
| KARBINAL ER SUSP | - | NC |
| RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB | - | NC |

ANTIHISTAMINES - NON-SEDATING

| | | |
|------------------------------------|-----|-----|
| CLARINEX SYRUP | - | EXC |
| CLARINEX TAB | - | EXC |
| CLARITIN CAP | OTC | EXC |
| CLARITIN CHEW TAB | OTC | EXC |
| DESLORATADINE ODT | - | EXC |
| desloratadine tab (CLARINEX equiv) | - | EXC |
| levocetirizine soln (XYZAL equiv) | - | EXC |
| levocetirizine tab (XYZAL equiv) | - | EXC |
| loratadine cap (CLARITIN equiv) | OTC | EXC |
| XYZAL SOLN | - | EXC |
| XYZAL TAB | - | EXC |
| ZYRTEC CHILD CHEW TAB | OTC | EXC |
| ZYRTEC CHILD CHEW ALLERGY | OTC | NC |

ANTIHISTAMINES - PHENOTHIAZINES

| | | |
|-------------------------------------|---|---|
| promethazine supp (PHENERGAN equiv) | - | 1 |
| promethazine syrup | - | 1 |
| promethazine tab (PHENERGAN equiv) | - | 1 |
| PROMETHEGAN SUPP | - | 1 |

ANTIHISTAMINES - PIPERIDINES

| | | |
|----------------------|---|---|
| cyproheptadine syrup | - | 1 |
| cyproheptadine tab | - | 1 |

ANTIHYPERTENSIVES

ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS

| | | |
|---|-------|---|
| NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 |
|---|-------|---|

ANTIHYPERTENSIVES - COMBINATIONS

| | | |
|--|----|---|
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered)) | QL | 1 |
|--|----|---|

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|---|------------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIHYPERSLIPIDEMICS Cont. | | |
| NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 |
| EZETIMIBE/ATORVASTATIN TAB | - | NC |
| ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage) | - | NC |
| OMEGA-3 RX PAK COMPLETE | - | NC |
| ROSZET TAB | - | NC |
| ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB | - | NC |
| ANTIHYPERSLIPIDEMICS - MISC. | | |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 1 |
| VASCEPA CAP (QL= 4 caps/day) | QL | 1 |
| icosapent ethyl cap (VASCEPA equiv) | - | NC |
| KYNAMRO INJ | - | NC |
| BILE ACID SEQUESTRANTS | | |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine powder (QUESTRAN equiv) | - | 1 |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 |
| colesevelam pack (WELCHOL equiv) | - | 1 |
| colesevelam tab (WELCHOL equiv) | - | 1 |
| colestipol granule (COLESTID equiv) | - | 1 |
| colestipol powder packet (COLESTID equiv) | - | 1 |
| colestipol tab (COLESTID equiv) | - | 1 |
| WELCHOL PACK | - | 3 |
| WELCHOL TAB | - | 3 |
| FIBRIC ACID DERIVATIVES | | |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | 1 |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | 1 |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 |
| gemfibrozil tab (LOPID equiv) | - | 1 |
| FENOFIBRIC TAB, FIBRICOR TAB | - | 3 |
| ANTARA CAP, FENOFIBRATE MICRONIZED CAP | - | NC |
| ANTARA CAP, LOFIBRA CAP | - | NC |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | NC |
| FENOFIBRATE CAP, LIPOFEN CAP | - | NC |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | NC |
| fenofibrate tab 40mg, 120mg (FENOGLIDE equiv) | - | NC |
| TRIGLIDE TAB | - | NC |
| TRILIPIX CAP | - | NC |
| HMG COA REDUCTASE INHIBITORS | | |
| atorvastatin tab (LIPITOR equiv) | - | \$0 |
| lovastatin tab (MEVACOR equiv) | - | \$0 |
| pravastatin tab (PRAVACHOL equiv) | - | \$0 |
| rosuvastatin tab (CRESTOR equiv) | - | \$0 |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | \$0 |
| fluvastatin cap (LESCOL equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIHYPERTENSIVES Cont. | | |
| fluvastatin ER tab (LESCOL XL equiv) | - | 1 |
| pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST | 1 |
| ATORVALIQ SUSP (Members age 9 or older require Prior Authorization) | PA | 3 |
| CRESTOR TAB | - | 3 |
| EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 9 years and older) | PA | 3 |
| FLOLIPID SUSP (Members age 9 or older require Prior Authorization) | PA | 3 |
| LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | ST | 3 |
| ADVICOR TAB | - | NC |
| ALTOPREV TAB | - | NC |
| SIMCOR TAB | - | NC |
| simvastatin tab 80mg (ZOCOR equiv) | - | NC |
| ZOCOR TAB 80MG | - | NC |
| ZYPITAMAG TAB | - | NC |

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

| | | |
|-----------------------------|---|----|
| ezetimibe tab (ZETIA equiv) | - | 1 |
| ZETIA TAB | - | NC |

MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS

| | | |
|--------------|---|----|
| JUXTAPID CAP | - | NC |
|--------------|---|----|

NICOTINIC ACID DERIVATIVES

| | | |
|-------------------------------|---|----|
| niacin ER tab (NIASPAN equiv) | - | 1 |
| NIASPAN ER TAB | - | 3 |
| NIACOR TAB | - | NC |

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

| | | |
|---|-------|---|
| REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin) | QL-ST | 2 |

ANTIHYPERTENSIVES

ACE INHIBITORS

| | | |
|--|----|---|
| benazepril tab (LOTENSIN equiv) | - | 1 |
| captopril tab (CAPOTEN equiv) | - | 1 |
| enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older) | PA | 1 |
| enalapril tab (VASOTEC equiv) | - | 1 |
| fosinopril tab (MONOPRIL equiv) | - | 1 |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 |
| moexipril tab (UNIVASC equiv) | - | 1 |
| PERINDOPRIL TAB | - | 1 |
| perindopril tab (ACEON equiv) | - | 1 |
| quinapril tab (ACCUPRIL equiv) | - | 1 |
| ramipril cap (ALTACE equiv) | - | 1 |
| trandolapril tab (MAVIK equiv) | - | 1 |
| QBRELIS SOLN (Prior Authorization required for members age 9 or older) | PA | 3 |

AGENTS FOR PHEOCHROMOCYTOMA

| | | |
|---|---|---|
| phenoxybenzamine cap (DIBENZYLIN equiv) | - | 1 |
|---|---|---|

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|---|------------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIHYPERTENSIVES Cont. | | |
| DEMSEER CAP | - | NC |
| metyrosine cap (DEMSEER equiv) | - | NC |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| candesartan tab (ATACAND equiv) | - | 1 |
| irbesartan tab (AVAPRO equiv) | - | 1 |
| losartan tab (COZAAR equiv) | - | 1 |
| olmesartan tab (BENICAR equiv) | - | 1 |
| telmisartan tab (MICARDIS equiv) | - | 1 |
| valsartan tab (DIOVAN equiv) | - | 1 |
| EDARBI TAB | - | NC |
| VALSARTAN SOLN | - | NC |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | |
| clonidine patch (CATAPRES-TTS equiv) | - | 1 |
| clonidine tab (CATAPRES equiv) | - | 1 |
| doxazosin tab (CARDURA equiv) | - | 1 |
| guanfacine IR tab (TENEX equiv) | - | 1 |
| METHYLDOPA TAB | - | 1 |
| methyldopa tab (ALDOMET equiv) | - | 1 |
| prazosin cap (MINIPRESS equiv) | - | 1 |
| terazosin cap (HYTRIN equiv) | - | 1 |
| CATAPRES-TTS PATCH | - | 3 |
| NEXICLON XR TAB | - | NC |
| ANTIHYPERTENSIVE COMBINATIONS | | |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 |
| amlodipine/olmesartan tab (AZOR equiv) | - | 1 |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 1 |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 1 |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 |
| TEKTURNA HCT TAB | - | 3 |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | NC |
| BYVALSON TAB | - | NC |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) | - | NC |
| DUTOPROL TAB | - | NC |
| EDARBYCLOR TAB | - | NC |
| MICARDIS HCT TAB | - | NC |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv) | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIHYPERTENSIVES Cont. | | |
| PRESTALIA TAB | - | NC |
| QUINAPRIL/HCTZ TAB | - | NC |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | NC |
| TELMISARTAN/AMLODIPINE TAB | - | NC |
| telmisartan/amlodipine tab (TWYNSTA equiv) | - | NC |
| telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) | - | NC |
| TRANDOLAPRIL/VERAPAMIL ER TAB | - | NC |
| TRIBENZOR TAB | - | NC |
| ANTIHYPERTENSIVES - MISC. | | |
| VECAMYL TAB | - | NC |
| DIRECT RENIN INHIBITORS | | |
| aliskiren tab (TEKTURNA equiv) | - | 1 |
| ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| TRYVIO TAB | - | NC |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPRA equiv) | - | 1 |
| VASODILATORS | | |
| hydralazine tab (APRESOLINE equiv) | - | 1 |
| minoxidil tab (LONITEN equiv) | - | 1 |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| metronidazole tab (FLAGYL equiv) | - | 1 |
| pentamidine neb soln (NEBUPENT equiv) | - | 1 |
| tinidazole tab (TINDAMAX equiv) | - | 1 |
| TRIMETHOPRIM TAB | - | 1 |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 |
| XIFAXAN TAB 550MG (QL= 60 tabs/30 days) | QL | 2 |
| FIRST METRONIDAZOLE SUSP | - | 3 |
| LIKMEZ SUSP (Prior Authorization required for members age 9 or older) | PA | 3 |
| PRIMSOL SOLN | - | 3 |
| XIFAXAN TAB 200MG (QL= 9 tabs/3 days) | QL | 3 |
| AEMCOLO TAB | - | NC |
| IMPAVIDO CAP | - | NC |
| metronidazole cap (FLAGYL equiv) | - | NC |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 |
| HYOPHEN TAB | - | NC |
| UTA cap | - | NC |
| ANTIPROTOZOAL AGENTS | | |
| atovaquone susp (MEPRON equiv) | - | 1 |
| NITAZOXANIDE TAB (QL= 6 tabs/3 days) | PA-QL | 1 |
| nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days) | PA-QL | 1 |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| LAMPIT TAB (Restricted to Infectious Disease Specialist) | RS | 2 |
| GLYCOPEPTIDES | | |
| FIRVANQ SOLN 25MG/ML | - | 1 |
| FIRVANQ SOLN 50MG/ML | - | 1 |
| vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill) | QL | 1 |
| VANCOCIN CAP (QL= 56 caps/fill) | QL | 3 |
| vancomycin hcl soln (VANCOMYCIN equiv) | - | NC |
| VANCOMYCIN ORAL SOLN | - | NC |
| VANCOMYCIN SOLN | - | NC |
| LEPROSTATICS | | |
| dapsone tab | - | 1 |
| LINCOSAMIDES | | |
| clindamycin cap (CLEOCIN equiv) | - | 1 |
| clindamycin soln (CLEOCIN equiv) | - | 1 |
| MONOBACTAMS | | |
| CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416) | LD-RS | S |
| OXAZOLIDINONES | | |
| linezolid susp (Restricted to Infectious Disease Specialist) | RS | 1 |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 1 |
| SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| PLEUROMUTILINS | | |
| XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| POLYMYXINS | | |
| colistimethate inj (COLY-MYCIN M equiv) | - | NC |
| URINARY ANTI-INFECTIVES | | |
| fosfomycin tromethamine powder pack (MONUROL equiv) | - | 1 |
| methenamine hippurate tab (HIPREX equiv) | - | 1 |
| methenamine mandelate tab | - | 1 |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 |
| nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older) | PA | 1 |
| MONUROL GRANULE PACK | - | 3 |
| nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv) | - | NC |
| NITROFURANTOIN SUSP | - | NC |

ANTIMALARIALS

| ANTIMALARIAL COMBINATIONS | | |
|---|---|----|
| atovaquone/proguanil tab (MALARONE equiv) | - | 1 |
| PYRIMETHAMINE/LEUCOVORIN CAP | - | NC |
| ANTIMALARIALS | | |
| chloroquine tab (ARALEN equiv) | - | 1 |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 |
| mefloquine tab (LARIAM equiv) | - | 1 |
| primaquine tab (PRIMAQUINE equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIMALARIALS Cont. | | |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 1 |
| KRINTAFEL TAB | - | 2 |
| ARAKODA TAB | - | 3 |
| QUALAQUIN CAP | - | NC |
| quinine sulfate cap (QUALAQUIN equiv) | - | NC |
| SOVUNA TAB | - | NC |

ANTIMYASTHENIC/CHOLINERGIC AGENTS

ANTIMYASTHENIC/CHOLINERGIC AGENTS

| | | |
|--|-------|----|
| pyridostigmine CR tab (MESTINON equiv) | - | 1 |
| pyridostigmine tab (MESTINON equiv) | - | 1 |
| pyridostigmine soln (MESTINON equiv) | - | 1 |
| PYRIDOSTIGMINE TAB 30MG | - | NC |
| FIRDAPSE TAB (Only available through AnovoRx 844-288-5007) | LD-PA | S |

ANTIMYCOBACTERIAL AGENTS

ANTI TB COMBINATIONS

| | | |
|--------------|---|---|
| RIFAMATE CAP | - | 2 |
|--------------|---|---|

ANTIMYCOBACTERIAL AGENTS

| | | |
|---|-------|----|
| ethambutol tab (MYAMBUTOL equiv) | - | 1 |
| isoniazid syrup (ISONIAZID equiv) | - | 1 |
| ISONIAZID TAB | - | 1 |
| pyrazinamide tab | - | 1 |
| rifabutin cap (MYCOBUTIN equiv) | - | 1 |
| rifampin cap (RIFADIN equiv) | - | 1 |
| PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| PRIFTIN TAB | - | 2 |
| cycloserine cap (CYCLOSERINE CAP equiv) | - | NC |
| SIRTURO TAB | - | NC |
| TRECATOR TAB | - | NC |

ANTINEOPLASTICS

ALKYLATING AGENTS

| | | |
|-------------|------|---|
| HEXALEN CAP | - | 2 |
| MYLERAN TAB | LMSP | S |

ANTIMETABOLITES

| | | |
|---------------------------------------|---|----|
| mercaptapurine tab (PURINETHOL equiv) | - | 1 |
| methotrexate tab (Trexall equiv) | - | 1 |
| TABLOID TAB | - | 2 |
| TREXALL TAB | - | NC |

ANTINEOPLASTIC ENZYME INHIBITORS

| | | |
|-------------|---------|---|
| ZOLINZA CAP | LMSP-PA | S |
|-------------|---------|---|

ANTINEOPLASTICS MISC.

| | | |
|---|-------|---|
| hydroxyurea cap (HYDREA equiv) | - | 1 |
| tretinoin cap (VESANOID equiv) | LMSP | 1 |
| MATULANE CAP | - | 2 |
| ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTINEOPLASTICS Cont. | | |
| ALFERON-N INJ | LMSP | S |
| INTRON-A INJ | MSP | S |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| leucovorin tab | - | 1 |
| MESNEX TAB | LMSP | S |
| TOPOISOMERASE I INHIBITORS | | |
| HYCAMTIN CAP | LMSP-PA | S |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| cyclophosphamide cap | - | 1 |
| MELPHALAN TAB | - | 1 |
| temozolomide cap (TEMODAR equiv) | LMSP | 1 |
| CYCLOPHOSPHAMIDE TAB | - | 2 |
| GLEOSTINE/LOMUSTINE CAP | - | 2 |
| LEUKERAN TAB | - | NC |
| ANTIMETABOLITES | | |
| capecitabine tab (XELODA equiv) | LMSP | 1 |
| METHOTREXATE INJ | - | 1 |
| JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 or older) | PA | 3 |
| PURIXAN SUSP (Members age 9 or older require Prior Authorization) | PA | 3 |
| ONUREG TAB | - | NC |
| ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS | | |
| FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| INLYTA TAB (QL= 8 tabs/day) | MSP-PA-QL | S |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL | S |
| ANTINEOPLASTIC - ANTI-HER2 AGENTS | | |
| TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| ANTINEOPLASTIC - BCL-2 INHIBITORS | | |
| VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874) | LD-PA | S |
| VENCLEXTA TAB (Only available through Optum 877-445-6874) | LD-PA | S |
| ANTINEOPLASTIC - EGFR INHIBITORS | | |
| erlotinib tab (TARCEVA equiv) (QL= 1 tab/day) | LMSP-PA-QL | 1 |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day) | LMSP-PA-QL | 1 |
| gefitinib tab (IRESSA equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | 1 |
| LAZCLUZE TAB | - | NC |
| TARCEVA TAB | - | NC |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| TAGRISSO TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| VIZIMPRO TAB (QL= 1 tab/day) | MSP-PA-QL | S |
| ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS | | |
| DAURISMO TAB | - | NC |
| ERIVEDGE CAP | LMSP-PA | S |
| ODOMZO CAP | LMSP-PA | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | |
|-------------|--|--------------------------------|---------------------------------|
| EXC | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| LMSP | NC/3P = Not Covered, Third Party Reviewer | INF | LD |
| PA | Plan Exclusion | INF | Limited Distribution |
| RS | Lumicera Mandatory Specialty Pharmacy Program | MSP | Over-the-Counter |
| VAC | Prior Authorization | QL | Restricted to Diagnosis |
| | Restricted to Specialist | SMKG | Step Therapy |
| | Vaccine Program | ¢ | RxCENTS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day) | LMSP-QL | 1 |
| bicalutamide tab (CASODEX equiv) | - | 1 |
| flutamide cap (EULEXIN equiv) | - | 1 |
| letrozole tab (FEMARA equiv) | - | 1 |
| megestrol susp (MEGACE equiv) | - | 1 |
| megestrol tab (MEGACE equiv) | - | 1 |
| nilutamide tab (NILANDRON equiv) | LMSP | 1 |
| toremifene tab (FARESTON equiv) | - | 1 |
| EMCYT CAP | - | 2 |
| EULEXIN CAP | - | 2 |
| FLUTAMIDE CAP | - | 2 |
| abiraterone acetate tab 500mg (ZYTIGA equiv) | - | NC |
| AKEEGA TAB | - | NC |
| HYDROXYPROGESTERONE CAPROATE INJ | - | NC |
| XTANDI CAP | - | NC |
| XTANDI TAB 40MG | - | NC |
| XTANDI TAB 80MG | - | NC |
| YONSA TAB | - | NC |
| ERLEADA TAB (QL= 4 tabs/day) | LMSP-PA-QL | S |
| ERLEADA TAB 240MG (QL= 1 tab/day) | LMSP-PA-QL | S |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | S |
| NUBEQA TAB (QL= 4 tabs/day) | MSP-PA-QL | S |
| ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| ORSERDU TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS | | |
| WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| ANTINEOPLASTIC - IMMUNOMODULATORS | | |
| POMALYST CAP (QL= 21 caps/28 days) | MSP-PA-QL | S |
| ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS | | |
| AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| ANTINEOPLASTIC - XPO1 INHIBITORS | | |
| XPOVIO PAK (QL= 32 tabs/28 days; Only available through Onco360 877-662-6633) | LD-PA-QL | S |
| ANTINEOPLASTIC COMBINATIONS | | |
| INQOVI TAB (QL= 5 tabs/28 days) | MSP-PA-QL | S |
| KISQALI PAK (QL= 91 tabs/28 days) | LMSP-PA-QL | S |
| LONSURF TAB | MSP-PA | S |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| dasatinib tab (SPRYCEL equiv) | LMSP-PA | 1 |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | LMSP-PA-QL | 1 |
| everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day) | LMSP-PA-QL | 1 |
| imatinib tab (GLEEVEC equiv) | LMSP | 1 |
| lapatinib ditosylate tab (TYKERB equiv) | LMSP-PA | 1 |
| pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day) | LMSP-PA-QL | 1 |
| sorafenib tosylate tab (NEXAVAR equiv) | LMSP-PA | 1 |
| sunitinib malate cap (SUTENT equiv) | LMSP-PA | 1 |
| AFINITOR DISPERZ TAB | - | NC |
| AFINITOR TAB | - | NC |
| ALUNBRIG PAK | - | NC |
| IBRANCE CAP | - | NC |
| IBRANCE TAB | - | NC |
| INREBIC CAP | - | NC |
| OJEMDA SUSP | - | NC |
| OJEMDA TAB | - | NC |
| SPRYCEL TAB | - | NC |
| SUTENT CAP | - | NC |
| TYKERB TAB | - | NC |
| VORANIGO TAB | - | NC |
| VOTRIENT TAB | - | NC |
| ALECENSA CAP (QL= 8 caps/day) | LMSP-PA-QL | S |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| AUGTYRO CAP (QL= 8 caps/day) | LMSP-PA-QL | S |
| BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S |
| BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S |
| BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S |
| BOSULIF CAP | MSP-PA | S |
| BOSULIF TAB | MSP-PA | S |
| BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | S |
| CABOMETYX TAB (QL= 1 tab/day) | MSP-PA-QL | S |
| CALQUENCE CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| CAPRELSA TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S |
| COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| COTELLIC TAB (QL= 3 tabs/day) | LMSP-PA-QL | S |
| FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | S |
| ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144) | LD-PA-QL | S |
| IDHIFA TAB (QL= 1 tab/day) | MSP-PA-QL | S |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| JAKAFI TAB (QL= 2 tabs/day) | MSP-PA-QL | S |
| JAYPIRCA TAB (QL= 2 tabs/day) | LMSP-PA-QL | S |
| KISQALI TAB (QL= 63 tabs/28 days) | LMSP-PA-QL | S |
| KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | S |
| KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633) | LD-PA-QL | S |
| KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| LORBRENA TAB 100MG (QL= 1 tab/day) | MSP-PA-QL | S |
| LORBRENA TAB 25MG (QL= 3 tabs/day) | MSP-PA-QL | S |
| LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL | S |
| MEKINIST SOLN | LMSP-PA | S |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | LMSP-PA-QL | S |
| MEKINIST TAB 2MG (QL= 1 tab/day) | LMSP-PA-QL | S |
| MEKTOVI TAB (QL= 6 tabs/day) | MSP-PA-QL | S |
| NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566) | LD-PA | S |
| OGSIVEO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| OGSIVEO TAB 50MG (QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| PIQRAY TAB | LMSP-PA | S |
| QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| RETEVMO CAP (QL= 2 caps/day) | LMSP-PA-QL | S |
| RETEVMO CAP 40MG (QL= 3 caps/day) | LMSP-PA-QL | S |
| RETEVMO TAB (QL= 2 tabs/day) | LMSP-PA-QL | S |
| RETEVMO TAB 40MG (QL= 3 tabs/day) | LMSP-PA-QL | S |
| REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| ROZLYTREK CAP (QL= 3 caps/day) | LMSP-PA-QL | S |
| ROZLYTREK PAK (QL= 6 packs/day) | LMSP-PA-QL | S |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874) | LD-PA-QL | S |
| RYDAPT CAP (QL= 56 caps/28 days) | LMSP-PA-QL | S |
| SCEMBLIX TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | S |
| SCEMBLIX TAB 100 MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | S |
| STIVARGA TAB (QL= 4 tabs/day) | MSP-PA-QL | S |
| TABRECTA TAB (QL= 4 tabs/day) | LMSP-PA-QL | S |
| TAFINLAR CAP (QL= 4 caps/day) | LMSP-PA-QL | S |
| TAFINLAR TAB | LMSP-PA | S |
| TALZENNA CAP 0.25MG (QL= 3 caps/day) | MSP-PA-QL | S |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day) | MSP-PA-QL | S |
| TASIGNA CAP | LMSP-PA | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633) | LD-PA-QL | S |
| TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| TIBSOVO TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | S |
| TRUQAP TAB (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| TRUQAP THERAPY PACK (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | S |
| VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306) | LD-PA-QL | S |
| VERZENIO TAB (QL= 2 tabs/day) | LMSP-PA-QL | S |
| VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL | S |
| XALKORI CAP (QL= 2 caps/day) | MSP-PA-QL | S |
| XALKORI SPRINKLE CAP (QL= 4 caps/day) | MSP-PA-QL | S |
| XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118) | LD-PA-QL | S |
| ZELBORAF TAB (QL= 8 tabs/day) | LMSP-PA-QL | S |
| ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S |
| ZYKADIA CAP (QL= 3 caps/day) | LMSP-PA-QL | S |
| ZYKADIA TAB (QL= 3 tabs/day) | LMSP-PA-QL | S |

ANTINEOPLASTICS MISC.

| | | |
|----------------------------------|---------|----|
| bexarotene cap (TARGRETIN equiv) | LMSP-PA | 1 |
| BESREMI INJ | - | NC |
| SYLATRON INJ | - | NC |

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

| | | |
|--|----------|---|
| IWILFIN TAB (QL= 8 tabs/day; Only available through BioMatrix Specialty Pharmacy 855-359-9679) | LD-PA-QL | S |
|--|----------|---|

MITOTIC INHIBITORS

| | | |
|---------------|------|---|
| ETOPOSIDE CAP | LMSP | S |
|---------------|------|---|

ANTIPARKINSON AGENTS

ANTIPARKINSON ADJUVANTS

| | | |
|-------------------------------|---|---|
| carbidopa tab (LODOSYN equiv) | - | 1 |
|-------------------------------|---|---|

ANTIPARKINSON ANTICHOLINERGICS

| | | |
|------------------------------------|---|---|
| benztropine tab | - | 1 |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 |

ANTIPARKINSON COMT INHIBITORS

| | | |
|-------------------------------|---|---|
| entacapone tab (COMTAN equiv) | - | 1 |
| tolcapone tab (TASMAR equiv) | - | 1 |

ANTIPARKINSON DOPAMINERGICS

| | | |
|------------------------------------|---|---|
| amantadine cap (SYMMETREL equiv) | - | 1 |
| amantadine syrup (SYMMETREL equiv) | - | 1 |
| amantadine tab | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIPARKINSON AGENTS Cont. | | |
| bromocriptine cap (PARLODEL equiv) | - | 1 |
| bromocriptine tab (PARLODEL equiv) | - | 1 |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 1 |
| pramipexole tab (MIRAPEX equiv) | - | 1 |
| ropinirole ER tab (REQUIP XL equiv) | - | 1 |
| ropinirole tab (REQUIP equiv) | - | 1 |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 |
| NEUPRO PATCH | - | 3 |
| CREXONT CAP, RYTARY CAP | - | NC |
| DUOPA ENTERAL SUSP | - | NC |
| GOCOVRI CAP | - | NC |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| rasagiline tab (AZILECT equiv) | ¢ | 1 |
| selegiline cap (ELDEPRYL equiv) | - | 1 |
| selegiline tab (ELDEPRYL equiv) | - | 1 |
| XADAGO TAB (QL= 1 tab/day) | PA-QL | 3 |
| ZELAPAR ODT | - | NC |
| ANTIPARKINSON AND RELATED THERAPY AGENTS | | |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 |
| TRIHEXYPHENIDYL SOLN | - | 1 |
| ANTIPARKINSON COMT INHIBITORS | | |
| ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill) | PA-QL | 3 |
| ANTIPARKINSON DOPAMINERGICS | | |
| CARBIDOPA/LEVODOPA ODT | - | 1 |
| carbidopa-levodopa-entacapone tab (STALEVO equiv) | - | 1 |
| INBRIJA INH POWDER (QL= 10 caps/day) | PA-QL | 3 |
| APOKYN INJ | - | NC |
| apomorphine inj (APOKYN equiv) | - | NC |
| DHIVY TAB | - | NC |
| KYNMOBI FILM | - | NC |
| KYNMOBI TITRATION KIT | - | NC |
| OSMOLEX ER TAB | - | NC |
| VYALEV INJ | - | NC |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 |
| lithium carbonate tab | - | 1 |
| lithium oral solution (LITHIUM equiv) (Prior Authorization Required for members age 9 and older) | PA | 1 |
| ANTIPSYCHOTICS - MISC. | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| lurasidone hcl tab (LATUDA equiv) | - | 1 |
| ziprasidone cap (GEODON equiv) | - | 1 |
| EQUETRO CAP | - | 2 |
| LATUDA TAB | - | 3 |
| CAPLYTA CAP | - | NC |
| NUPLAZID CAP | - | NC |
| NUPLAZID TAB | - | NC |
| VRAYLAR CAP | - | NC |
| VRAYLAR PACK | - | NC |
| BENZISOXAZOLES | | |
| paliperidone ER tab (INVEGA equiv) | - | 1 |
| risperidone ODT (RISPERDAL M equiv) | - | 1 |
| risperidone soln (RISPERDAL equiv) | - | 1 |
| risperidone tab (RISPERDAL equiv) | - | 1 |
| RISPERIDONE ODT | - | 2 |
| FANAPT TAB (QL= 2 tabs/day) | PA-QL | 3 |
| FANAPT TITRATION PACK (QL= 1 pack/plan year) | PA-QL | 3 |
| BUTYROPHENONES | | |
| haloperidol lactate conc (HALDOL equiv) | - | 1 |
| haloperidol tab (HALDOL equiv) | - | 1 |
| DIBENZAPINES | | |
| asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day) | QL | 1 |
| clozapine tab (CLOZARIL equiv) | - | 1 |
| loxapine cap (LOXITANE equiv) | - | 1 |
| olanzapine ODT (ZYPREXA equiv) | - | 1 |
| olanzapine tab (ZYPREXA equiv) | - | 1 |
| quetiapine tab (SEROQUEL equiv) | - | 1 |
| quetiapine XR tab (SEROQUEL XR equiv) | - | 1 |
| ADASUVE INHALER | - | NC |
| CLOZAPINE ODT | - | NC |
| clozapine odt tab (CLOZAPINE, FAZACLO equiv) | - | NC |
| CLOZAPINE ODT, FAZACLO ODT | - | NC |
| QUETIAPINE TAB | - | NC |
| SECUADO PATCH | - | NC |
| VERSACLOZ SUSP | - | NC |
| DIHYDROINDOLONES | | |
| MOLINDONE TAB | - | NC |
| MUSCARINIC AGENTS | | |
| COBENFY CAP | - | NC |
| COBENFY CAP STARTER PACK | - | NC |
| PHENOTHIAZINES | | |
| chlorpromazine tab (THORAZINE equiv) | - | 1 |
| fluphenazine tab (PROLIXIN equiv) | - | 1 |
| perphenazine tab (TRILAFON equiv) | - | 1 |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | |
|-------------|--|--------------------------------|---------------------------------|
| EXC | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| LMSP | NC/3P = Not Covered, Third Party Reviewer | INF | LD |
| PA | Plan Exclusion | MSP | Limited Distribution |
| RS | Lumicera Mandatory Specialty Pharmacy Program | QL | Over-the-Counter |
| VAC | Prior Authorization | SMKG | Restricted to Diagnosis |
| | Restricted to Specialist | ¢ | Step Therapy |
| | Vaccine Program | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 |
| thioridazine tab (MELLARIL equiv) | - | 1 |
| trifluoperazine tab (STELAZINE equiv) | - | 1 |
| CHLORPROMAZINE CONC | - | NC |
| QUINOLINONE DERIVATIVES | | |
| aripiprazole soln (ABILIFY equiv) | - | 1 |
| aripiprazole tab (ABILIFY equiv) | - | 1 |
| ABILIFY MYCITE PACK | - | NC |
| ABILIFY MYCITE TAB | - | NC |
| aripiprazole ODT (ABILIFY equiv) | - | NC |
| REXULTI TAB | - | NC |
| THIOXANTHENES | | |
| thiothixene cap (NAVANE equiv) | - | 1 |

ANTISEPTICS & DISINFECTANTS

| DrugName | Special Code | Tier |
|--|--------------|------|
| ANTISEPTICS & DISINFECTANTS | | |
| HYLAMEND GEL FIRST AID | - | NC |
| IODINE ANTISEPTICS | | |
| IODOFLEX PAD | - | NC |

ANTIVIRALS

| DrugName | Special Code | Tier |
|---|--------------|------|
| ANTIRETROVIRALS | | |
| DESCOVY TAB | PA | \$0 |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) | - | \$0 |
| abacavir soln (ZIAGEN equiv) | - | 1 |
| abacavir tab (ZIAGEN equiv) | - | 1 |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 1 |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 1 |
| atazanavir cap (REYATAZ equiv) | - | 1 |
| darunavir tab (PREZISTA equiv) | - | 1 |
| didanosine DR cap (VIDEX EC equiv) | - | 1 |
| DIDANOSINE DR CAP, VIDEX EC CAP | - | 1 |
| EFAVIRENZ CAP | - | 1 |
| efavirenz tab (SUSTIVA equiv) | - | 1 |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) | - | 1 |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | 1 |
| emtricitabine cap (EMTRIVA equiv) | - | 1 |
| etravirine tab (INTELENCE equiv) | - | 1 |
| fosamprenavir tab (LEXIVA equiv) | - | 1 |
| lamivudine soln (EPIVIR equiv) | - | 1 |
| lamivudine tab (EPIVIR equiv) | - | 1 |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 1 |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 1 |
| lopinavir/ritonavir tab (KALETRA equiv) | - | 1 |
| maraviroc tab (SELZENTRY equiv) | - | 1 |
| NEVIRAPINE ER TAB | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| nevirapine ER tab (VIRAMUNE XR equiv) | - | 1 |
| NEVIRAPINE SUSP | - | 1 |
| nevirapine tab (VIRAMUNE equiv) | - | 1 |
| ritonavir tab (NORVIR equiv) | - | 1 |
| STAVUDINE CAP | - | 1 |
| stavudine cap (ZERIT equiv) | - | 1 |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 1 |
| zidovudine cap (RETROVIR equiv) | - | 1 |
| zidovudine syrup (RETROVIR equiv) | - | 1 |
| zidovudine tab (RETROVIR equiv) | - | 1 |
| APTIVUS CAP | - | 2 |
| APTIVUS SOLN | - | 2 |
| BIKTARVY TAB | - | 2 |
| CIMDUO TAB | - | 2 |
| COMPLERA TAB | - | 2 |
| CRIXIVAN CAP | - | 2 |
| DELSTRIGO TAB | - | 2 |
| DOVATO TAB | - | 2 |
| EDURANT TAB | - | 2 |
| EMTRIVA SOLN | - | 2 |
| EVOTAZ TAB | - | 2 |
| GENVOYA TAB | - | 2 |
| INTELENCE TAB | - | 2 |
| INVIRASE CAP | - | 2 |
| INVIRASE TAB | - | 2 |
| ISENTRESS (HD) TAB | - | 2 |
| ISENTRESS CHEW TAB | - | 2 |
| ISENTRESS POWDER PACK | - | 2 |
| JULUCA TAB | - | 2 |
| LEXIVA SUSP | - | 2 |
| NORVIR CAP | - | 2 |
| NORVIR POWDER PACK | - | 2 |
| NORVIR SOLN | - | 2 |
| ODEFSEY TAB | - | 2 |
| PIFELTRO TAB | - | 2 |
| PREZCOBIX TAB | - | 2 |
| PREZISTA SUSP | - | 2 |
| PREZISTA TAB | - | 2 |
| RESCRIPTOR TAB | - | 2 |
| REYATAZ POWDER PACK | - | 2 |
| RUKOBIA ER TAB (Restricted to Infectious Disease Specialist) | RS | 2 |
| SELZENTRY SOLN | - | 2 |
| SELZENTRY TAB | - | 2 |
| STRIBILD TAB | - | 2 |
| SYM TUZA TAB | - | 2 |
| TIVICAY PD TAB | - | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| TIVICAY TAB | - | 2 |
| TRIUMEQ PD TAB | - | 2 |
| TRIUMEQ TAB | - | 2 |
| TRIZIVIR TAB | - | 2 |
| VIDEX SOLN | - | 2 |
| VIRACEPT TAB | - | 2 |
| VIREAD TAB | - | 2 |
| EMTRIVA CAP | - | 3 |
| KALETRA TAB | - | 3 |
| PREZISTA TAB | - | 3 |
| SELZENTRY TAB | - | 3 |
| SUSTIVA TAB | - | 3 |
| SYMFI (LO) TAB | - | 3 |
| ATRIPLA TAB | - | NC |
| CABENUVA IM SUSP | - | NC |
| FUZEON INJ | - | NC |
| SUNLENCA TAB | - | NC |
| TYBOST TAB | - | NC |
| ANTIVIRAL COMBINATIONS | | |
| PAXLOVID TAB 150-100MG (QL= 20 tabs/fill) | QL | 2 |
| PAXLOVID TAB 300-100MG (QL= 30 tabs/fill) | QL | 2 |
| CMV AGENTS | | |
| valganciclovir soln (VALCYTE equiv) | - | 1 |
| valganciclovir tab (VALCYTE equiv) | - | 1 |
| LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days) | LMSP-PA-QL | S |
| HEPATITIS AGENTS | | |
| adefovir dipivoxil tab (HEPSERA equiv) | - | 1 |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | 1 |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 1 |
| ribavirin cap (REBETOL equiv) | LMSP | 1 |
| EPIVIR HBV SOLN | - | 2 |
| VEMLIDY TAB | - | 2 |
| BARACLUDE SOLN (Members age 9 or older require Prior Authorization) | PA | 3 |
| EPCLUSA PAK | - | NC |
| EPCLUSA TAB | - | NC |
| HARVONI PELLETT PAK | - | NC |
| HARVONI TAB | - | NC |
| MODERIBA TAB | - | NC |
| OLYSIO CAP | - | NC |
| RIBAPAK TAB | - | NC |
| SOVALDI PELLETT PAK | - | NC |
| SOVALDI TAB | - | NC |
| TECHNIVIE TAB | - | NC |
| VIEKIRA XR TAB | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIVIRALS Cont. | | |
| ZEPATIER TAB | - | NC |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day) | LMSP-PA-QL | S |
| MAVYRET PAK (QL= 5 packs/day) | LMSP-PA-QL | S |
| MAVYRET TAB (QL= 3 tabs/day) | LMSP-PA-QL | S |
| PEGASYS INJ | LMSP | S |
| PEG-INTRON INJ | LMSP | S |
| REBETOL SOLN | LMSP | S |
| RIBAVIRIN CAP | LMSP | S |
| RIBAVIRIN TAB | LMSP | S |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | LMSP-PA-QL | S |
| VOSEVI TAB (QL= 1 tab/day) | LMSP-PA-QL | S |
| HERPES AGENTS | | |
| acyclovir cap (ZOVIRAX equiv) | - | 1 |
| acyclovir susp (ZOVIRAX equiv) | - | 1 |
| acyclovir tab (ZOVIRAX equiv) | - | 1 |
| famciclovir tab (FAMVIR equiv) | - | 1 |
| valacyclovir tab (VALTREX equiv) | - | 1 |
| SITAVIG TAB | - | NC |
| INFLUENZA AGENTS | | |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 1 |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 |
| RIMANTADINE TAB | - | 3 |
| XOFLUZA TAB (QL= 1 tab/fill) | QL | 3 |
| MISC. ANTIVIRALS | | |
| LAGEVRIO CAP (EUA) (QL= 40 caps/fill) | QL | \$0 |
| LAGEVRIO CAP 200MG (QL= 40 caps/fill) | QL | 2 |
| RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS | | |
| ribavirin inh soln (VIRAZOLE equiv) | - | NC |
| ASSORTED CLASSES | | |
| CHELATING AGENTS | | |
| D-PENAMINE TAB | - | 2 |
| IMMUNOMODULATORS | | |
| THALOMID CAP | MSP | S |
| IMMUNOSUPPRESSIVE AGENTS | | |
| azathioprine tab (IMURAN equiv) | - | 1 |
| cyclosporine cap (SANDIMMUNE equiv) | - | 1 |
| cyclosporine modified cap (NEORAL equiv) | - | 1 |
| cyclosporine modified soln (NEORAL equiv) | - | 1 |
| mycophenolate DR tab (MYFORTIC equiv) | - | 1 |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 1 |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 1 |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| ASSORTED CLASSES Cont. | | |
| sirolimus tab (RAPAMUNE equiv) | - | 1 |
| tacrolimus cap (PROGRAF equiv) | - | 1 |
| SANDIMMUNE SOLN 100MG/ML | - | 2 |
| ENVARUSUS XR TAB | - | NC |
| POTASSIUM REMOVING RESINS | | |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 1 |
| sodium polystyrene susp (SPS equiv) | - | 1 |
| VELTASSA POWDER | PA | 2 |
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| carvedilol tab (COREG equiv) | - | 1 |
| labetalol tab (NORMODYNE equiv) | - | 1 |
| carvedilol phosphate ER cap (COREG CR equiv) | - | NC |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| acebutolol cap (SECTRAL equiv) | - | 1 |
| atenolol tab (TENORMIN equiv) | - | 1 |
| betaxolol tab (KERLONE equiv) | - | 1 |
| bisoprolol tab (ZEBETA equiv) | - | 1 |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 |
| metoprolol tab (LOPRESSOR equiv) | - | 1 |
| nebivolol hcl tab (BYSTOLIC equiv) | ¢ | 1 |
| KAPSPARGO CAP | - | NC |
| BETA BLOCKERS NON-SELECTIVE | | |
| nadolol tab (CORGARD equiv) | - | 1 |
| pindolol tab (VISKEN equiv) | - | 1 |
| propranolol ER cap (INDERAL LA equiv) | - | 1 |
| propranolol oral soln 20mg/5ml (PROPRANOLOL equiv) | - | 1 |
| PROPRANOLOL SOLN | - | 1 |
| propranolol tab (INDERAL equiv) | - | 1 |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 |
| sotalol tab (BETAPACE equiv) | - | 1 |
| timolol maleate tab (BLOCADREN equiv) | - | 1 |
| SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older) | PA | 3 |
| HEMANGEOL SOLN | - | NC |
| INDERAL XL CAP, INNOPRAN XL CAP | - | NC |
| SOTYLIZE SOLN | - | NC |
| BIOLOGICALS MISC | | |
| ALLERGENIC EXTRACTS | | |
| GRASTEK SL TAB | - | NC |
| ORALAIR SL TAB | - | NC |
| RAGWITEK SL TAB | - | NC |
| CALCIUM CHANNEL BLOCKERS | | |
| CALCIUM CHANNEL BLOCKER COMBINATIONS | | |
| CONSENSI TAB | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

CALCIUM CHANNEL BLOCKERS Cont.

CALCIUM CHANNEL BLOCKERS

| | | |
|---|----|----|
| amlodipine tab (NORVASC equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 1 |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 |
| diltiazem ER cap (TIAZAC equiv) | - | 1 |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 1 |
| diltiazem tab (CARDIZEM equiv) | - | 1 |
| felodipine ER tab (PLENDIL equiv) | - | 1 |
| isradipine cap (DYNACIRC equiv) | - | 1 |
| nicardipine cap (CARDENE equiv) | - | 1 |
| nifedipine cap (PROCARDIA equiv) | - | 1 |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 |
| nimodipine cap (NIMOTOP equiv) | - | 1 |
| nisoldipine ER tab (SULAR equiv) | - | 1 |
| NISOLDIPINE ER TAB 20MG, 30MG, 40MG | - | 1 |
| verapamil SR cap (VERELAN equiv) | - | 1 |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 |
| verapamil tab (CALAN equiv) | - | 1 |
| VERAPAMIL SR CAP 360mg | - | 2 |
| KATERZIA SUSP (Prior Authorization required for members age 9 or older) | PA | 3 |
| NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization) | PA | 3 |
| VERAPAMIL CR CAP, VERELAN CAP | - | 3 |
| VERELAN PM ER CAP 100MG, 300MG | - | 3 |
| VERELAN SR CAP 360mg | - | 3 |
| CONJUPRI TAB, LEVAMLODIPINE TAB | - | NC |
| NYMALIZE SOLN | - | NC |
| VERAPAMIL ER CAP 100MG | - | NC |
| VERAPAMIL ER CAP 200MG | - | NC |
| VERAPAMIL ER CAP 300MG | - | NC |

CARDIOTONICS

CARDIAC GLYCOSIDES

| | | |
|-------------------------------------|---|----|
| digoxin soln (LANOXIN equiv) | - | 1 |
| DIGOXIN SOLN 0.05MG/ML | - | 1 |
| digoxin tab (LANOXIN equiv) | - | 1 |
| digoxin tab 62.5mcg (LANOXIN equiv) | - | NC |
| LANOXIN INJ | - | NC |
| LANOXIN TAB 62.5MCG | - | NC |

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

| | | |
|--|----------|---|
| CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | S |
|--|----------|---|

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

| | | |
|--|----|----|
| ENTRESTO TAB (QL= 2 tabs/day) | QL | 2 |
| amlodipine/atorvastatin tab (CADUET equiv) | - | NC |
| BIDIL TAB | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| ENTRESTO CAP | - | NC |
| isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv) | - | NC |
| OPSYNVI TAB | - | NC |
| CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS | | |
| LODOCO TAB | - | NC |
| CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS | | |
| INPEFA TAB | - | NC |
| IMPOTENCE AGENTS | | |
| tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap) | QL-ST | 1 |
| CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap) | QL-ST | 3 |
| PERIPHERAL VASODILATORS | | |
| ISOXSUPRINE TAB | - | 1 |
| PROSTAGLANDIN VASODILATORS | | |
| ORENITRAM TAB | - | NC |
| ORENITRAM TAB MONTH PAK | - | NC |
| TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR | | |
| WINREVAIR INJ | - | NC |
| PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS | | |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | 1 |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | 1 |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS | | |
| sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization) | PA | 1 |
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 |
| tadalafil tab (PAH) (ADCIRCA equiv) | PA | 1 |
| TADLIQ SUSP (Members age 9 years or older require Prior Authorization) | PA | 3 |
| ADCIRCA TAB | - | NC |
| LIQREV SUSP | - | NC |
| PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST | | |
| UPTRAVI INJ | - | NC |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | |
|-------------|--|--------------------------------|---------------------------------|
| EXC | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| LMSP | NC/3P = Not Covered, Third Party Reviewer | INF | LD |
| PA | Plan Exclusion | MSP | Limited Distribution |
| RS | Lumicera Mandatory Specialty Pharmacy Program | QL | Over-the-Counter |
| VAC | Prior Authorization | SMKG | Restricted to Diagnosis |
| | Restricted to Specialist | ¢ | Step Therapy |
| | Vaccine Program | RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| CARDIOVASCULAR AGENTS - MISC. Cont. | | |
| ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| SINUS NODE INHIBITORS | | |
| ivabradine hcl tab (CORLANOR equiv) | PA | 1 |
| CORLANOR SOLN | PA | 3 |
| CORLANOR TAB | PA | 3 |
| TRANSTHYRETIN STABILIZERS | | |
| VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | S |
| VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | S |
| VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) | | |
| VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist) | QL-RS | 2 |
| CEPHALOSPORINS | | |
| CEPHALOSPORINS - 1ST GENERATION | | |
| cefadroxil cap (DURICEF equiv) | - | 1 |
| cefadroxil susp (DURICEF equiv) | - | 1 |
| CEFADROXIL TAB | - | 1 |
| cefadroxil tab (DURICEF equiv) | - | 1 |
| cephalexin cap (KEFLEX equiv) | - | 1 |
| cephalexin susp (KEFLEX equiv) | - | 1 |
| cephalexin cap 750mg (KEFLEX equiv) | - | NC |
| cephalexin tab | - | NC |
| KEFLEX CAP 750MG | - | NC |
| CEPHALOSPORINS - 2ND GENERATION | | |
| CEFACLOR CAP | - | 1 |
| cefaclor cap (CECLOR equiv) | - | 1 |
| cefprozil susp (CEFZIL equiv) | - | 1 |
| cefprozil tab (CEFZIL equiv) | - | 1 |
| cefuroxime tab (CEFTIN equiv) | - | 1 |
| CEFACLOR ER TAB | - | 3 |
| CEFACLOR SUSP | - | 3 |
| CEPHALOSPORINS - 3RD GENERATION | | |
| cefdinir cap (OMNICEF equiv) | - | 1 |
| cefdinir susp (OMNICEF equiv) | - | 1 |
| cefixime cap (SUPRAX equiv) | - | 1 |
| cefixime susp (SUPRAX equiv) | - | 1 |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 1 |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 1 |
| CEFDITOREN TAB | - | 3 |
| SPECTRACEF TAB | - | 3 |
| SUPRAX CAP | - | 3 |
| SUPRAX CHEW TAB | - | 3 |
| SUPRAX SUSP 500MG/5ML | - | 3 |
| CONTRACEPTIVES | | |
| COMBINATION CONTRACEPTIVES - ORAL | | |
| amethyst tab (LYBREL equiv) | - | \$0 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| CONTRACEPTIVES Cont. | | |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | \$0 |
| BALCOLTRA TAB | - | \$0 |
| cryselle tab | - | \$0 |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | \$0 |
| enpresse tab (TRI-LEVELLEN equiv) | - | \$0 |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | \$0 |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | \$0 |
| kelnor tab (DEMULEN equiv) | - | \$0 |
| layolis FE tab, wymzya FE tab (FEMCON FE equiv) | - | \$0 |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv) | - | \$0 |
| LO LOESTRIN TAB | - | \$0 |
| NATAZIA TAB | - | \$0 |
| NEXTSTELLIS TAB | - | \$0 |
| norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv) | - | \$0 |
| norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv) | - | \$0 |
| norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv) | - | \$0 |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | \$0 |
| nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv) | - | \$0 |
| nortrel tab (OVCON 35 equiv) | - | \$0 |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | \$0 |
| tri-legest tab (ESTROSTEP FE equiv) | - | \$0 |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | \$0 |
| TYBLUME TAB | - | \$0 |
| VELIVET PAK | - | \$0 |
| velivet tab (CYCLESSA equiv) | - | \$0 |
| vienva tab, lessina tab, kurvelo tab (ALESSE equiv) | - | \$0 |
| violele tab, kariva tab (MIRCETTE equiv) | - | \$0 |
| BEYAZ TAB | - | 3 |
| FALESSA KIT | - | NC |
| FEMLYV TAB | - | NC |
| COMBINATION CONTRACEPTIVES - TRANSDERMAL | | |
| TWIRLA PATCH | - | \$0 |
| zafemy patch (XULANE equiv) | - | \$0 |
| COMBINATION CONTRACEPTIVES - VAGINAL | | |
| ANNOVERA RING (QL= 1 ring/year) | QL | \$0 |
| NUVARING | - | \$0 |
| eluryng vaginal ring (NUVARING equiv) | - | NC |
| COPPER CONTRACEPTIVES - IUD | | |
| PARAGARD IUD | - | \$0 |
| EMERGENCY CONTRACEPTIVES | | |
| ELLA TAB | - | \$0 |
| levonorgestrel tab (PLAN B equiv) | OTC | EXC |
| PLAN B TAB | OTC | EXC |
| PROGESTIN CONTRACEPTIVES - IMPLANTS | | |
| NEXPLANON IMPLANT | - | \$0 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|--------------|---|-------------|--------------------------------------|------------|---------------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer | INF | generic = small letters | LD | BRANDS = CAPITAL LETTERS |
| LMSPP | Plan Exclusion | MSP | Infertility | OTC | Limited Distribution |
| PA | Lumicera Mandatory Specialty Pharmacy Program | QL | Mandatory Specialty Pharmacy Program | RDX | Over-the-Counter |
| RS | Prior Authorization | SMKG | Quantity Limit | ST | Restricted to Diagnosis |
| VAC | Restricted to Specialist | ¢ | Smoking Cessation | | Step Therapy |
| | Vaccine Program | | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| CONTRACEPTIVES Cont. | | |
| PROGESTIN CONTRACEPTIVES - INJECTABLE | | |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days) | QL | \$0 |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | \$0 |
| DEPO-PROVERA INJ | QL | 3 |
| PROGESTIN CONTRACEPTIVES - IUD | | |
| MIRENA IUD | - | \$0 |
| PROGESTIN CONTRACEPTIVES - ORAL | | |
| norethindrone tab (NORA-QD equiv) | - | \$0 |
| SLYND TAB | - | \$0 |
| OPILL TAB | OTC | EXC |

CORTICOSTEROIDS

| GLUCOCORTICOSTEROIDS | | |
|---|-------|----|
| budesonide ER tab (UCERIS equiv) (QL=1 tab/day) | PA-QL | 1 |
| budesonide SR cap (ENTOCORT EC equiv) | - | 1 |
| DEXAMETHASONE CONC | - | 1 |
| dexamethasone elixir | - | 1 |
| DEXAMETHASONE SODIUM PHOSPHATE INJ | - | 1 |
| DEXAMETHASONE SOLN | - | 1 |
| dexamethasone tab (DECADRON equiv) | - | 1 |
| hydrocortisone succinate inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill) | QL | 1 |
| hydrocortisone tab (CORTEF equiv) | - | 1 |
| methylprednisolone acetate inj (DEPO-MEDROL equiv) | - | 1 |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 |
| methylprednisolone tab (MEDROL equiv) | - | 1 |
| methylprednisolone sod succinate inj (SOLU-MEDROL equiv) | - | 1 |
| prednisolone ODT (ORAPRED equiv) | - | 1 |
| prednisolone soln | - | 1 |
| prednisolone soln (PEDIAPRED equiv) | - | 1 |
| prednisone tab (DELTASONE equiv) | - | 1 |
| triamcinolone acetonide inj (KENALOG equiv) | - | 1 |
| CORTISONE ACETATE TAB | - | 2 |
| PREDNISOLONE ODT TAB | - | 2 |
| PREDNISONE SOLN | - | 2 |
| SOLU-CORTEF INJ (QL= 1 vial/fill) | QL | 2 |
| SOLU-MEDROL INJ 2GM | - | 2 |
| ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL | 3 |
| ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization) | PA-QL | 3 |
| DEPO-MEDROL INJ | - | 3 |
| DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ | - | 3 |
| KENALOG INJ, TRIAMCINOLONE ACE INJ | - | 3 |
| PREDNISOLONE SOLN | - | 3 |
| SOLU-CORTEF INJ 100MG (QL= 2 vials/fill) | QL | 3 |
| SOLU-MEDROL PF INJ | - | 3 |
| AGAMREE SUSP | - | NC |
| ALKINDI SPRINKLE CAP | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|---|------------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSp Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--------------------------------------|--------------|------|
| CORTICOSTEROIDS Cont. | | |
| deflazacort susp (EMFLAZA equiv) | - | NC |
| deflazacort tab (EMFLAZA equiv) | - | NC |
| dexamethasone pak (DEXPAK equiv) | - | NC |
| DEXAMETHASONE TAB | - | NC |
| DEXPAK TAB | - | NC |
| DXEVO 11-DAY PAK | - | NC |
| EMFLAZA SUSP | - | NC |
| EMFLAZA TAB | - | NC |
| EOHILIA SUSP | - | NC |
| FLO-PRED SUSP | - | NC |
| LIDOLOG KIT | - | NC |
| MILLIPRED DP PAK | - | NC |
| MILLIPRED TAB | - | NC |
| ORTIKOS ER CAP | - | NC |
| prednisolone tab (MILLIPRED equiv) | - | NC |
| prednisone pack | - | NC |
| PREDNISONE/DIPHENHYDRAMINE KIT | - | NC |
| RAYOS TAB | - | NC |
| TARPEYO CAP | - | NC |
| MINERALOCORTICIDS | | |
| fludrocortisone tab (FLORINEF equiv) | - | 1 |

COUGH/COLD/ALLERGY

ANTITUSSIVES

| | | |
|---|---|----|
| benzonatate cap (TESSALON equiv) | - | 1 |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 |
| tussigon tab (HYCODAN equiv) | - | 1 |
| HYCODAN SYRUP | - | 3 |
| benzonatate cap 150mg (ZONATUSS equiv) | - | NC |
| ZONATUSS CAP 150MG | - | NC |

COUGH/COLD/ALLERGY COMBINATIONS

| | | |
|--|--------|-----|
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 |
| HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days) | QL | 1 |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days) | QL | 1 |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | QL | 1 |
| promethazine DM syrup | - | 1 |
| PROMETHAZINE VC SYRUP | - | 1 |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 |
| PROMETHAZINE VC/CODEINE SYRUP | - | 1 |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 |
| CLARINEX-D TAB | - | EXC |
| SEMPREX-D CAP | - | EXC |
| DURAVENT PE TAB | - | NC |
| guaifenesin-DM oral liquid (ROBITUSSIN equiv) | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| COUGH/COLD/ALLERGY Cont. | | |
| HYCOFENIX SOLN | - | NC |
| INTENSE COUGH LIQUID | - | NC |
| MUCINEX LIQUID | - | NC |
| POLY-TUSSIN DM SYRUP | - | NC |
| TUSSICAPS | - | NC |
| TUXARIN ER TAB | - | NC |
| TUZISTRA XR SUSP | - | NC |
| EXPECTORANTS | | |
| potassium iodide oral soln (SSKI equiv) | - | 1 |
| SSKI ORAL SOLN | - | 3 |
| GUAIFENESEN SYRUP | - | NC |
| MUCINEX TAB | - | NC |
| MISC. RESPIRATORY INHALANTS | | |
| sodium chloride neb soln (HYPER-SAL equiv) | - | 1 |
| NEBUSAL NEB SOLN | - | 2 |
| MUCOLYTICS | | |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 |

DERMATOLOGICALS

ACNE PRODUCTS

| | | |
|--|----|---|
| adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 |
| adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 |
| adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv) | - | 1 |
| adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv) | - | 1 |
| amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | 1 |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 1 |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 1 |
| erythromycin gel | - | 1 |
| erythromycin pad | - | 1 |
| erythromycin soln | - | 1 |
| erythromycin/benzoyl peroxide gel | - | 1 |
| sodium sulfacetamide lotion (KLARON equiv) | - | 1 |
| sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv) | - | 1 |
| sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv) | - | 1 |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 1 |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 1 |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 1 |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 1 |
| sodium sulfacetamide/sulfur susp (PLEXION TS equiv) | - | 1 |
| sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv) | - | 1 |
| tretinoin cream (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 |
| tretinoin gel (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary
Category/Class

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| DERMATOLOGICALS Cont. | | |
| tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 1 |
| tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - members age 35 or older require Prior Authorization) | PA | 1 |
| AVAR GEL | - | 2 |
| ERY PAD | - | 2 |
| PRASCION RA CREAM | - | 2 |
| SUMADAN WASH 9-4.5% | - | 3 |
| DIFFERIN OTC GEL 0.1% | OTC | EXC |
| ABSORICA CAP | - | NC |
| ABSORICA LD CAP | - | NC |
| ADAPALENE SOLN | - | NC |
| ADAPALENE LOTION (DIFFERIN equiv) | - | NC |
| ADAPALENE/BENZOYL PEROXIDE PAD | - | NC |
| AKLIEF CREAM | - | NC |
| ALTRENO LOTION | - | NC |
| AMZEEQ FOAM | - | NC |
| ARAZLO LOTION | - | NC |
| AVAR AEROSOL FOAM | - | NC |
| AVAR PAD | - | NC |
| AVAR-E LS CREAM 10-2% | - | NC |
| AZELEX CREAM | - | NC |
| BENZAC WASH | - | NC |
| BENZOYL PEROXIDE CREAM | OTC | NC |
| BENZOYL PEROXIDE/HYDROCORTISONE LOTION | - | NC |
| benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv) | - | NC |
| CLENIA PLUS SUSP | - | NC |
| CLINDACIN KIT | - | NC |
| clindamycin foam (EVOCLIN equiv) | - | NC |
| clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv) | - | NC |
| clindamycin/tretinoin gel (ZIANA equiv) | - | NC |
| CLINDAVIX KIT | - | NC |
| dapsone gel (ACZONE equiv) | - | NC |
| DAPSONE GEL 7.5% | - | NC |
| EPIDUO FORTE GEL 0.3-2.5% | - | NC |
| EPSOLAY CREAM | - | NC |
| EVOCLIN FOAM | - | NC |
| FABIOR AEROSOL FOAM | - | NC |
| isotretinoin cap 25mg (ABSORICA equiv) | - | NC |
| isotretinoin cap 35mg (ABSORICA equiv) | - | NC |
| NUCARACLINPA KIT | - | NC |
| NUCARARXPAK KIT | - | NC |
| ONEXTON GEL 1.2-3.75% | - | NC |
| PLEXION CREAM 9.8-4.8% | - | NC |
| RETIN-A MICRO GEL 0.04%, 0.1% | - | NC |
| RETIN-A MICRO GEL 0.08%, 0.06% | - | NC |
| sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv) | - | NC |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | |
|-------------|--|--------------------------------|---------------------------------|
| EXC | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| LMSP | NC/3P = Not Covered, Third Party Reviewer | INF | LD |
| PA | Plan Exclusion | INF | Limited Distribution |
| RS | Lumicera Mandatory Specialty Pharmacy Program | MSP | Over-the-Counter |
| VAC | Prior Authorization | QL | Restricted to Diagnosis |
| | Restricted to Specialist | SMKG | Step Therapy |
| | Vaccine Program | ¢ | |
| | | RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| DERMATOLOGICALS Cont. | | |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | NC |
| SODIUM SULFACETAMIDE/SULFUR SUSP | - | NC |
| sodium sulfacetamide/sulfur wash (SUMAXIN equiv) | - | NC |
| sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv) | - | NC |
| sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv) | - | NC |
| sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv) | - | NC |
| SUMADEN XLT KIT | - | NC |
| SUMAXIN WASH | - | NC |
| TRETIN-X CREAM | - | NC |
| TWYNEO CREAM | - | NC |
| WINLEVI CREAM | - | NC |
| AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS | | |
| VEREGEN OINT | - | NC |
| AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES | | |
| RENOVA CREAM | - | EXC |
| KYBELLA INJ | - | NC |
| ANALGESICS - TOPICAL | | |
| BACLOFEN CREAM COMPOUND KIT | - | NC |
| TRAMADOL COMPOUND KIT | - | NC |
| ANTIBIOTICS - TOPICAL | | |
| gentamicin sulfate cream | - | 1 |
| gentamicin sulfate oint | - | 1 |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 |
| CENTANY OINT | - | 3 |
| CORTISPORIN CREAM | - | 3 |
| CORTISPORIN OINT | - | 3 |
| ALTABAX OINT | - | NC |
| BACTROBAN CREAM | - | NC |
| mupirocin cream (BACTROBAN CREAM equiv) | - | NC |
| NEO-SYNALAR CREAM | - | NC |
| XEPI CREAM | - | NC |
| ANTIFUNGALS - TOPICAL | | |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 |
| ciclopirox nail soln (PENLAC equiv) | - | 1 |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 1 |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 |
| econazole cream (SPECTAZOLE equiv) | - | 1 |
| iodoquinol/hydrocortisone cream 1% (VYTONA equiv) | - | 1 |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 |
| naftifine cream (NAFTIN equiv) | - | 1 |
| naftifine gel (NAFTIN equiv) | - | 1 |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| nystatin oint | - | 1 |
| nystatin topical powder | - | 1 |
| nystatin/triamcinolone cream | - | 1 |
| nystatin/triamcinolone oint | - | 1 |
| EXELDERM SOLN | - | 3 |
| MENTAX CREAM | - | 3 |
| NAFTIFINE CREAM | - | 3 |
| NAFTIN GEL | - | 3 |
| clotrimazole cream (LOTRIMIN AF equiv) | OTC | EXC |
| NIZORAL A-D SHAMPOO | OTC | EXC |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | EXC |
| ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv) | - | NC |
| ALOQUIN GEL | - | NC |
| CICLODAN KIT | - | NC |
| CLOTTRIMAZOLE/BETAMETHASONE LOTION | - | NC |
| clotrimazole/betamethasone lotion (LOTRISONE equiv) | - | NC |
| ECONASIL KIT | - | NC |
| ECOZA FOAM | - | NC |
| ERTACZO CREAM | - | NC |
| EXELDERM CREAM, SULCONAZOLE CREAM | - | NC |
| EXELDERM SOLN, SULCONAZOLE SOLN | - | NC |
| HIXDEFRIMA SOLN | - | NC |
| iodoquinol/hydrocortisone cream 1.9-1% (VYTONA equiv) | - | NC |
| iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv) | - | NC |
| JUBLIA SOLN | - | NC |
| KERYDIN SOLN | - | NC |
| LOTRIMIN AF CREAM | - | NC |
| LULICONAZOLE CREAM, LUZU CREAM | - | NC |
| naftifine hcl gel 2% (NAFTIN equiv) | - | NC |
| NAFTIN GEL 2% | - | NC |
| ONYCHO-MED KIT | - | NC |
| oxiconazole nitrate cream (OXISTAT equiv) | - | NC |
| OXISTAT CREAM | - | NC |
| OXISTAT LOTION | - | NC |
| PEDIZOLPAK THERAPY PACK | - | NC |
| PENLAC SOLN | - | NC |
| tavaborole soln (KERYDIN equiv) | - | NC |
| VYTONA CREAM 1.9-1% | - | NC |
| XOLEGEL | - | NC |
| ZOLPAK KIT | - | NC |

ANTI-INFLAMMATORY AGENTS - TOPICAL

| | | |
|--|-----|-----|
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 |
| diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill) | QL | 1 |
| VOLTAREN GEL | OTC | EXC |
| DICLOFENAC PATCH, FLECTOR PATCH | - | NC |
| diclofenac sodium gel kit (VENNGEL equiv) | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| diclofenac sodium soln 2% (PENNSAID equiv) | - | NC |
| DICLONA GEL | - | NC |
| DICLOTREX PAK | - | NC |
| GABAPENTIN/NAPROXEN CREAM COMPOUND KIT | - | NC |
| LICART PATCH | - | NC |
| NAPROXEN CREAM COMPOUND KIT | - | NC |
| PENNSAID SOLN | - | NC |
| PROFINAC PAK | - | NC |
| REXAPHENAC CREAM | - | NC |
| VENNGEL ONE KIT | - | NC |
| VOPAC 5 CREAM | - | NC |
| VOPAC CREAM | - | NC |
| VOPAC GB CREAM | - | NC |
| XRYLIX PAK | - | NC |

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

| | | |
|--|----------|----|
| bexarotene gel (TARGRETIN equiv) | LMSP-PA | 1 |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 1 |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 |
| fluorouracil soln (FLUOROURACIL equiv) | - | 1 |
| FLUOROURACIL SOLN | - | 2 |
| FLUOROURACIL CREAM 0.5% | - | 3 |
| PICATO GEL (QL= 1 box/fill) | QL | 3 |
| CARAC CREAM | - | NC |
| FLUORAC CREAM | - | NC |
| KLISYRI OINT | - | NC |
| ROAOXIA GEL | - | NC |
| SOLARAVIX PAK | - | NC |
| TARGRETIN GEL | - | NC |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874) | LD-PA-QL | S |

ANTIPRURITICS - TOPICAL

| | | |
|-------------------|---|----|
| doxepin hcl cream | - | NC |
|-------------------|---|----|

ANTIPSORIATICS

| | | |
|---|-------|----|
| acitretin cap (SORIATANE equiv) | - | 1 |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 1 |
| calcipotriene oint | - | 1 |
| CALCIPOTRIENE SOLN | - | 1 |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 1 |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 1 |
| tazarotene cream 0.05% (TAZORAC equiv) | - | 1 |
| tazarotene cream 0.1% (TAZORAC equiv) | - | 1 |
| METHOXSALEN CAP | - | 2 |
| ZORYVE CREAM (QL= 60 grams/30 days) | PA-QL | 2 |
| CALCITRIOL OINT | - | 3 |
| BIMZELX INJ | - | NC |
| calcipotriene cream (TRIONEX equiv) | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| CALCIPOTRIENE FOAM | - | NC |
| CALCIPOTRIENE FOAM, SORILUX FOAM | - | NC |
| CALSODORE PAK | - | NC |
| COSENTYX INJ (1-PACK) | - | NC |
| COSENTYX INJ (2-PACK) | - | NC |
| COSENTYX INJ 300MG/2ML | - | NC |
| SILIQ INJ | - | NC |
| SOTYKTU TAB | - | NC |
| tazarotene gel (TAZORAC equiv) | - | NC |
| TRIONEX PAK | - | NC |
| VECTICAL OINT | - | NC |
| VTAMA CREAM | - | NC |
| SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days) | LMSP-PA-QL | S |
| SPEVIGO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| STELARA INJ (QL= 1 inj/84 days) | LMSP-PA-QL | S |
| TALTZ INJ (QL= 1 inj/28 days) | LMSP-PA-QL | S |
| TREMFYA INJ (QL= 1 inj/56 days) | LMSP-PA-QL | S |
| ANTISEBORRHEIC PRODUCTS | | |
| selenium sulfide shampoo (SELSEB equiv) | - | 1 |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 1 |
| OVACE PLUS CREAM | - | 3 |
| selenium sulfide lotion | OTC | EXC |
| ESKATA SOLN | - | NC |
| OVACE PLUS LOTION | - | NC |
| OVACE PLUS SHAMPOO | - | NC |
| OVACE PLUS FOAM | - | NC |
| PROMISEB CREAM | - | NC |
| selenium sulfide shampoo 2.3% (SELRX equiv) | - | NC |
| sodium sulfacetamide gel (OVACE equiv) | - | NC |
| sodium sulfacetamide shampoo (OVACE equiv) | - | NC |
| ZORYVE FOAM | - | NC |
| ANTIVIRALS - TOPICAL | | |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 1 |
| acyclovir cream (ZOVIRAX equiv) | - | NC |
| DENAVIR CREAM | - | NC |
| penciclovir cream (DENAVIR equiv) | - | NC |
| XERESE CREAM | - | NC |
| ZOVIRAX CREAM | - | NC |
| BURN PRODUCTS | | |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 |
| SULFAMYLLON CREAM | - | 2 |
| MAFENIDE ACETATE SOLN PACK | - | NC |
| CORTICOSTEROIDS - TOPICAL | | |
| alclometasone cream (ACLOVATE equiv) | - | 1 |
| alclometasone oint (ACLOVATE OINT equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 |
| betamethasone augmented gel | - | 1 |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 1 |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 |
| betamethasone dipropionate lotion | - | 1 |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 1 |
| betamethasone valerate cream | - | 1 |
| betamethasone valerate lotion | - | 1 |
| betamethasone valerate oint | - | 1 |
| clobetasol foam (OLUX equiv) | - | 1 |
| clobetasol lotion (CLOBEX equiv) | - | 1 |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 1 |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 1 |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 |
| clobetasol shampoo (CLOBEX equiv) | - | 1 |
| clobetasol spray (CLOBEX equiv) | - | 1 |
| desonide cream (DESOWEN equiv) | - | 1 |
| desonide oint (DESOWEN equiv) | - | 1 |
| desoximetasone cream (TOPICORT CREAM equiv) | - | 1 |
| desoximetasone oint (TOPICORT equiv) | - | 1 |
| fluocinolone acetonide cream | - | 1 |
| fluocinolone acetonide oil | - | 1 |
| fluocinolone acetonide oint | - | 1 |
| fluocinolone acetonide soln | - | 1 |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 |
| fluocinonide cream 0.1% (VANOS CREAM equiv) | - | 1 |
| fluocinonide emollient cream | - | 1 |
| FLUOCINONIDE GEL | - | 1 |
| fluocinonide oint | - | 1 |
| fluocinonide soln | - | 1 |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 1 |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 1 |
| HC PRAMOXINE CREAM 1-2.5% | - | 1 |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 |
| hydrocortisone lotion (HYTONE equiv) | - | 1 |
| HYDROCORTISONE LOTION 2.5% | - | 1 |
| hydrocortisone oint | - | 1 |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 1 |
| mometasone cream (ELOCON equiv) | - | 1 |
| mometasone oint (ELOCON equiv) | - | 1 |
| mometasone soln (ELOCON equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|---|------------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSPP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| DERMATOLOGICALS Cont. | | |
| triamcinolone cream | - | 1 |
| triamcinolone lotion | - | 1 |
| triamcinolone oint | - | 1 |
| BETAMETHASONE AUGMENTED GEL | - | 2 |
| EPIFOAM AEROSOL | - | 2 |
| PRAMOSONE E CREAM | - | 2 |
| PREDNICARBATE CREAM | - | 2 |
| PREDNICARBATE OIN | - | 2 |
| TOPICORT OINT | - | 3 |
| ALA-SCALP LOTION | - | NC |
| AMCINONIDE CREAM 0.1% | - | NC |
| AMCINONIDE LOTION | - | NC |
| AMCINONIDE OINTMENT | - | NC |
| APEXICON E CREAM (PSORCON E equiv) | - | NC |
| BESER KIT 0.05% | - | NC |
| betamethasone valerate foam (LUXIQ equiv) | - | NC |
| BRYHALI LOTION | - | NC |
| calcipotriene/betamethasone dipropionate susp | - | NC |
| calcipotriene/betamethasone oint (TACLONEX equiv) | - | NC |
| CAPEX SHAMPOO | - | NC |
| clobetasol E foam (OLUX E equiv) | - | NC |
| CLOBETAVIX KIT | - | NC |
| CLOCORTOLONE CREAM | - | NC |
| clocortolone pivalate cream | - | NC |
| CLODERM CREAM | - | NC |
| CORDRAN CREAM 0.025% | - | NC |
| CORDRAN OINTMENT | - | NC |
| CORDRAN TAPE | - | NC |
| CUTIVATE LOTION | - | NC |
| DERMACINRX KIT | - | NC |
| DESONATE GEL | - | NC |
| desonide gel | - | NC |
| desonide lotion (DESOWEN equiv) | - | NC |
| DESOWEN CREAM | - | NC |
| DESOWEN CREAM KIT | - | NC |
| DESOWEN LOTION | - | NC |
| DESOWEN LOTION KIT | - | NC |
| DESOWEN OINT | - | NC |
| DESOWEN OINT KIT | - | NC |
| desoximetasone cream 0.05% (TOPICORT equiv) | - | NC |
| desoximetasone gel (TOPICORT equiv) | - | NC |
| desoximetasone oint 0.05% (TOPICORT equiv) | - | NC |
| DIFLORASONE CREAM, PSORCON CREAM | - | NC |
| diflorasone oint | - | NC |
| DUOBRII LOTION | - | NC |
| ENSTILAR FOAM | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSD Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| FLUOPAR KIT | - | NC |
| FLUOVIX PAK | - | NC |
| FLURANDRENOL LOTION | - | NC |
| flurandrenolide cream (CORDRAN equiv) | - | NC |
| flurandrenolide lotion (CORDRAN equiv) | - | NC |
| flurandrenolide oint (CORDRAN equiv) | - | NC |
| FLUTICASONE LOTION | - | NC |
| fluticasone propionate lotion (CUTIVATE equiv) | - | NC |
| halcinonide cream (HALOG equiv) | - | NC |
| HALOBETASOL AER | - | NC |
| halobetasol propionate foam (LEXETTE equiv) | - | NC |
| HALOG CREAM | - | NC |
| HALOG OINT | - | NC |
| HALOG SOLN | - | NC |
| halonate pac kit (ULTRAVATE KIT equiv) | - | NC |
| HC BUTYRATE CREAM | - | NC |
| HC BUTYRATE SOLN | - | NC |
| HC/PRAMOXINE CREAM 1-2.35% | - | NC |
| HC-LIDOCAINE CREAM | - | NC |
| hydrocortisone butyrate cream (LOCOID equiv) | - | NC |
| HYDROCORTISONE BUTYRATE LIPO CREAM | - | NC |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | NC |
| HYDROCORTISONE BUTYRATE OINT | - | NC |
| hydrocortisone butyrate oint (LOCOID equiv) | - | NC |
| hydrocortisone butyrate soln (LOCOID equiv) | - | NC |
| hydrocortisone lotion (LOCOID equiv) | - | NC |
| hydrocortisone lotion 2% (ALA SCALP equiv) | - | NC |
| HYDROCORTISONE PAK | - | NC |
| hydrocortisone valerate cream (WESTCORT equiv) | - | NC |
| hydrocortisone valerate oint (WESTCORT equiv) | - | NC |
| HYDROXYM GEL | - | NC |
| IMPEKLO LOTION | - | NC |
| IMPOYZ CREAM | - | NC |
| LOCOID CREAM | - | NC |
| LOCOID LIPOCREAM | - | NC |
| LOCOID OINT | - | NC |
| LOCOID SOLN | - | NC |
| LUXIQ FOAM | - | NC |
| MEXPAROX HC CREAM | - | NC |
| MICORT-HC CREAM | - | NC |
| NOVACORT GEL | - | NC |
| OLUX E FOAM | - | NC |
| PANDEL CREAM | - | NC |
| paramox hc gel (NOVACORT GEL equiv) | - | NC |
| PRAMOSONE CREAM 1-1% | - | NC |
| PRAMOSONE LOTION | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| PRAMOSONE OINT | - | NC |
| QUINIXIL PAK | - | NC |
| SERNIVO SPRAY | - | NC |
| SILALITE PAK MIS | - | NC |
| TASOPROL CREAM KIT | - | NC |
| TOPICORT CREAM 0.05% | - | NC |
| TOPICORT GEL | - | NC |
| TOVET KIT | - | NC |
| triamcinolone acetonide oint (TRIANEX equiv) | - | NC |
| triamcinolone spray (KENALOG equiv) | - | NC |
| TRIANEX OINT | - | NC |
| TRILOCICLO KIT | - | NC |
| ULTRAVATE LOTION | - | NC |
| ULTRAVATE PAC KIT | - | NC |
| VANOS CREAM | - | NC |
| VERDESO FOAM | - | NC |
| WESTCORT OINT | - | NC |
| WYNZORA CREAM | - | NC |
| ECZEMA AGENTS | | |
| OPZELURA CREAM (QL= 12 tubes/year) | PA-QL | 3 |
| EBGLYSS INJ | - | NC |
| ADBRY INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S |
| ADBRY INJ (QL= 4 inj/28 days) | LMSP-PA-QL | S |
| CIBINQO TAB (QL= 1 tab/day) | LMSP-PA-QL | S |
| DUPIXENT INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S |
| EMOLLIENT/KERATOLYTIC AGENTS | | |
| CARMOL LOTION | - | NC |
| KERAFOAM | - | NC |
| KERALAC CREAM | - | NC |
| UMECTA EMULSION | - | NC |
| UMECTA PD EMULSION | - | NC |
| UMECTA SUSP | - | NC |
| URAMAXIN CREAM | - | NC |
| URAMAXIN GEL | - | NC |
| urea cream | - | NC |
| UREA EMULSION | - | NC |
| urea gel (URAMAXIN equiv) | - | NC |
| urea lotion (KERALAC LOTION equiv) | - | NC |
| UREA NAIL KIT | - | NC |
| UREA SUSP | - | NC |
| urea susp 40% (UMECTA equiv) | - | NC |
| EMOLLIENTS | | |
| LACTIC ACID LOTION | - | 1 |
| ammonium lactate cream (LAC-HYDRIN equiv) | OTC | EXC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| DERMATOLOGICALS Cont. | | |
| ammonium lactate lotion (LAC-HYDRIN equiv) | OTC | EXC |
| HYLINATE LOTION | - | NC |
| ENZYMES - TOPICAL | | |
| SANTYL OINT (QL= 90gm/30 days) | QL | 2 |
| vasolex oint (XENADERM equiv) | - | NC |
| XENADERM OINT | - | NC |
| HAIR GROWTH AGENTS | | |
| bimatoprost ophth soln | - | EXC |
| finasteride tab (PROPECIA equiv) | - | EXC |
| LITFULO CAP (QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | S |
| HAIR REDUCTION AGENTS | | |
| VANIQA CREAM | - | EXC |
| IMMUNOMODULATING AGENTS - SYSTEMIC | | |
| NEMLUVIO INJ | - | NC |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream (ALDARA equiv) | - | 1 |
| IMIQUIMOD CREAM 3.75% | - | NC |
| imiquimod cream 3.75% (IMIQUIMOD equiv) | - | NC |
| ZYCLARA CREAM | - | NC |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | - | 1 |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 |
| OXIANUJO CREAM | - | NC |
| HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | S |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| podofilox gel (CONDYLOX equiv) | - | 1 |
| PODOFILOX SOLN | - | 1 |
| podofilox soln (CONDYLOX equiv) | - | 1 |
| salicylic acid shampoo (SALEX equiv) | - | 1 |
| PODOCON SOLN | - | 2 |
| CONDYLOX GEL | - | 3 |
| SALEX SHAMPOO | - | 3 |
| ATRIX SYSTEM KIT | - | NC |
| GEAMETDRAY GEL | - | NC |
| METDRAY GEL | - | NC |
| SALEX LOTION KIT | - | NC |
| SALICATE LIQUID | - | NC |
| salicylic acid soln | - | NC |
| salicylic acid cream (CERAVE PSORIASIS equiv) | - | NC |
| SALIMEZ FORTE CREAM | - | NC |
| UREA/SALICYLIC CREAM | - | NC |
| XALIX SOL | - | NC |
| LOCAL ANESTHETICS - TOPICAL | | |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | |
|-------------|--|--------------------------------|---------------------------------|
| EXC | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| LMSP | NC/3P = Not Covered, Third Party Reviewer | INF | LD |
| PA | Plan Exclusion | INF | Limited Distribution |
| RS | Lumicera Mandatory Specialty Pharmacy Program | MSP | Over-the-Counter |
| VAC | Prior Authorization | QL | Restricted to Diagnosis |
| | Restricted to Specialist | SMKG | Step Therapy |
| | Vaccine Program | ¢ | RxCENTS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| lidocaine gel (GLYDO equiv) | - | 1 |
| lidocaine oint (QL= 107gm/30 days) | QL | 1 |
| lidocaine patch (QL= 3 patches/day) | QL | 1 |
| lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day) | QL | 1 |
| lidocaine soln (XYLOCAINE equiv) | - | 1 |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 |
| ADAZIN CREAM | - | NC |
| ANASTIA LOTION | - | NC |
| APRIZIO PAK KIT | - | NC |
| capsaicin/menthol topical patch (SINELEE equiv) | - | NC |
| DERMALID PAK | - | NC |
| GEN7T LOTION | - | NC |
| GEN7T PAD 3.5% | - | NC |
| GEN7T PLUS LOTION | - | NC |
| GEN7T PLUS PAD | - | NC |
| L.E.T. GEL | - | NC |
| LIDO/MENTHOL SPRAY | - | NC |
| LIDO/RAC/TET GEL | - | NC |
| LIDOCAINE CREAM | - | NC |
| lidocaine cream 3.88% (LIDOTRAL CREAM equiv) | - | NC |
| lidocaine gel (XYLOCAINE equiv) | - | NC |
| lidocaine hcl cream 4.12% | - | NC |
| lidocaine lotion | - | NC |
| lidocaine oint/transparent dressing kit | - | NC |
| lidocaine patch 3.5% (GEN7T equiv) | - | NC |
| LIDOCIN GEL | - | NC |
| LIDO-EP-TETR SOLN | - | NC |
| LIDOSTREAM KIT | - | NC |
| LIDOTRAL CREAM (lidocaine cream equiv) | - | NC |
| LIDOTREX GEL | - | NC |
| LIDOVEX CREAM | - | NC |
| MEDI-PATCH W/LIDOCAINE PATCH | - | NC |
| MENTHOREAL10 THERAPY PACK | - | NC |
| MICROVIX LP PAK | - | NC |
| NENDRUX GEL | - | NC |
| nulido pad (NULIDO equiv) | - | NC |
| NUVAKAAN II KIT | - | NC |
| PLIAGLIS CREAM | - | NC |
| PLIAGLIS KIT | - | NC |
| PROZENA PAD | - | NC |
| SILVERA PAD | - | NC |
| SOLAICE PATCH | - | NC |
| SYNVEXIA TC CREAM | - | NC |
| WPR PLUS | - | NC |
| ZILACAINE PAK | - | NC |
| ZYLOTROL-L KIT | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| DERMATOLOGICALS Cont. | | |
| MISC. DERMATOLOGICAL PRODUCTS | | |
| NEOSALUS FOAM | - | NC |
| NEOSALUS LOTION | - | NC |
| MISC. TOPICAL | | |
| DRYSOL SOLN | - | 1 |
| DERMACINRX CREAM | - | NC |
| HYCLODEX SOLN | - | NC |
| QBREXZA PAD | - | NC |
| SOFDRA GEL | - | NC |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL | | |
| EUCRISA OINT | - | NC |
| ZORYVE CREAM | - | NC |
| PIGMENTING-DEPIGMENTING AGENTS | | |
| hydroquinone cream (LUSTRA equiv) | - | EXC |
| TRI-LUMA CREAM | - | EXC |
| ROSACEA AGENTS | | |
| azelaic acid gel (FINACEA equiv) | - | 1 |
| metronidazole cream (METROCREAM equiv) | - | 1 |
| metronidazole gel (METROGEL equiv) | - | 1 |
| metronidazole gel 0.75% (METROGEL equiv) | - | 1 |
| metronidazole lotion (METROLOTION equiv) | - | 1 |
| FINACEA FOAM | - | 2 |
| brimonidine tartrate gel (MIRVASO equiv) | - | EXC |
| MIRVASO GEL | - | EXC |
| RHOFADE CREAM | - | EXC |
| DAZOMON GEL | - | NC |
| doxycycline (rosacea) cap delayed release (ORACEA equiv) | - | NC |
| IVERMECTIN CREAM | - | NC |
| ivermectin cream (SOOLANTRA equiv) | - | NC |
| NORITATE CREAM | - | NC |
| ORACEA CAP | - | NC |
| ROSADAN KIT | - | NC |
| SOOLANTRA CREAM | - | NC |
| ZILXI FOAM | - | NC |
| SCABICIDES & PEDICULICIDES | | |
| LINDANE SHAMPOO | - | 1 |
| malathion lotion (OVIDE equiv) (QL= 2 bottles/fill) | QL | 1 |
| permethrin cream (ELIMITE CREAM equiv) | - | 1 |
| SPINOSAD SUSP (QL= 1 bottle/fill) | QL | 2 |
| NATROBA SUSP (QL= 1 bottle/fill) | QL | 3 |
| CROTAN LOTION | - | NC |
| IVERMECTIN LOTION | - | NC |
| SKLICE LOTION | - | NC |
| SCAR TREATMENT PRODUCTS | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | |
|-------------|--|--------------------------------|---------------------------------|
| EXC | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| LMSP | NC/3P = Not Covered, Third Party Reviewer | INF | LD |
| PA | Plan Exclusion | MSP | Limited Distribution |
| RS | Lumicera Mandatory Specialty Pharmacy Program | QL | Over-the-Counter |
| VAC | Prior Authorization | SMKG | Restricted to Diagnosis |
| | Restricted to Specialist | ¢ | Step Therapy |
| | Vaccine Program | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| DERMATOLOGICALS Cont. | | |
| SCARCIN GEL | - | NC |
| scarcin gel (SCARCIN equiv) | - | NC |
| SCARCIN LIQUID ROLL-ON | - | NC |
| SILIPAC KIT | - | NC |
| WOUND CARE PRODUCTS | | |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 |
| ALEVICYN SOLN DERMAL | - | NC |
| BIAFINE EMULSION | - | NC |
| cicatrace kit (REXASIL equiv) | - | NC |
| COLLANEX EXTERNAL POWDER | - | NC |
| FILSUVEZ GEL | - | NC |
| KERAMATRIX | - | NC |
| KERASTAT CREAM | - | NC |
| KERASTAT GEL | - | NC |
| WOUND-DRESSING GELS | - | NC |
| DIAGNOSTIC PRODUCTS | | |
| DIAGNOSTIC BIOLOGICALS | | |
| TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN | - | NC |
| DIAGNOSTIC DRUGS | | |
| GLUCAGEN INJ | - | \$0 |
| GLUCAGON DIAGNOSTIC INJ | - | NC |
| MACRILEN PACK | - | NC |
| DIAGNOSTIC PRODUCTS, MISC. | | |
| FREESTYLE LITE TEST STRIP | OTC | NC |
| DIAGNOSTIC TESTS | | |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | \$0 |
| ACCU-CHEK GUIDE TEST STRIP | OTC | \$0 |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | \$0 |
| ACCU-CHEK TEST STRIP | OTC | \$0 |
| CLINISTIX TEST STRIP | OTC | \$0 |
| KETO-DIASTIX TEST STRIP | OTC | \$0 |
| KETOSTIX | - | \$0 |
| ONETOUCH TEST STRIP | OTC | \$0 |
| ONETOUCH VERIO TEST STRIP | OTC | \$0 |
| COVID-19 TEST | OTC | EXC |
| CUE COVID-19 INJ TEST CARTRIDGE | OTC | EXC |
| CUE HEALTH MONITOR | OTC | EXC |
| FREESTYLE INSULINX TEST STRIP | OTC | NC |
| FREESTYLE PRECISION NEO TEST STRIP | OTC | NC |
| FREESTYLE TEST STRIP | OTC | NC |
| PRECISION XTRA KETONE TEST STRIP | OTC | NC |
| PRECISION XTRA TEST STRIP | OTC | NC |
| TEST STRIP (all other test strips) | OTC | NC |
| RADIOGRAPHIC CONTRAST MEDIA | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|---|------------|---|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | generic = small letters Infertility | LD | BRANDS = CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|----------------------------------|--------------|------|
| DIAGNOSTIC PRODUCTS Cont. | | |
| OMNIPAQUE SOLN | - | NC |
| SITZMARKS CAP | - | NC |

DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

DIETARY MANAGEMENT PRODUCTS

| | | |
|--------------------|---|-----|
| ASTAMED MYO CAP | - | EXC |
| DEPLIN CAP | - | EXC |
| ELIGEN B12 TAB | - | EXC |
| FALESSA TAB | - | EXC |
| FOLTANX TAB | - | EXC |
| GLYGEST PAK | - | EXC |
| L-METHYLFOLATE TAB | - | EXC |
| LUVIRA CAP | - | EXC |
| METANX CAP | - | EXC |
| OLLIZAC POWDER | - | EXC |
| PODIAPN CAP | - | EXC |
| XAQUIL XR TAB | - | EXC |
| XYZBAC TAB | - | EXC |

DIGESTIVE AIDS

DIGESTIVE ENZYMES

| | | |
|---|---|----|
| CREON CAP | - | 2 |
| PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP | - | NC |
| SUCRAID SOLN | - | NC |

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

| | | |
|--|---|----|
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 1 |
| acetazolamide tab | - | 1 |
| methazolamide tab (NEPTAZANE equiv) | - | 1 |
| dichlorphenamide tab (KEVEYIS equiv) | - | NC |
| KEVEYIS TAB | - | NC |

DIURETIC COMBINATIONS

| | | |
|--|---|---|
| AMILORIDE/HCTZ TAB | - | 1 |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 |

LOOP DIURETICS

| | | |
|---|-------|----|
| bumetanide tab (BUMEX equiv) | - | 1 |
| ethacrynic tab (EDECIN equiv) | - | 1 |
| FUROSEMIDE SOLN | - | 1 |
| furosemide soln (LASIX equiv) | - | 1 |
| furosemide tab (LASIX equiv) | - | 1 |
| torseamide tab (DEMADEX equiv) | - | 1 |
| SOAANZ TAB | - | NC |
| FUROSCIX KIT (QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633) | LD-QL | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DIURETICS Cont. | | |
| POTASSIUM SPARING DIURETICS | | |
| amiloride tab (MIDAMOR equiv) | - | 1 |
| spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 or older) | PA | 1 |
| spironolactone tab (ALDACTONE equiv) | - | 1 |
| triamterene cap (DYRENIUM equiv) | - | 1 |
| CAROSPIR SUSP (Prior Authorization required for members age 9 or older) | PA | 3 |
| DYRENIUM CAP | - | 3 |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| CHLOROTHIAZIDE TAB | - | 1 |
| chlorothiazide tab (DIURIL equiv) | - | 1 |
| chlorthalidone tab | - | 1 |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 |
| indapamide tab (LOZOL equiv) | - | 1 |
| metolazone tab (ZAROXOLYN equiv) | - | 1 |
| DIURIL SUSP | - | 2 |
| THALITONE TAB | - | NC |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| ADRENAL STEROID INHIBITORS | | |
| RECORLEV TAB | - | NC |
| ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S |
| ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S |
| ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S |
| BONE DENSITY REGULATORS | | |
| alendronate sodium oral soln (FOSAMAX equiv) | - | 1 |
| alendronate tab (FOSAMAX equiv) | - | 1 |
| calcitonin nasal spray (MIACALCIN equiv) | - | 1 |
| ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days) | QL | 1 |
| risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate) | ST | 1 |
| risedronate tab (ACTONEL equiv) | - | 1 |
| ALENDRONATE TAB 40MG | - | 2 |
| BINOSTO TAB | - | NC |
| calcitonin inj (MIACALCIN equiv) | - | NC |
| FORTEO INJ | - | NC |
| FOSAMAX+D TAB | - | NC |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) | - | NC |
| NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | S |
| TERIPARATIDE INJ 620MCG/2.48ML | LMSP | S |
| TYMLOS INJ | LMSP | S |
| CORTICOTROPIN | | |
| ACTHAR GEL AUTO-INJECTOR | - | NC |
| ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | S |
| FERTILITY REGULATORS | | |
| CLOMID TAB | INF | EXC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | |
|-------------|--|--------------------------------|---------------------------------|
| EXC | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| LMSP | NC/3P = Not Covered, Third Party Reviewer | INF | LD |
| PA | Plan Exclusion | Inferility | Limited Distribution |
| RS | Lumicera Mandatory Specialty Pharmacy Program | MSP | OTC |
| VAC | Prior Authorization | QL | Over-the-Counter |
| | Restricted to Specialist | SMKG | RDX |
| | Vaccine Program | ¢ | Restricted to Diagnosis |
| | | | ST |
| | | | Step Therapy |
| | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| CLOMIPHENE TAB | INF | EXC |
| OVIDREL INJ | INF | EXC |
| GNRH/LHRH ANTAGONISTS | | |
| ORLISSA TAB 150MG (QL= 1 tab/day) | PA-QL | 2 |
| ORLISSA TAB 200MG (QL= 2 tabs/day) | PA-QL | 2 |
| cetorelix acetate for inj kit (CETROTIDE equiv) | INF | EXC |
| CETROTIDE KIT | INF | EXC |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | S |
| GROWTH HORMONE RELEASING HORMONES (GHRH) | | |
| EGRIFTA INJ | - | EXC |
| GROWTH HORMONES | | |
| HUMATROPE INJ, ZOMACTON INJ | - | NC |
| NGENLA INJ | - | NC |
| NORDITROPIN INJ, NUTROPIN AQ INJ | - | NC |
| SAIZEN INJ, SEROSTIM INJ, ZORBITIVE INJ | - | NC |
| ZOMACTON INJ | - | NC |
| GENOTROPIN INJ | LMSP-PA | S |
| OMNITROPE INJ | LMSP-PA | S |
| SKYTROFA INJ | LMSP-PA | S |
| SOGROYA INJ | LMSP-PA | S |
| HORMONE RECEPTOR MODULATORS | | |
| raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay) | - | \$0 |
| OSPHENA TAB | - | NC |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD | S |
| LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS | | |
| SYNAREL NASAL SOLN | - | 2 |
| MENOPAUSAL SYMPTOMS SUPPRESSANTS | | |
| VEOZAH TAB (QL= 1 tab/day) | PA-QL | 3 |
| METABOLIC MODIFIERS | | |
| calcitriol cap (ROCALTROL equiv) | - | 1 |
| calcitriol soln (ROCALTROL equiv) | - | 1 |
| carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007) | LD-PA | 1 |
| cinacalcet tab (SENSIPAR equiv) | - | 1 |
| doxercalciferol cap (HECTOROL equiv) | - | 1 |
| levocarnitine soln (CARNITOR equiv) | - | 1 |
| levocarnitine tab (CARNITOR equiv) | - | 1 |
| paricalcitol cap (ZEMPLAR equiv) | - | 1 |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | LMSP-PA | 1 |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | LMSP-PA | 1 |
| sodium phenylbutyrate powder (BUPHENYL equiv) | - | 1 |
| sodium phenylbutyrate tab (BUPHENYL equiv) | - | 1 |
| SENSIPAR TAB | - | 3 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|---|------------|---|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | generic = small letters Infertility | LD | BRANDS = CAPITAL LETTERS Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| XPHOZAH TAB (QL= 2 tabs/day) | PA-QL | 3 |
| CALCITRIOL INJ | - | NC |
| CARBAGLU TAB | - | NC |
| CITRULLINE EASY TAB | - | NC |
| CYSTADANE POWDER | - | NC |
| KUVAN POWDER PACK | - | NC |
| KUVAN TAB | - | NC |
| MYALEPT INJ | - | NC |
| nitisinone cap (ORFADIN equiv) | - | NC |
| NITYR TAB | - | NC |
| OLPRUVA PACK | - | NC |
| ORFADIN CAP | - | NC |
| ORFADIN SUSP | - | NC |
| RAVICTI LIQUID | - | NC |
| RAYALDEE CAP | - | NC |
| XURIDEN POWDER | - | NC |
| YORVIPATH INJ | - | NC |
| betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416) | LD | S |
| GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | S |
| PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523) | LD | S |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | S |
| MINERALOCORTICOID RECEPTOR ANTAGONISTS | | |
| KERENDIA TAB (QL= 1 tab/day) | PA-QL | 3 |
| NATRIURETIC PEPTIDES | | |
| VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376) | LD-PA-QL | S |
| POSTERIOR PITUITARY HORMONES | | |
| desmopressin acetate nasal spray (DDAVP equiv) | - | 1 |
| desmopressin acetate tab (DDAVP equiv) | - | 1 |
| STIMATE NASAL SOLN | - | 2 |
| DDAVP NASAL SOLN | - | 3 |
| NOCDURNA SL TAB | - | NC |
| NOCTIVA EMULSION SPRAY | - | NC |
| PROGESTERONE RECEPTOR ANTAGONISTS | | |
| mifepristone tab 200mg (MIFIPREX equiv) | - | 1 |
| PROLACTIN INHIBITORS | | |
| cabergoline tab (DOSTINEX equiv) | - | 1 |
| SOMATOSTATIC AGENTS | | |
| octreotide inj (SANDOSTATIN equiv) | LMSP | 1 |
| BYNFEZIA PEN INJ | - | NC |
| MYCAPSSA CAP | - | NC |
| SANDOSTATIN LAR INJ KIT | - | NC |
| OCTREOTIDE INJ 100MCG | LMSP | S |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.

VASOPRESSIN RECEPTOR ANTAGONISTS

| | | |
|--|----------|----|
| TOLVAPTAN TAB | - | NC |
| tolvaptan tab (SAMSCA equiv) | - | NC |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S |
| JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S |

ESTROGENS

ESTROGEN COMBINATIONS

| | | |
|---|-------|----|
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 |
| estradiol/norethindrone tab (ACTIVELLA equiv) | - | 1 |
| jinteli tab (FEMHRT equiv) | - | 1 |
| MYFEMBREE TAB (QL= 1 tab/day) | PA-QL | 2 |
| ORIAHNN CAP (QL= 2 caps/day) | PA-QL | 2 |
| PREMPHASE TAB, PREMPRO TAB | - | 2 |
| PREFEST TAB | - | 3 |
| ANGELIQ TAB | - | NC |
| BIJUVA CAP | - | NC |
| CLIMARA PRO PATCH | - | NC |
| COMBIPATCH | - | NC |

ESTROGENS

| | | |
|---|----|----|
| estradiol patch (CLIMARA equiv) | - | 1 |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 |
| estradiol tab (ESTRACE equiv) | - | 1 |
| estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill) | QL | 1 |
| PREMARIN TAB | - | 2 |
| ALORA PATCH | - | 3 |
| MENEST TAB | - | 3 |
| DIVIGEL GEL | - | NC |
| DIVIGEL GEL, ELESTRIN GEL | - | NC |
| estradiol td gel (DIVIGEL equiv) | - | NC |
| EVAMIST SPRAY | - | NC |
| MENOSTAR PATCH | - | NC |

FLUOROQUINOLONES

FLUOROQUINOLONES

| | | |
|---|-------|----|
| ciprofloxacin susp (CIPRO equiv) | - | 1 |
| ciprofloxacin tab (CIPRO equiv) | - | 1 |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 |
| moxifloxacin tab (AVELOX equiv) | - | 1 |
| ofloxacin tab (FLOXIN equiv) | - | 1 |
| BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist) | QL-RS | 2 |
| CIPRO SUSP | - | 3 |
| CIPROFLOXACIN 100MG TAB | - | 3 |
| FACTIVE TAB | - | NC |
| PROQUIN XR TAB | - | NC |

GASTROINTESTINAL AGENTS - MISC.

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|---|------------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| 5-HT4 RECEPTOR AGONISTS | | |
| MOTEGRITY TAB (QL= 1 tab/day) | PA-QL | 3 |
| AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) | | |
| TRULANCE TAB (QL= 1 tab/day) | PA-QL | 2 |
| BILE ACID SYNTHESIS DISORDER AGENTS | | |
| CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226) | LD-PA | S |
| FARNESOID X RECEPTOR (FXR) AGONISTS | | |
| OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL-φ | S |
| GALLSTONE SOLUBILIZING AGENTS | | |
| ursodiol cap (ACTIGALL equiv) | - | 1 |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 |
| RELTONE CAP | - | NC |
| URSODIOL CAP | - | NC |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| cromolyn conc (GASTROCROM equiv) | - | 1 |
| GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS | | |
| lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day) | PA-QL | 1 |
| AMITIZA CAP | - | NC |
| GASTROINTESTINAL STIMULANTS | | |
| metoclopramide soln (REGLAN equiv) | - | 1 |
| metoclopramide tab (REGLAN equiv) | - | 1 |
| GIMOTI NASAL SPRAY | - | NC |
| METZOZOLV ODT | - | NC |
| HEPATOTROPICS | | |
| REZDIFFRA TAB | - | NC |
| ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS | | |
| BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | S |
| BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | S |
| BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | S |
| BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | S |
| LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481) | LD-PA-QL | S |
| INFLAMMATORY BOWEL AGENTS | | |
| balsalazide cap (COLAZAL equiv) | - | 1 |
| mesalamine DR cap (DELZICOL equiv) | - | 1 |
| mesalamine DR tab (LIALDA equiv) | - | 1 |
| mesalamine enema (ROWASA equiv) | - | 1 |
| mesalamine ER cap (APRISO equiv) | - | 1 |
| mesalamine supp (CANASA equiv) | - | 1 |
| mesalamine tab (ASACOL equiv) | - | 1 |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 |
| DIPENTUM CAP | - | 3 |
| APRISO CAP | - | NC |
| ASACOL HD TAB | - | NC |
| ASACOL HD TAB, MESALAMINE TAB | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | φ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| CIMZIA INJ | - | NC |
| DELZICOL CAP | - | NC |
| mesalamine ER cap (PENTASA CR equiv) | - | NC |
| OMVOH INJ | - | NC |
| PENTASA CR CAP | - | NC |
| PENTASA CR CAP 250MG | - | NC |
| ROWASA KIT | - | NC |
| VELSIPITY TAB | - | NC |
| ZYMFENTRA INJ | - | NC |
| CIMZIA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | S |
| ENTYVIO SC INJ (QL= 2 inj/28 days) | MSP-PA-QL | S |
| SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days) | LMSP-PA-QL | S |
| SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days) | LMSP-PA-QL | S |
| INTESTINAL ACIDIFIERS | | |
| lactulose soln | - | 1 |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| alosetron tab (LOTROXEX equiv) | - | 1 |
| LINZESS CAP (QL= 1 cap/day) | PA-QL | 3 |
| IBSRELA TAB | - | NC |
| VIBERZI TAB | - | NC |
| ZELNORM TAB | - | NC |
| LIVE FECAL MICROBIOTA | | |
| VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575) | LD-PA-QL | S |
| PERIPHERAL OPIOID RECEPTOR ANTAGONISTS | | |
| MOVANTIK TAB | PA | 2 |
| SYMPROIC TAB | PA | 2 |
| alvimopan cap (ENTEREG equiv) | - | NC |
| ENTEREG CAP | - | NC |
| RELISTOR INJ | - | NC |
| RELISTOR INJ KIT | - | NC |
| RELISTOR TAB | - | NC |
| PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS | | |
| IQIRVO TAB | - | NC |
| LIVDELZI CAP | - | NC |
| PHOSPHATE BINDER AGENTS | | |
| calcium acetate cap (PHOSLO equiv) | - | 1 |
| lanthanum carbonate chew tab (FOSRENOL equiv) | - | 1 |
| sevelamer powder pak (RENVELA equiv) | - | 1 |
| sevelamer tab (RENVELA TAB equiv) | - | 1 |
| FOSRENOL POWDER PACK | - | 2 |
| PHOSLYRA SOLN | - | 2 |
| AURYXIA TAB | - | 3 |
| FOSRENOL CHEW TAB | - | 3 |
| RENVELA TAB | - | 3 |
| RENAGEL TAB 800MG | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | NC |
| VELPHORO CHEW TAB | - | NC |
| SHORT BOWEL SYNDROME (SBS) AGENTS | | |
| GATTEX KIT | - | NC |
| TRYPTOPHAN HYDROXYLASE INHIBITORS | | |
| XERMELO TAB | - | NC |
| GENERAL ANESTHETICS | | |
| ANESTHETICS - MISC. | | |
| KETAMINE HCL TROCHES | - | NC |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ALKALINIZERS | | |
| CYTRA K CRYSTALS | - | 1 |
| CYTRA-3 SYRUP | - | 1 |
| ORACIT SOLN | - | 1 |
| potassium citrate CR tab (UROKIT-K TAB equiv) | - | 1 |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 |
| CYSTINOSIS AGENTS | | |
| PROCYSBI CAP | - | NC |
| PROCYSBI GRANULES PACKET | - | NC |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828) | LD | S |
| HYPEROXALURIA AGENTS | | |
| RIFLOZA INJ 160MG (QL= 1 inj/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | S |
| RIVFLOZA INJ (QL= 1 inj/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | S |
| RIVFLOZA VIAL (QL= 2 vials/30 days; Only available through Orsini 800-410-8575) | LD-PA-QL | S |
| IGA NEPHROPATHY (IGAN) AGENTS | | |
| FILSPARI TAB (QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695) | LD-PA-QL | S |
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON CAP | - | NC |
| PENTOSAN CAP | - | NC |
| PROSTATIC HYPERTROPHY AGENTS | | |
| alfuzosin SR tab (UROXATRAL equiv) | - | 1 |
| dutasteride cap (AVODART equiv) | - | 1 |
| finasteride tab (PROSCAR equiv) | - | 1 |
| silodosin cap (RAPAFLO equiv) | - | 1 |
| tamsulosin cap (FLOMAX equiv) | - | 1 |
| CARDURA XL TAB | - | NC |
| dutasteride/tamsulosin cap (JALYN equiv) | - | NC |
| ENTADFI CAP | - | NC |
| URINARY ANALGESICS | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|---|------------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| GENITOURINARY AGENTS - MISCELLANEOUS Cont. | | |
| phenazopyridine tab (PYRIDIUM equiv) | - | 1 |
| AZO URINARY TAB | OTC | EXC |
| phenazopyridine tab 95mg (AZO equiv) | OTC | EXC |
| phenazopyridine tab 97.5mg (AZO equiv) | OTC | EXC |
| phenazopyridine tab 99.5mg (AZO equiv) | OTC | EXC |
| URINARY STONE AGENTS | | |
| tiopronin tab (THIOLA equiv) | LMSP-PA | 1 |
| LITHOSTAT TAB | - | 3 |
| THIOLA EC TAB | - | NC |
| tiopronin tab delayed release (THIOLA EC equiv) | - | NC |

GOUT AGENTS

| GOUT AGENT COMBINATIONS | | |
|---|---|----|
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 |
| DUZALLO TAB | - | NC |

| GOUT AGENTS | | |
|--|------|----|
| allopurinol tab (ZYLOPRIM equiv) | - | 1 |
| colchicine tab (COLCRYS equiv) | - | 1 |
| febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol) | ST-φ | 1 |
| GLOPERBA SOLN (Prior Authorization required for members age 9 or older) | PA | 3 |
| allopurinol tab 200mg | - | NC |
| colchicine cap (MITIGARE equiv) | - | NC |
| COLCRYS TAB | - | NC |
| ULORIC TAB | - | NC |
| ZURAMPIC TAB | - | NC |

| URICOSURICS | | |
|--------------------------------|---|---|
| probenecid tab (BENEMID equiv) | - | 1 |

HEMATOLOGICAL AGENTS - MISC.

| ANTIHEMOPHILIC PRODUCTS | | |
|--------------------------------|---------|---|
| HEMLIBRA INJ | LMSP-PA | S |

| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
|---|---------|----|
| icatibant inj (FIRAZYR equiv) | LMSP-PA | 1 |
| FIRAZYR INJ | - | NC |

| COMPLEMENT INHIBITORS | | |
|---|----------|----|
| FABHALTA CAP | - | NC |
| VOYDEYA TAB | - | NC |
| VOYDEYA TAB THERAPY PACK | - | NC |
| BERINERT INJ (Only available through Accredo 800-803-2523) | LD-PA | S |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479) | LD-PA-QL | S |
| HAEGARDA INJ (Only available through Accredo 800-803-2523) | LD-PA | S |
| RUCONEST INJ (Only available through Accredo 800-803-2523) | LD-PA | S |
| TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | S |
| ZILBRYSQ INJ (QL= 1 inj/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | S |
| ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | S |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | φ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | S |
| HEMATAOLOGIC - TYROSINE KINASE INHIBITORS | | |
| TAVALISSE TAB | - | NC |
| HEMATORHEOLOGIC AGENTS | | |
| pentoxifylline ER tab (TRENAL equiv) | - | 1 |
| PLASMA KALLIKREIN INHIBITORS | | |
| ORLADEYO CAP | - | NC |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| PLATELET AGGREGATION INHIBITORS | | |
| anagrelide cap (AGRYLIN equiv) | - | 1 |
| aspirin/dipyridamole cap (AGGRENEX equiv) | - | 1 |
| cilostazol tab (PLETAL equiv) | - | 1 |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 |
| dipyridamole tab (PERSANTINE equiv) | - | 1 |
| prasugrel tab (EFFIENT equiv) | - | 1 |
| BRILINTA TAB | - | 2 |
| ZONTIVITY TAB (Restricted to Cardiology Specialist) | RS | 3 |
| ASPIRIN/OMEPRAZOLE ER TAB | - | NC |
| CLOPIDOGREL THERAPY PACK | - | NC |
| PLAVIX TAB 300MG | - | NC |
| YOSPRALA TAB | - | NC |
| CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| PYRUVATE KINASE ACTIVATORS | | |
| PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| HEMATOPOIETIC AGENTS | | |
| AGENTS FOR GAUCHER DISEASE | | |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | 1 |
| CERDELGA CAP | - | NC |
| ZAVESCA CAP | - | NC |
| AGENTS FOR SICKLE CELL ANEMIA | | |
| DROXIA CAP | - | 2 |
| SIKLOS TAB | - | NC |
| OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| AGENTS FOR SICKLE CELL DISEASE | | |
| l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day) | LMSP-PA-QL | 1 |
| ENDARI POWDER PACKET | - | NC |
| OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| COBALAMINS | | |
| cyanocobalamin inj | - | 1 |
| cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv) | - | 1 |
| NASCOBAL SPRAY | - | 3 |
| FOLIC ACID/FOLATES | | |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| HEMATOPOIETIC AGENTS Cont. | | |
| folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay) | - | \$0 |
| folic acid tab 400mcg (Covered for females only) | OTC | \$0 |
| folic acid tab 800mcg (Covered for females only) | OTC | \$0 |
| HEMATOPOIETIC GROWTH FACTORS | | |
| RETACRIT INJ | - | 2 |
| ALVAIZ TAB | - | NC |
| ARANESP INJ | - | NC |
| FYLNETRA INJ | - | NC |
| GRANIX INJ | - | NC |
| JESDUVROQ TAB | - | NC |
| LEUKINE INJ | - | NC |
| MULPLETA TAB | - | NC |
| NEULASTA INJ | - | NC |
| NEUPOGEN INJ | - | NC |
| PROCRIT INJ | - | NC |
| RELEUKO INJ | - | NC |
| RELEUKO PREFILLED SYRINGE INJ | - | NC |
| STIMUFEND INJ | - | NC |
| UDENYCA INJ | - | NC |
| VAFSEO TAB | - | NC |
| ZIEXTENZO INJ | - | NC |
| DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| FULPHILA INJ | LMSP | S |
| NIVESTYM INJ | LMSP | S |
| NYVEPRIA INJ | LMSP | S |
| PROMACTA POWDER (QL= 1 packet/day) | LMSP-PA-QL | S |
| PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day) | LMSP-PA-QL | S |
| PROMACTA TAB 50MG (QL= 2 tabs/day) | LMSP-PA-QL | S |
| PROMACTA TAB 75MG (QL= 2 tabs/day) | LMSP-PA-QL | S |
| ZARXIO INJ | LMSP | S |
| HEMATOPOIETIC MIXTURES | | |
| ferrex 150 forte cap | - | 1 |
| folbee tab | - | 1 |
| MULTIGEN FOLIC TAB | - | 1 |
| MULTIGEN PLUS TAB | - | 1 |
| MULTIGEN TAB | - | 1 |
| tricon cap (TRINSICON equiv) | - | 1 |
| NEPHRON FA TAB | - | 2 |
| BENTIVITE TAB | - | NC |
| BIFERARX TAB | - | NC |
| B-SERENE PAD | - | NC |
| CYFOLEX CAP | - | NC |
| FEONYX TAB | - | NC |
| FERRO-PLEX TAB | - | NC |
| FOLITE TAB | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|---|------------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| HEMATOPOIETIC AGENTS Cont. | | |
| FOLVITE-FE TAB | - | NC |
| OVEEZA CAP | - | NC |
| PUREFOLIX TAB | - | NC |
| IRON | | |
| ACCRUFER CAP | - | NC |
| ferrous sulfate elixir | OTC | NC |
| FERROUS SULFATE LIQUID | OTC | NC |
| ferrous sulfate soln | OTC | NC |
| STEM CELL MOBILIZERS | | |
| XOLREMDI CAP | - | NC |
| HEMOSTATICS | | |
| HEMOSTATICS - SYSTEMIC | | |
| aminocaproic acid soln (AMICAR equiv) | - | 1 |
| aminocaproic acid tab (AMICAR equiv) | - | 1 |
| tranexamic acid tab (LYSTEDA equiv) | - | 1 |
| HYPNOTICS | | |
| NON-BARBITURATE HYPNOTICS | | |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | 1 |
| OREXIN RECEPTOR ANTAGONISTS | | |
| BELSOMRA TAB | - | NC |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| ANTIHISTAMINE HYPNOTICS | | |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| BARBITURATE HYPNOTICS | | |
| phenobarbital elixir | - | 1 |
| phenobarbital tab | - | 1 |
| SECONAL CAP | - | 2 |
| HYPNOTICS - TRICYCLIC AGENTS | | |
| doxepin tab (SILENOR equiv) | - | NC |
| NON-BARBITURATE HYPNOTICS | | |
| estazolam tab (PROSOM equiv) | - | 1 |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 |
| midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist) | RS | 1 |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 |
| temazepam cap 22.5mg (RESTORIL equiv) | - | 1 |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 |
| temazepam cap 7.5mg (RESTORIL equiv) | - | 1 |
| triazolam tab (HALCION equiv) | - | 1 |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | 1 |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | 1 |
| EDLUAR SL TAB | - | NC |
| FLURAZEPAM CAP | - | NC |
| INTERMEZZO SL TAB | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont. | | |
| QUAZEPAM TAB | - | NC |
| ZOLPIDEM CAP | - | NC |
| zolpidem tartrate SL tab (INTERMEZZO equiv) | - | NC |
| ZOLPIDEM TARTRATE SL TAB 1.75MG | - | NC |
| ZOLPIDEM TARTRATE SL TAB 3.5MG | - | NC |
| ZOLPIMIST SPRAY | - | NC |
| OREXIN RECEPTOR ANTAGONISTS | | |
| DAYVIGO TAB (QL= 1 tab/day) | PA-QL | 3 |
| QUVIVIQ TAB | - | NC |
| SELECTIVE MELATONIN RECEPTOR AGONISTS | | |
| ramelteon tab (ROZEREM equiv) (QL= 1 tab/day) | QL | 1 |
| HETLIOZ CAP | - | NC |
| HETLIOZ SUSP | - | NC |
| tasimelteon cap (HETLIOZ equiv) | - | NC |

LAXATIVES

| LAXATIVE COMBINATIONS | | |
|--|----|-----|
| GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 |
| GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 |
| NULYTELY SOLN (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 |
| peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay) | QL | \$0 |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | \$0 |
| peg 3350/electrolytes soln (NULYTELY equiv) (Covered at \$0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year) | QL | \$0 |
| sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay) | QL | \$0 |
| SUFLAVE SOLN (QL= 2 fills/calendar year) | QL | 2 |
| CLENPIQ SOLN | - | NC |
| MOVIPREP SOLN | - | NC |
| PEG-PREP KIT | - | NC |
| PLENVU SOLN | - | NC |
| SUPREP BOWEL PREP PACK | - | NC |
| SUTAB TAB | - | NC |

| LAXATIVES - MISCELLANEOUS | | |
|---|-----|-----|
| lactulose soln | - | 1 |
| MIRALAX PACKET | OTC | EXC |
| MIRALAX POWDER | OTC | EXC |
| polyethylene glycol 3350 powder (MIRALAX equiv) | OTC | EXC |
| polyethylene glycol packet (MIRALAX equiv) | OTC | EXC |
| GIALAX KIT | - | NC |
| KRISTALOSE PACK, LACTULOSE PACK | - | NC |
| KRISTALOSE PACKET | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| LAXATIVES Cont. | | |
| SALINE LAXATIVES | | |
| OSMOPREP TAB | - | NC |
| LOCAL ANESTHETICS-PARENTERAL | | |
| LOCAL ANESTHETIC COMBINATIONS | | |
| ROPIVICAINE/CLONIDINE/KETOROLAC INJ | - | NC |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| azithromycin susp (ZITHROMAX equiv) | - | 1 |
| azithromycin tab (ZITHROMAX equiv) | - | 1 |
| ZITHROMAX POWDER PACK | - | 3 |
| CLARITHROMYCIN | | |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 1 |
| clarithromycin tab (BIAXIN equiv) | - | 1 |
| CLARITHROMYC SUSP | - | 2 |
| ERYTHROMYCINS | | |
| erythromycin DR cap (ERYC equiv) | - | 1 |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 1 |
| erythromycin tab (ERY-TAB equiv) | - | 1 |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | 1 |
| ERYTHROMYCIN CAP DR | - | 2 |
| ERYTHROMYCIN EC CAP | - | 2 |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 3 |
| PCE TAB | - | 3 |
| FIDAXOMICIN | | |
| DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution) | QL-ST | 2 |
| DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution) | QL-ST | 2 |
| MEDICAL DEVICES AND SUPPLIES | | |
| CONTRACEPTIVES | | |
| CERVICAL CAP | - | \$0 |
| DIAPHRAGM | - | \$0 |
| FEMALE CONDOMS (QL= 12 condoms/fill) | OTC-QL | EXC |
| MALE CONDOMS (QL= 12 condoms/fill) | OTC-QL | EXC |
| DIABETIC SUPPLIES | | |
| ACCU-CHEK AVIVA PLUS METER | OTC | \$0 |
| ACCU-CHEK GUIDE CARE METER | OTC | \$0 |
| ACCU-CHEK GUIDE ME KIT | OTC | \$0 |
| ACCU-CHEK NANO METER | OTC | \$0 |
| CALIBRATION LIQUID | OTC | \$0 |
| LANCET KIT | OTC | \$0 |
| LANCETS | OTC | \$0 |
| ONETOUCH METER | OTC | \$0 |
| ONETOUCH VERIO FLEX METER | OTC | \$0 |
| ONETOUCH VERIO IQ METER | OTC | \$0 |
| ONETOUCH VERIO METER | OTC | \$0 |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | |

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

MEDICAL DEVICES AND SUPPLIES Cont.

ORAL HYGIENE PRODUCTS

| | | |
|--------------------|---|----|
| HURRISEAL MIS SNAP | - | NC |
|--------------------|---|----|

PARENTERAL THERAPY SUPPLIES

| | | |
|--------------------------------|-------|-----|
| B-D INSULIN SYRINGE | --OTC | \$0 |
| B-D PEN NEEDLE | OTC | \$0 |
| CARETOUCH MIS | OTC | \$0 |
| NOVOFINE PEN NEEDLE | OTC | \$0 |
| NOVOTWIST PEN NEEDLE | OTC | \$0 |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | \$0 |
| CEQUR SIMPLICITY | - | NC |
| INPEN INSULIN INJECTION DEVICE | - | NC |
| INSULIN SYRINGE | OTC | NC |
| PEN NEEDLE | OTC | NC |

RESPIRATORY THERAPY SUPPLIES

| | | |
|-----------------|-----|---|
| PEAK FLOW METER | OTC | 1 |
| AEROCHAMBER | OTC | 2 |

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

| | | |
|--|-------|----|
| UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year) | PA-QL | 2 |
| ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days) | PA-QL | 2 |
| NURTEC ODT | - | NC |
| QULIPTA TAB | - | NC |

MIGRAINE COMBINATIONS

| | | |
|--|---|----|
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | 1 |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | 2 |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP | - | NC |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | NC |
| ERGOTAMINE/CAFFEINE TAB | - | NC |
| ergotamine/caffeine tab (CAFERGOT equiv) | - | NC |
| MIGERGOT SUPP | - | NC |
| PRODRIN TAB | - | NC |
| SUMANSETRON PAK | - | NC |
| sumatriptan/naproxen tab (TREXIMET equiv) | - | NC |
| TREXIMET TAB | - | NC |

MIGRAINE PRODUCTS

| | | |
|---|---|----|
| dihydroergotamine mesylate inj (D.H.E. equiv) | - | NC |
| dihydroergotamine mesylate nasal spray (MIGRANAL equiv) | - | NC |
| MIGRANAL SPRAY | - | NC |
| TRUDHESA NASAL SPRAY | - | NC |

MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES

| | | |
|--|-------|---|
| AIMOVIG INJ (QL= 1 pack/28 days) | PA-QL | 2 |
| AJOVY INJ (QL= 1 pack/28 days) | PA-QL | 2 |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | 2 |
| EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year) | PA-QL | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| MIGRAINE PRODUCTS Cont. | | |
| MIGRAINE PRODUCTS - NSAIDS | | |
| CAMBIA POWDER | - | NC |
| diclofenac potassium (migraine) packet (CAMBIA equiv) | - | NC |
| ELYXYB SOLN | - | NC |
| SEROTONIN AGONISTS | | |
| eletriptan tab (RELPAE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days) | QL | 1 |
| SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 1 |
| sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days) | QL | 1 |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 1 |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 1 |
| zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 1 |
| zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days) | QL | 1 |
| REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year) | PA-QL | 2 |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days) | QL | 2 |
| IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days) | QL | 3 |
| ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 |
| ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days) | QL | 3 |
| almotriptan tab (AXERT equiv) | - | NC |
| ALSUMA INJ, ZEMBRACE SYMTOUCH INJ | - | NC |
| AXERT TAB | - | NC |
| FROVA TAB | - | NC |
| frovatriptan tab (FROVA equiv) | - | NC |
| ONZETRA XSAIL | - | NC |
| SUMAVEL DOSEPRO INJ | - | NC |
| TOSYMRA SOLN | - | NC |
| ZECUITY PAD | - | NC |

MINERALS & ELECTROLYTES

FLUORIDE

| | | |
|---|---|-----|
| FLUORABON SOLN (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 |
| sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |

PHOSPHATE

| | | |
|--|---|---|
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 |
| potassium phosphate monobasic tab (K-PHOS equiv) | - | 1 |
| K-PHOS TAB | - | 2 |

POTASSIUM

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| MINERALS & ELECTROLYTES Cont. | | |
| K-TAB | - | 1 |
| POT/CHLORIDE EFFER TAB | - | 1 |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 |
| potassium chloride ER tab (K-TAB equiv) | - | 1 |
| potassium chloride micro tab (K-DUR equiv) | - | 1 |
| potassium chloride powder packet (KLOR-CON equiv) | - | 1 |
| potassium chloride soln | - | 1 |
| POTASSIUM CHLORIDE TAB ER | - | 1 |
| POKONZA POWDER | - | NC |
| ZINC | | |
| GALZIN CAP | - | 2 |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| CHELATING AGENTS | | |
| penicillamine tab (DEPEN TITRATAB equiv) | - | 1 |
| trientine cap (SYPRINE equiv) | LMSP-PA | 1 |
| CUVRIOR TAB | - | NC |
| penicillamine cap (CUPRIMINE equiv) | - | NC |
| TRIENTINE CAP | - | NC |
| IMMUNOMODULATORS | | |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | 1 |
| JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | S |
| REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist) | LD-QL-RS | S |
| REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | S |
| IMMUNOSUPPRESSIVE AGENTS | | |
| everolimus tab (ZORTRESS equiv) | PA | 1 |
| sirolimus soln (RAPAMUNE equiv) | - | 1 |
| ASTAGRAF XL CAP | - | NC |
| azathioprine tab 100mg (AZASAN equiv) | - | NC |
| azathioprine tab 75mg (AZASAN equiv) | - | NC |
| MYHIBBIN SUSP | - | NC |
| PROGRAF PACKET | - | NC |
| ENSPRYNG INJ (QL= 1 inj/28 days) | LMSP-PA-QL | S |
| LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479) | LD-PA-QL | S |
| PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS | | |
| VIJOICE GRANULES PACKET (QL= 1 packet/day) | MSP-PA-QL | S |
| VIJOICE TAB (QL= 1 tab/day) | MSP-PA-QL | S |
| VIJOICE TAB 250MG (QL= 2 tabs/day) | MSP-PA-QL | S |
| POTASSIUM REMOVING AGENTS | | |
| SPS | - | 1 |
| LOKELMA PAK | PA | 2 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | |
|-------------|--|--------------------------------|---------------------------------|
| EXC | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| LMSP | NC/3P = Not Covered, Third Party Reviewer | INF | LD |
| PA | Plan Exclusion | MSP | Limited Distribution |
| RS | Lumicera Mandatory Specialty Pharmacy Program | QL | Over-the-Counter |
| VAC | Prior Authorization | SMKG | Restricted to Diagnosis |
| | Restricted to Specialist | ¢ | Step Therapy |
| | Vaccine Program | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

MISCELLANEOUS THERAPEUTIC CLASSES Cont.

PROGERIA TREATMENT AGENTS

| | | |
|---|----------|---|
| ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | S |
|---|----------|---|

SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS

| | | |
|---|------------|---|
| BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day) | LMSP-PA-QL | S |
| BENLYSTA INJ (QL= 4 inj/28 day) | LMSP-PA-QL | S |

MOUTH/THROAT/DENTAL AGENTS

ANESTHETICS TOPICAL ORAL

| | | |
|---|---|----|
| lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv) | - | 1 |
| FIRST MOUTHWASH BLM | - | 3 |
| LIDOCAINE ORAL SOLN 4% | - | NC |

ANTI-INFECTIVES - THROAT

| | | |
|--|---|----|
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 |
| nystatin susp | - | 1 |
| NYSTATIN SUSP | - | NC |
| ORAVIG TAB | - | NC |

ANTISEPTICS - MOUTH/THROAT

| | | |
|--|---|---|
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 |
|--|---|---|

DENTAL PRODUCTS

| | | |
|---|---|-----|
| PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay) | - | \$0 |
| sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay) | - | \$0 |
| FLUORIDEX SENSITIVITY PASTE | - | 1 |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 |
| PREVIDENT SOLN | - | 2 |
| FRAICHE 5000 SENSITIVE GEL | - | NC |

STEROIDS - MOUTH/THROAT

| | | |
|--|---|---|
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 |
|--|---|---|

THROAT PRODUCTS - MISC.

| | | |
|---------------------------------|---|----|
| cevimeline cap (EVOXAC equiv) | - | 1 |
| pilocarpine tab (SALAGEN equiv) | - | 1 |
| GELCLAIR GEL | - | NC |
| PROTHELIAL PASTE | - | NC |
| SILATRIX GEL | - | NC |

MULTIVITAMINS

B-COMPLEX VITAMINS

| | | |
|--------------|---|----|
| EB-N3 DR CAP | - | NC |
|--------------|---|----|

B-COMPLEX W/ FOLIC ACID

| | | |
|-----------------------------------|---|---|
| DIALYVITE TAB | - | 1 |
| dialyvite tab (NEPHRO-VITE equiv) | - | 1 |
| DIALYVITE/ZINC TAB | - | 1 |
| FOLBEE PLUS CZ TAB | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| MULTIVITAMINS Cont. | | |
| renaphro cap (NEPHROCAP equiv) | - | 1 |
| FIBRIK CAP | - | NC |
| MULTIPLE VITAMINS W/ MINERALS | | |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 |
| v-c forte cap (V-C FORTE equiv) | - | 1 |
| DEXATLAN CAP | - | NC |
| FOLAGENT DHA CAP | - | NC |
| FOLAMED DHA CAP | - | NC |
| REMEDIENT CAP | - | NC |
| VITRECYL IRON TAB | - | NC |
| VITRECYL TAB | - | NC |
| MULTIVITAMINS | | |
| FOLIKA-V TAB | - | NC |
| PED MULTI VITAMINS W/FL & FE | | |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 |
| POLY-VI-FLOR CHEW W/IRON | - | NC |
| PED MV W/ FLUORIDE | | |
| MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML | - | 1 |
| MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML | - | 1 |
| MULTIVITAMIN/FLUORIDE CHEW 0.25MG | - | 1 |
| MULTIVITAMIN/FLUORIDE CHEW 1MG | - | 1 |
| MULTIVITAMIN/FLUORIDE CHEW TAB | - | 1 |
| pediatric multiple vitamins/fluoride soln | - | 1 |
| TRI-VITAMIN FLUORIDE DROPS | - | 1 |
| FLORIVA PLUS DROPS | - | 2 |
| DAVIMET/FLUORIDE CHEW 0.75MG | - | NC |
| FLORAFOL CHEW TAB | - | NC |
| FLORAFOL PED CHEW TAB | - | NC |
| MULTIVITAMIN/FLUORIDE CHEW 0.25MG | - | NC |
| MULTIVITAMIN/FLUORIDE CHEW 0.5MG | - | NC |
| MULTIVITAMIN/FLUORIDE CHEW 1MG | - | NC |
| MULTI-VIT-FLOR CHEW 0.25MG | - | NC |
| MULTI-VIT-FLOR CHEW 0.5MG | - | NC |
| MULTI-VIT-FLOR CHEW 1MG | - | NC |
| POLY-VI-FLOR CHEW 0.25MG | - | NC |
| POLY-VI-FLOR CHEW 0.5MG | - | NC |
| POLY-VI-FLOR CHEW 1MG | - | NC |
| POLY-VI-FLOR SUSP | - | NC |
| QUFLORA PEDIATRIC CHEW 0.25MG | - | NC |
| QUFLORA PEDIATRIC CHEW 0.5MG | - | NC |
| QUFLORA PEDIATRIC CHEW 1MG | - | NC |
| PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE | | |
| FLORIVA CHEW TAB | - | NC |
| PRENATAL VITAMINS | | |
| CONCEPT DHA CAP | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| MULTIVITAMINS Cont. | | |
| PRENATABS RX TAB | - | 1 |
| PRENATAL 19 CHEW TAB | - | 1 |
| PRENATAL 19 TAB | - | 1 |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 |
| VP-PNV-DHA CAP | - | 1 |
| MYNATAL-Z TAB | - | 3 |
| NEONATAL 19 TAB | - | 3 |
| NEONATAL FE TAB | - | 3 |
| PRENATAL VITAMINS (NON-PREFERRED) | - | 3 |
| VITAFOL STRIPS | - | 3 |
| AZESCHEW TAB 13-1MG | - | NC |
| AZESCO TAB | - | NC |
| CITRANATAL CAP MEDLEY | - | NC |
| JENLIVA CAP | - | NC |
| MULTI-MAC TAB | - | NC |
| PREGEN DHA CAP | - | NC |
| PREGENNA TAB | - | NC |
| PRENARA CAP | - | NC |
| PRENATOL-M TAB 27-1.2MG | - | NC |
| PRENATRIX TAB | - | NC |
| PRENATRYL TAB | - | NC |

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

| | | |
|--|----|----|
| baclofen susp (BACLOFEN equiv) (Prior Authorization Required for members age 9 or older) | PA | 1 |
| baclofen tab (BACLOFEN equiv) | - | 1 |
| carisoprodol tab (SOMA equiv) | - | 1 |
| chlorzoxazone tab 500mg | - | 1 |
| cyclobenzaprine tab (FLEXERIL equiv) | - | 1 |
| metaxalone tab (SKELAXIN equiv) | - | 1 |
| methocarbamol tab (ROBAXIN equiv) | - | 1 |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 |
| tizanidine cap (ZANAFLEX equiv) | - | 1 |
| tizanidine tab (ZANAFLEX equiv) | - | 1 |
| BACLOFEN ORAL SOLN 10 MG/5ML (Prior Authorization Required for members age 9 and older) | PA | 3 |
| BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization Required for members age 9 and older) | PA | 3 |
| BACLOFEN SUSP (Prior Authorization Required for members age 9 or older) | PA | 3 |
| FLEQSUVY SUSP (Prior Authorization required for members age 9 or older) | PA | 3 |
| LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization) | PA | 3 |
| METAXALONE TAB 400MG | - | 3 |
| baclofen tab 15mg | - | NC |
| BACLOFEN TAB 5MG | - | NC |
| carisoprodol tab 250mg (SOMA equiv) | - | NC |
| chlorzoxazone tab | - | NC |
| CHLORZOXAZONE TAB 250MG, LORZONE TAB | - | NC |
| CYCLOBENZAPRINE COMPOUND KIT | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSPP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|--------------|------|
| MUSCULOSKELETAL THERAPY AGENTS Cont. | | |
| cyclobenzaprine ER cap (AMRIX equiv) | - | NC |
| METHOCARBAMOL TAB | - | NC |
| SOMA TAB 250MG | - | NC |
| TANLOR TAB | - | NC |
| DIRECT MUSCLE RELAXANTS | | |
| dantrolene cap (DANTRIUM equiv) | - | 1 |
| FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS | | |
| SOHONOS CAP 1.5MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | S |
| SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | S |
| SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | S |
| SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | S |
| SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828) | LD-PA-QL | S |
| MUSCLE RELAXANT COMBINATIONS | | |
| CARISOPRODOL/ASPIRIN TAB | - | NC |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | NC |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | NC |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | NC |
| LORVATUS PHARMAPAK KIT | - | NC |
| NORGESIC TAB FORTE | - | NC |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | NC |
| TIZANIDINE COMFORT KIT | - | NC |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | |
| NASAL AGENT COMBINATIONS | | |
| azelastine/fluticasone nasal spray (DYMISTA equiv) | - | NC |
| AZENASE PAK | - | NC |
| RYALTRIS SPRAY | - | NC |
| NASAL AGENTS - MISC. | | |
| ALCOHOL SWABS | OTC | 1 |
| ALZAIR NASAL SPRAY | - | NC |
| TICANASE PAK | - | NC |
| NASAL ANESTHETICS | | |
| COCAINE HCL SOLN | - | NC |
| NASAL ANTIALLERGY | | |
| azelastine nasal spray 0.1% (ASTELIN equiv) | - | 1 |
| azelastine nasal spray 0.15% (ASTEPRO equiv) | - | 1 |
| olopatadine nasal spray (PATANASE equiv) | - | 1 |
| NASAL ANTICHOLINERGICS | | |
| ipratropium nasal spray (ATROVENT equiv) | - | 1 |
| NASAL STEROIDS | | |
| flunisolide nasal soln (QL= 2 bottles/fill) | QL | 1 |
| fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill) | QL | 1 |
| budesonide nasal spray (RHINOCORT AQUA equiv) | OTC | EXC |
| FLONASE SENSIMIST NASAL SPRAY | OTC | EXC |
| NASACORT OTC NASAL SPRAY | OTC | EXC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | |
|-------------|--|--------------------------------|---------------------------------|
| EXC | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| LMSP | NC/3P = Not Covered, Third Party Reviewer | INF | LD |
| PA | Plan Exclusion | INF | Limited Distribution |
| RS | Lumicera Mandatory Specialty Pharmacy Program | MSP | Over-the-Counter |
| VAC | Prior Authorization | QL | Restricted to Diagnosis |
| | Restricted to Specialist | SMKG | Step Therapy |
| | Vaccine Program | ¢ | RxCENTS |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| NASAL AGENTS - SYSTEMIC AND TOPICAL Cont. | | |
| triamcinolone OTC nasal spray (NASACORT equiv) | OTC | EXC |
| BECONASE AQ NASAL SPRAY | - | NC |
| mometasone nasal spray (NASONEX equiv) | - | NC |
| OMNARIS NASAL SPRAY | - | NC |
| QNASL NASAL SPRAY | - | NC |
| XHANCE NASAL EXHALER | - | NC |
| ZETONNA NASAL SPRAY | - | NC |
| SYMPATHOMIMETIC DECONGESTANTS | | |
| ADRENALIN NASAL SOLN | - | NC |
| epinephrine hcl nasal soln (ADRENALIN equiv) | - | NC |
| NEUROMUSCULAR AGENTS | | |
| ALS AGENTS | | |
| riluzole tab (RILUTEK equiv) | - | 1 |
| EXSERVAN FILM | - | NC |
| TIGLUTIK SUSP | - | NC |
| RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| FRIEDRICH'S ATAXIA AGENTS | | |
| SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL | S |
| MUSCULAR DYSTROPHY AGENTS | | |
| DUVYZAT ORAL SUSP | - | NC |
| RETT SYNDROME AGENTS | | |
| DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007) | LD-PA-QL | S |
| SPINAL MUSCULAR ATROPHY AGENTS (SMA) | | |
| EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| NUTRIENTS | | |
| LIPIDS | | |
| DOJOLVI ORAL LIQUID | - | NC |
| OPHTHALMIC AGENTS | | |
| ARTIFICIAL TEARS AND LUBRICANTS | | |
| LACRISERT OPHTH INSERT | - | NC |
| BETA-BLOCKERS - OPHTHALMIC | | |
| BETAXOLOL OPHTH SOLN | - | 1 |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 |
| brimonidine/timolol ophth soln (COMBIGAN OPHTH SOLN equiv) | - | 1 |
| CARTEOLOL OPHTH SOLN | - | 1 |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 |
| LEVOBUNOLOL OPHTH SOLN | - | 1 |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 |
| timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) | - | 1 |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 1 |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 1 |
| timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) | - | 1 |
| BETIMOL OPHTH SOLN | - | 2 |
| BETOPTIC-S OPHTH SOLN | - | 2 |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 |
| ISTALOL OPHTH SOLN | - | 2 |
| METIPRANOLOL OPHTH SOLN | - | 2 |
| COMBIGAN OPHTH SOLN | - | 3 |
| CHOLINERGIC AGONISTS | | |
| TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 2 |
| CYCLOPLEGIC MYDRIATICS | | |
| atropine ophth oint | - | 1 |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 |
| ATROPINE SUL SOLN 1% OPHTH | - | 1 |
| ATROPINE SULFATE OPHTH OINT | - | 1 |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 |
| CYCLOMYDRIL OPHTH SOLN | - | 2 |
| HOMATROPINE OPHTH SOLN | - | 2 |
| CYCLOGYL OPHTH SOLN | - | 3 |
| MYDCOMBI OPHTH SOLN | - | NC |
| TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN | - | NC |
| MIOTICS | | |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 |
| PHOSPHOLINE OPHTH SOLN | - | NC |
| VUITY OPHTH SOLN | - | NC |
| OPHTHALMIC ADRENERGIC AGENTS | | |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 1 |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 1 |
| brimonidine ophth soln 0.2% | - | 1 |
| brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv) | - | 1 |
| APRACLONIDINE OPHTH SOLN | - | 2 |
| IOPIDINE OPHTH SOLN | - | 2 |
| SIMBRINZA OPHTH SUSP | - | 2 |
| OPHTHALMIC ANTI-INFECTIVES | | |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 |
| erythromycin ophth oint | - | 1 |
| gatifloxacin ophth soln (ZYMAXID equiv) | - | 1 |
| GENTAK OPHTH OINT | - | 1 |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| OPHTHALMIC AGENTS Cont. | | |
| LEVOFLOXACIN OPHTH SOLN 0.5% | - | 1 |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 |
| NEOMYCIN/POLYMXIN/GRAMICIDIN OPHTH SOLN | - | 1 |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 |
| tobramycin ophth soln (TOBREX equiv) | - | 1 |
| TRIFLURIDINE OPHTH SOLN | - | 1 |
| AZASITE SOLN | - | 2 |
| BACITRACIN OPHTH OINT | - | 2 |
| NATACYN OPHTH SUSP (QL= 15ml/fill) | QL | 2 |
| ZIRGAN OPHTH GEL | - | 2 |
| CILOXAN OPHTH OINT | - | 3 |
| TOBREX OPHTH OINT | - | 3 |
| VIGAMOX OPHTH SOLN | - | 3 |
| ZYMAXID OPHTH SOLN | - | 3 |
| BESIVANCE OPHTH SUSP | - | NC |
| ERYTHROMYCIN OPHTH OINT | - | NC |
| LEVOFLOXACIN OPHTH SOLN | - | NC |
| MOXEZA OPHTH SOLN 0.5% | - | NC |
| MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN | - | NC |
| MOXIFLOXACIN SOLN | - | NC |
| VANCOMYCIN SOLN | - | NC |
| XDEMZYV DROP (QL= 1 bottle/42 days (1 bottle= 10ml); Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Restricted to Ophthalmology or Optometry Specialist) | LD-QL-RS | S |
| OPHTHALMIC IMMUNOMODULATORS | | |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 1 |
| CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN | - | NC |
| CYCLOSPORINE OPHTH EMULSION 0.1% | - | NC |
| RESTASIS MULTI-DOSE | - | NC |
| RESTASIS OPHTH EMULSION | - | NC |
| OPHTHALMIC INTEGRIN ANTAGONISTS | | |
| XIIDRA OPHTH SOLN (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 2 |
| OPHTHALMIC KINASE INHIBITORS | | |
| RHOPRESSA OPHTH SOLN | - | NC |
| ROCKLATAN OPHTH SOLN | - | NC |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 |
| IHEEZO GEL | - | NC |
| OPHTHALMIC NERVE GROWTH FACTORS | | |
| OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| OPHTHALMIC PHOTOENHANCERS | | |
| PHOTREXA OP KIT | - | NC |
| PHOTREXA VISCOUS OPHTH SOLN | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|---|---|------------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| OPHTHALMIC STEROIDS | | |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 |
| difluprednate ophth emulsion (DUREZOL equiv) | - | 1 |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 |
| loteprednol etabonate ophth gel (LOTEMAX equiv) | - | 1 |
| loteprednol ophth susp (LOTEMAX, ALREX equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | 1 |
| prednisolone acetate ophth susp (PRED FORTE equiv) | - | 1 |
| PREDNISOLONE OPHTH SUSP | - | 1 |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 1 |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 |
| ALREX OPHTH SUSP | - | 2 |
| BLEPHAMIDE OPHTH SOLN | - | 2 |
| LOTEMAX OPHTH OINT | - | 2 |
| MAXIDEX OPHTH SOLN | - | 2 |
| PRED MILD OPHTH SOLN | - | 2 |
| PRED-G OPHTH SOLN | - | 2 |
| TOBRADEX OPHTH OINT | - | 2 |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 |
| ALREX OPHTH SUSP 0.2% | - | 3 |
| BLEPHAMIDE S.O.P. OPHTH OINT | - | 3 |
| FLAREX OPHTH SUSP | - | 3 |
| FML FORTE OPHTH SUSP | - | 3 |
| FML S.O.P. OPHTH OINT | - | 3 |
| PRED FORTE OPHTH SUSP | - | 3 |
| TOBRADEX ST OPHTH SUSP | - | 3 |
| CLOBETASOL OPHTH SUSP | - | NC |
| DEXTENZA OPHTH INSERT | - | NC |
| EYSUVIS OPHTH SUSP | - | NC |
| INVELTYS OPHTH SUSP | - | NC |
| KLARITY-B DROPS | - | NC |
| KLARITY-L DROPS | - | NC |
| LOTEMAX SM GEL 0.38% | - | NC |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN | - | NC |
| PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP | - | NC |
| PREDNISOLONE/NEPAFENAC OPHTH SUSP | - | NC |
| OPHTHALMIC SURGICAL AIDS | | |
| DUOVISC KIT | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-------------|---|-------------|--------------------------------------|------------|-------------------------|
| EXC | NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion | INF | Infertility | LD | Limited Distribution |
| LMSP | Lumicera Mandatory Specialty Pharmacy Program | MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter |
| PA | Prior Authorization | QL | Quantity Limit | RDX | Restricted to Diagnosis |
| RS | Restricted to Specialist | SMKG | Smoking Cessation | ST | Step Therapy |
| VAC | Vaccine Program | ¢ | RxCENTS | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|-----------------|---------------------|-------------|
|-----------------|---------------------|-------------|

OPHTHALMIC AGENTS Cont.

OPHTHALMICS - MISC.

| | | |
|---|----------|-----|
| azelastine ophth soln (OPTIVAR equiv) | - | 1 |
| bepotastine ophth soln (BEPREVE equiv) | - | 1 |
| brinzolamide ophth susp (AZOPT equiv) | - | 1 |
| bromfenac ophth soln (BROMDAY equiv) | - | 1 |
| cromolyn ophth soln (CROLOM equiv) | - | 1 |
| CROMOLYN SODIUM OPHTH SOLN | - | 1 |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 |
| epinastine ophth soln (ELESTAT equiv) | - | 1 |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 |
| olopatadine ophth soln 0.1% (PATANOL equiv) | OTC | 1 |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | OTC-QL | 1 |
| ALOCRILOPHTH SOLN | - | 2 |
| ALOMIDOPHTH SOLN | - | 2 |
| FLURBIPROFEN OPHTH SOLN | - | 2 |
| ILEVRO OPHTH SUSP | - | 2 |
| MIEBO OPHTH SOLN (QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist) | QL-RS | 2 |
| NEVANAC OPHTH SUSP | - | 2 |
| PROLENSA OPHTH SOLN | - | 2 |
| ACUVAIL OPHTH SOLN | - | 3 |
| AZOPT OPHTH SUSP | - | 3 |
| EMADINE OPHTH SOLN | - | 3 |
| LASTACRAFT OPHTH SOLN (QL= 3ml/30 days) | QL | 3 |
| ketotifen ophth soln (ZADITOR equiv) (OTC covered only) | OTC | EXC |
| UPNEEQ SOLN | - | EXC |
| bromfenac sodium ophth soln 0.07% (PROLENSA equiv) | - | NC |
| bromfenac sodium ophth soln 0.075% (BROMSITE equiv) | - | NC |
| BROMSITE DROP 0.075% | - | NC |
| PATADAY OPHTH SOLN | - | NC |
| PAZEO OPHTH SOLN 0.7% | - | NC |
| ZADITOR OPHTH SOLN | OTC | NC |
| ZERVIATE OPHTH SOLN | - | NC |
| CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-QL-RS | S |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416) | LD-QL-RS | S |

PROSTAGLANDINS - OPHTHALMIC

| | | |
|---|----|----|
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 1 |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days) | QL | 1 |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 |
| IYUZEH OPHTH DROPS | - | NC |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) | - | NC |
| VYZULTA SOLN | - | NC |
| XELPROS OPHTH EMULSION | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| OPHTHALMIC AGENTS Cont. | | |
| ZIOPTAN OPHTH SOLN | - | NC |
| OTIC AGENTS | | |
| OTIC AGENTS - MISCELLANEOUS | | |
| acetic acid otic soln (VOSOL equiv) | - | 1 |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 |
| OTIC ANTI-INFECTIVES | | |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 |
| CIPROFLOXACIN OTIC SOLN | - | 2 |
| OTIC COMBINATIONS | | |
| ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | 1 |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 |
| COLY-MYCIN S OTIC SUSP | - | 2 |
| CIPRO HC OTIC SUSP | - | 3 |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | NC |
| CORTANE-B OTIC SOLN | - | NC |
| CORTIC-ND DROPS | - | NC |
| otomax-HC otic soln (CORTANE-B equiv) | - | NC |
| OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN | - | NC |
| OTIC STEROIDS | | |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 |
| fluocinolone otic oil (DERMOTIC equiv) | - | 1 |
| OXYTOCICS | | |
| ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING | | |
| MPM PAK | - | NC |
| OXYTOCICS | | |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days) | QL | 1 |
| PASSIVE IMMUNIZING AGENTS | | |
| IMMUNE SERUMS | | |
| CUVITRU INJ | - | NC |
| HIZENTRA INJ | MSP-PA | S |
| PASSIVE IMMUNIZING AGENTS - COMBINATIONS | | |
| HYQVIA INJ | MSP-PA | S |
| PASSIVE IMMUNIZING AND TREATMENT AGENTS | | |
| IMMUNE SERUMS | | |
| CUTAQUIG INJ | - | NC |
| HIZENTRA INJ | MSP-PA | S |
| XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118) | LD-PA | S |
| MONOCLONAL ANTIBODIES | | |
| BEYFORTUS INJ | VAC | \$0 |
| PENICILLINS | | |
| AMINOPENICILLINS | | |
| amoxicillin cap (TRIMOX equiv) | - | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| PENICILLINS Cont. | | |
| AMOXICILLIN CHEW TAB | - | 1 |
| amoxicillin susp (TRIMOX equiv) | - | 1 |
| amoxicillin tab (AMOXIL equiv) | - | 1 |
| ampicillin cap (AMPICILLIN equiv) | - | 1 |
| MOXATAG TAB | - | NC |
| MOXATAG TAB 775MG | - | NC |
| NATURAL PENICILLINS | | |
| penicillin vk tab (VEETIDS equiv) | - | 1 |
| PENICILLIN COMBINATIONS | | |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 |
| AMOXICILLIN/CLAVULANATE ER TAB | - | 3 |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 |
| PHARMACEUTICAL ADJUVANTS | | |
| LIQUID VEHICLES | | |
| TRICHOSOL SOLN | - | NC |
| SEMI SOLID VEHICLES | | |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | 2 |
| VERSAPENN AL GEL ANHYDROU | - | NC |
| PROGESTINS | | |
| PROGESTINS | | |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 |
| megestrol ES susp (MEGACE ES equiv) | - | 1 |
| MEGESTROL SUSP | - | 1 |
| norethindrone tab (AYGESTIN equiv) | - | 1 |
| progesterone cap (PROMETRIUM equiv) | - | 1 |
| progesterone oil inj | - | 1 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 1 |
| disulfiram tab (ANTABUSE equiv) | - | 1 |
| lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days) | PA-QL | 1 |
| LUCEMYRA TAB (QL= 96 tabs/7 days) | PA-QL | 3 |
| ANTI-CATAPLECTIC AGENTS | | |
| XYWAV SOLN | - | NC |
| LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| LUMRYZ STARTER PACK (QL= 1 packet/day; Only available through Accredo 800-803-2523) | LD-PA-QL | S |
| SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688) | LD-PA-QL | S |
| ANTIDEMENTIA AGENTS | | |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| galantamine ER cap (RAZADYNE ER equiv) | - | 1 |
| GALANTAMINE SOLN | - | 1 |
| galantamine tab (RAZADYNE equiv) | - | 1 |
| memantine ER cap (NAMENDA XR equiv) | - | 1 |
| memantine soln (NAMENDA equiv) | - | 1 |
| memantine tab (NAMENDA equiv) | - | 1 |
| rivastigmine cap (EXELON equiv) | - | 1 |
| rivastigmine patch (EXELON equiv) | - | 1 |
| NAMENDA XR TITRATION PACK | - | 2 |
| ADLARITY PATCH | - | NC |
| NAMZARIC CAP | - | NC |
| NAMZARIC STARTER PACK | - | NC |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 1 |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | NC |
| DULOXICAINE PACK | - | NC |
| LYBALVI TAB | - | NC |
| FIBROMYALGIA AGENTS | | |
| SAVELLA PAK | - | 2 |
| SAVELLA TAB (QL= 2 tabs/day) | QL | 2 |
| MOVEMENT DISORDER DRUG THERAPY | | |
| tetrabenazine tab (XENAZINE equiv) | LMSP | 1 |
| AUSTEDO TITRATION PACK | - | NC |
| XENAZINE TAB | - | NC |
| AUSTEDO TAB (QL= 4 tabs/day) | LMSP-PA-QL | S |
| AUSTEDO XR TAB (QL= 1 tab/day) | LMSP-PA-QL | S |
| AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days) | LMSP-PA-QL | S |
| AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days) | LMSP-PA-QL | S |
| INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | S |
| INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479) | LD-PA-QL | S |
| INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | S |
| MULTIPLE SCLEROSIS AGENTS | | |
| dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist) | LMSP-QL-RS | 1 |
| dimethyl fumarate DR cap (TECFIDERA equiv) | LMSP | 1 |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) | LMSP | 1 |
| fingolimod hcl cap 0.5mg (GILENYA equiv) | LMSP | 1 |
| glatiramer inj (COPAXONE equiv) | LMSP | 1 |
| teriflunomide tab (AUBAGIO equiv) | LMSP | 1 |
| AUBAGIO TAB | - | NC |
| BAFIERTAM CAP | - | NC |
| EXTAVIA INJ | - | NC |
| GILENYA CAP 0.5MG | - | NC |
| PONVORY TAB | - | NC |
| PONVORY TAB STARTER PACK | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| TASCENSO ODT TAB | - | NC |
| TECFIDERA CAP | - | NC |
| TECFIDERA STARTER PACK | - | NC |
| VUMERITY CAP | - | NC |
| ZINBRYTA INJ | - | NC |
| AVONEX INJ | LMSP | S |
| BETASERON INJ | LMSP | S |
| GILENYA CAP 0.25MG | LMSP | S |
| KESIMPTA INJ | LMSP | S |
| MAVENCLAD THERAPY PAK (Only available through Walgreens 888-347-3416) | LD | S |
| MAYZENT TAB | LMSP | S |
| MAYZENT TAB STARTER PACK | LMSP | S |
| PLEGRIDY INJ | LMSP | S |
| PLEGRIDY PEN INJ | LMSP | S |
| REBIF INJ | LMSP | S |
| ZEPOSIA CAP (QL= 1 cap/day) | LMSP-PA-QL | S |
| ZEPOSIA STARTER PACK (QL= 1 cap/day) | LMSP-PA-QL | S |
| POSTHERPETIC NEURALGIA (PHN) AGENTS | | |
| GRALISE TAB | - | NC |
| POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS | | |
| gabapentin (once-daily) tab (GRALISE equiv) | - | NC |
| GRALISE STARTER PACK | - | NC |
| GRALISE TAB | - | NC |
| LIDOTIN PAK | - | NC |
| pregabalin ER tab (LYRICA CR equiv) | - | NC |
| PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS | | |
| FLUOXETINE CAP (PMDD) | - | NC |
| SARAFEM TAB | - | NC |
| PSEUDOBULBAR AFFECT (PBA) AGENTS | | |
| NUEDEXTA CAP (QL= 2 caps/day) | PA-QL | 2 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| PIMOZIDE TAB | - | 2 |
| AQNEURSA POWDER | - | NC |
| ERGOLOID MESYLATES TAB | - | NC |
| MIPLYFFA CAP | - | NC |
| RESTLESS LEG SYNDROME (RLS) AGENTS | | |
| HORIZANT TAB | - | NC |
| SMOKING DETERRENTS | | |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 |
| nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICOTINE KIT | OTC-QL-SMKG | \$0 |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| nicotine patch (NICODERM equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | \$0 |
| NICOTROL INHALER (Limited to 180 days/plan year) | QL-SMKG | \$0 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier | | | | | | | | | | | | | | | | | | | | | |
|--|---|------------------------------------|-------------------------|--------------------------------|---------------------------------|--|--|--|---------------------------|------------------------|--------------------------------|---|---|-----------------------------|-------------------------------|--------------------------|------------------------------------|------------------------------------|-------------------------------|------------------------|----------------------------|------------------|--|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | | | | | | | | | | | | | | | | | | | | | | |
| NICOTROL NASAL SPRAY (Limited to 180 days/plan year) | QL-SMKG | \$0 | | | | | | | | | | | | | | | | | | | | | |
| VARENICLINE TAB (Limited to 180 days/plan year) | QL-SMKG | \$0 | | | | | | | | | | | | | | | | | | | | | |
| varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | | | | | | | | | | | | | | | | | | | | | |
| varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year) | QL-SMKG | \$0 | | | | | | | | | | | | | | | | | | | | | |
| TRANSTHYRETIN AMYLOIDOSIS AGENTS | | | | | | | | | | | | | | | | | | | | | | | |
| WAINUA INJ (QL= 1 inj/28 days; Only available through Orsini 800-410-8575) | LD-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| VASOMOTOR SYMPTOM AGENTS | | | | | | | | | | | | | | | | | | | | | | | |
| BRISDELLE CAP | - | NC | | | | | | | | | | | | | | | | | | | | | |
| paroxetine cap (BRISDELLE equiv) | - | NC | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY AGENTS - MISC. | | | | | | | | | | | | | | | | | | | | | | | |
| CYSTIC FIBROSIS AGENTS | | | | | | | | | | | | | | | | | | | | | | | |
| BRONCHITOL CAP | - | NC | | | | | | | | | | | | | | | | | | | | | |
| KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| PULMOZYME INH SOLN | LMSP | S | | | | | | | | | | | | | | | | | | | | | |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| PULMONARY FIBROSIS AGENTS | | | | | | | | | | | | | | | | | | | | | | | |
| pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day) | LMSP-PA-QL | 1 | | | | | | | | | | | | | | | | | | | | | |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | LMSP-PA-QL | 1 | | | | | | | | | | | | | | | | | | | | | |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | LMSP-PA-QL | 1 | | | | | | | | | | | | | | | | | | | | | |
| PIRFENIDONE TAB | - | NC | | | | | | | | | | | | | | | | | | | | | |
| ESBRIET CAP (QL= 9 caps/day) | LMSP-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL | S | | | | | | | | | | | | | | | | | | | | | |
| SULFONAMIDES | | | | | | | | | | | | | | | | | | | | | | | |
| SULFONAMIDES | | | | | | | | | | | | | | | | | | | | | | | |
| sulfadiazine tab | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| TETRACYCLINES | | | | | | | | | | | | | | | | | | | | | | | |
| AMINOMETHYLCYCLINES | | | | | | | | | | | | | | | | | | | | | | | |
| NUZYRA TAB | - | NC | | | | | | | | | | | | | | | | | | | | | |
| TETRACYCLINES | | | | | | | | | | | | | | | | | | | | | | | |
| demeclocycline tab (DECLOMYCIN equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| doxycycline hyclate tab (VIBRATAB equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| doxycycline susp (VIBRAMYCIN equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| minocycline cap (MINOCIN equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| minocycline tab (DYNACIN equiv) | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| tetracycline cap | - | 1 | | | | | | | | | | | | | | | | | | | | | |
| VIBRAMYCIN SYRUP | - | 3 | | | | | | | | | | | | | | | | | | | | | |
| Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered. | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>NC = Not Covered</td> <td>generic = small letters</td> <td>BRANDS = CAPITAL LETTERS</td> </tr> <tr> <td>NC/3P = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>LMSP Lumicera Mandatory Specialty Pharmacy Program</td> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> </tr> <tr> <td>PA Prior Authorization</td> <td>QL Quantity Limit</td> <td>RDX Restricted to Diagnosis</td> </tr> <tr> <td>RS Restricted to Specialist</td> <td>SMKG Smoking Cessation</td> <td>ST Step Therapy</td> </tr> <tr> <td>VAC Vaccine Program</td> <td>¢ RxCENTS</td> <td></td> </tr> </table> | | | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS | NC/3P = Not Covered, Third Party Reviewer | | | EXC Plan Exclusion | INF Infertility | LD Limited Distribution | LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter | PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis | RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy | VAC Vaccine Program | ¢ RxCENTS | |
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS | | | | | | | | | | | | | | | | | | | | | |
| NC/3P = Not Covered, Third Party Reviewer | | | | | | | | | | | | | | | | | | | | | | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution | | | | | | | | | | | | | | | | | | | | | |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter | | | | | | | | | | | | | | | | | | | | | |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis | | | | | | | | | | | | | | | | | | | | | |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy | | | | | | | | | | | | | | | | | | | | | |
| VAC Vaccine Program | ¢ RxCENTS | | | | | | | | | | | | | | | | | | | | | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| TETRACYCLINES Cont. | | |
| ACTICLATE TAB 75MG, 150MG | - | NC |
| DORYX MPC TAB | - | NC |
| doxycycline hyclate DR tab (DORYX equiv) | - | NC |
| doxycycline hyclate tab (TARGADOX equiv) | - | NC |
| doxycycline hyclate tab 75mg, 150mg | - | NC |
| doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv) | - | NC |
| doxycycline monohydrate cap 150mg (MONODOX equiv) | - | NC |
| doxycycline monohydrate cap 75mg (MONODOX equiv) | - | NC |
| doxycycline monohydrate tab 150mg (ADOXA equiv) | - | NC |
| MINOCYCLINE ER CAP | - | NC |
| minocycline ER tab (SOLODYN equiv) | - | NC |
| MINOLIRA TAB | - | NC |
| SEYSARA TAB | - | NC |
| TETRACYCLINE TAB | - | NC |

THYROID AGENTS

ANTITHYROID AGENTS

| | | |
|----------------------------------|---|----|
| methimazole tab (TAPAZOLE equiv) | - | 1 |
| propylthiouracil tab | - | 1 |
| SODIUM IODIDE I-131 SOLN | - | NC |

THYROID HORMONES

| | | |
|---|-------|----|
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 |
| levothyroxine tab (SYNTHROID equiv) | - | 1 |
| liothyronine tab (CYTOMEL equiv) | - | 1 |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 |
| THYROLAR TAB | - | 2 |
| TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older) | PA-QL | 3 |
| ERMEZA SOLN 150 MCG/5ML | - | NC |
| LEVOTHYROXINE INJ | - | NC |
| LEVOTHYROXINE INJ 100MCG/ML | - | NC |
| THYQUIDITY SOLN | - | NC |
| TIROSINT CAP | - | NC |

TOXOIDS

TOXOID COMBINATIONS

| | | |
|---|-----|-----|
| ADACEL/BOOSTRIX INJ | VAC | \$0 |
| DAPTACEL INJ, INFANRIX INJ | VAC | \$0 |
| DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ | VAC | \$0 |
| KINRIX INJ, QUADRACEL DTAP-IPV INJ | VAC | \$0 |
| KINRIX PEF SYRINGE, QUADRACEL PEF SYRINGE | VAC | \$0 |
| PEDIARIX INJ | VAC | \$0 |
| PENTACEL INJ | VAC | \$0 |
| TETANUS/DIPHTHERIA TOXOID INJ | VAC | \$0 |
| VAXELIS INJ | VAC | \$0 |

ULCER DRUGS

ANTISPASMODICS

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ULCER DRUGS Cont. | | |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 1 |
| dicyclomine cap (BENTYL equiv) | - | 1 |
| dicyclomine soln (BENTYL equiv) | - | 1 |
| dicyclomine tab (BENTYL equiv) | - | 1 |
| glycopyrrolate tab (ROBINUL equiv) | - | 1 |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | 1 |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| methscopolamine tab (PAMINE equiv) | - | 1 |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 |
| PROPANTHELINE TAB | - | 2 |
| SYMAX DUOTAB | - | 3 |
| b-donna tab (DONNATAL equiv) | - | NC |
| DONNATAL TAB | - | NC |
| GLYCATE TAB, GLYCOPYRROLATE TAB | - | NC |
| pb-belladonna elixir (DONNATAL equiv) | - | NC |
| H-2 ANTAGONISTS | | |
| cimetidine soln (CIMETIDINE equiv) | - | 1 |
| cimetidine tab (TAGAMET equiv) (Rx Only) | - | 1 |
| famotidine susp (PEPCID equiv) | - | 1 |
| famotidine tab (PEPCID equiv) (Rx Only) | - | 1 |
| nizatidine cap (AXID equiv) | - | 1 |
| PEPCID TAB (Rx Only) | - | 3 |
| ranitidine cap (ZANTAC equiv) | - | NC |
| ranitidine syrup (ZANTAC equiv) | - | NC |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | NC |
| ZANTAC EFFER TAB | - | NC |
| MISC. ANTI-ULCER | | |
| sucralfate tab (CARAFATE equiv) | - | 1 |
| PROTON PUMP INHIBITORS | | |
| esomeprazole cap (NEXIUM equiv) (Rx Only) | - | 1 |
| lansoprazole cap (PREVACID equiv) (Rx Only) | - | 1 |
| omeprazole DR cap (PRILOSEC equiv) | - | 1 |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 |
| rabeprazole EC tab (ACIPHEX equiv) | - | 1 |
| FIRST OMEPRAZOLE SUSP | - | 3 |
| LANSOPRAZOLE SUSP | - | 3 |
| NEXIUM CAP (Rx Only) | - | 3 |
| PREVACID OTC CAP | OTC | EXC |
| ACIPHEX SPRINKLE CAP | - | NC |
| NEXIUM GRANULE PACK | - | NC |
| PRILOSEC CAP | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | |
|-------------|--|--------------------------------|---------------------------------|
| EXC | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| LMSP | NC/3P = Not Covered, Third Party Reviewer | INF | LD |
| PA | Plan Exclusion | MSP | Limited Distribution |
| RS | Lumicera Mandatory Specialty Pharmacy Program | QL | Over-the-Counter |
| VAC | Prior Authorization | SMKG | Restricted to Diagnosis |
| | Restricted to Specialist | ¢ | Step Therapy |
| | Vaccine Program | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|---|--------------|------|
| ULCER DRUGS Cont. | | |
| PRILOSEC OTC DR TAB | OTC | NC |
| ULCER DRUGS - PROSTAGLANDINS | | |
| misoprostol tab (CYTOTEC equiv) | - | 1 |
| ULCER THERAPY COMBINATIONS | | |
| ZEGERID CAP OTC | OTC | EXC |
| omeprazole/sodium bicarbonate cap (ZEGERID equiv) | - | NC |
| omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) | - | NC |
| ZEGERID POWDER PACK | - | NC |
| ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS | | |
| ANTISPASMODICS | | |
| glycopyrrolate oral soln (CUVPOSA equiv) | - | 1 |
| DARTISLA ODT TAB | - | NC |
| GLYCATE TAB | - | NC |
| HYOSCYAMINE INJ | - | NC |
| H-2 ANTAGONISTS | | |
| NIZATIDINE CAP | - | 1 |
| CIMETIDINE SOLN | - | NC |
| MISC. ANTI-ULCER | | |
| sucralfate susp (CARAFATE equiv) | - | 1 |
| PROTON PUMP INHIBITORS | | |
| esomeprazole magnesium DR tab (NEXIUM equiv) | OTC | EXC |
| NEXIUM 24HR TAB | OTC | EXC |
| omeprazole magnesium DR tab 20mg (PRILOSEC equiv) | OTC | EXC |
| omeprazole tab | OTC | EXC |
| PRILOSEC OTC DR TAB | OTC | EXC |
| ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG | - | NC |
| DEXILANT DR CAP | - | NC |
| dexlansoprazole DR cap (DEXILANT equiv) | - | NC |
| esomeprazole DR granule pack (NEXIUM equiv) | - | NC |
| FIRST PANTOPRAZOLE SUSP | - | NC |
| lansoprazole odt (PREVACID SOLUTAB equiv) | - | NC |
| pantoprazole sodium packet (PROTONIX equiv) | - | NC |
| VOQUEZNA TAB | - | NC |
| ULCER THERAPY COMBINATIONS | | |
| bismuth/metro/tetra cap (PYLERA equiv) | - | NC |
| HELIDAC PACK | - | NC |
| KONVOMEK SUSP | - | NC |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | NC |
| LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT | - | NC |
| PYLERA CAP | - | NC |
| TALICIA CAP | - | NC |
| VOQUEZNA DUAL PAK | - | NC |
| VOQUEZNA TRIP PAK | - | NC |

URINARY ANTI-INFECTIVES

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | |
|-------------|--|--------------------------------|---------------------------------|
| EXC | NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| LMSP | NC/3P = Not Covered, Third Party Reviewer | INF | LD |
| PA | Plan Exclusion | MSP | Limited Distribution |
| RS | Lumicera Mandatory Specialty Pharmacy Program | QL | Over-the-Counter |
| VAC | Prior Authorization | SMKG | Restricted to Diagnosis |
| | Restricted to Specialist | ¢ | Step Therapy |
| | Vaccine Program | | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

URINARY ANTI-INFECTIVES Cont.

URINARY ANTI-INFECTIVE COMBINATIONS

| | | |
|---------------|---|----|
| PROSED DS TAB | - | NC |
|---------------|---|----|

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)

| | | |
|---|---|---|
| tropium chloride SR cap (SANCTURA XR equiv) | - | 1 |
|---|---|---|

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

| | | |
|---|-----|-----|
| darifenacin SR tab (ENABLEX equiv) | - | 1 |
| fesoterodine fumarate ER tab (TOVIAZ equiv) | - | 1 |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 |
| oxybutynin syrup | - | 1 |
| oxybutynin tab (DITROPAN equiv) | - | 1 |
| solifenacin tab (VESICARE equiv) | - | 1 |
| tolterodine SR cap (DETROL LA equiv) | - | 1 |
| tolterodine tab (DETROL equiv) | - | 1 |
| tropium tab (SANCTURA equiv) | - | 1 |
| TOVIAZ TAB | - | 3 |
| OXYTROL PATCH (OTC) | OTC | EXC |
| GELNIQUE | - | NC |
| OXYBUTYNIN TAB | - | NC |
| VESICARE LS SUSP | - | NC |

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

| | | |
|-------------------------------------|---|----|
| MYRBETRIQ TAB | - | 1 |
| GEMTESA TAB | - | NC |
| mirabegron tab er (MYRBETRIQ equiv) | - | NC |
| MYRBETRIQ SUSP | - | NC |

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

| | | |
|------------------------------------|---|---|
| bethanechol tab (URECHOLINE equiv) | - | 1 |
|------------------------------------|---|---|

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)

| | | |
|-------------------------------|---|----|
| flavoxate tab (URISPAS equiv) | - | NC |
|-------------------------------|---|----|

VACCINES

BACTERIAL VACCINES

| | | |
|--|-----|-----|
| ACTHIB INJ, HIBERIX INJ | VAC | \$0 |
| BEXSERO INJ | VAC | \$0 |
| CAPVAXIVE INJ | VAC | \$0 |
| MENACTRA INJ | VAC | \$0 |
| MENQUADFI INJ | VAC | \$0 |
| MENVEO INJ | VAC | \$0 |
| PEDVAXHIB INJ | VAC | \$0 |
| PENBRAYA INJ | VAC | \$0 |
| PNEUMOVAX INJ | VAC | \$0 |
| PREVNAR 13 INJ | VAC | \$0 |
| PREVNAR 20 INJ (Covered for members age 19 years or older) | VAC | \$0 |
| TRUMENBA INJ | VAC | \$0 |
| VAXNEUVANCE INJ | VAC | \$0 |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| VACCINES Cont. | | |
| VIRAL VACCINES | | |
| ABRYSVO INJ (QL= 1 dose/lifetime) | QL-VAC | \$0 |
| AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| AREXVY INJ (QL= 1 dose/lifetime; Covered for members age 60 years or older) | QL-VAC | \$0 |
| COMIRNATY INJ (QL= 1 dose/17 days) | QL-VAC | \$0 |
| COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days) | QL-VAC | \$0 |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days) | QL-VAC | \$0 |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days) | QL-VAC | \$0 |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days) | QL-VAC | \$0 |
| DENG VAXIA SUSP | VAC | \$0 |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | \$0 |
| FLUAD INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUBLOK INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUCELVAX INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| FLUMIST NASAL (QL= 1 dose/28 days) | QL-VAC | \$0 |
| FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days) | QL-VAC | \$0 |
| GARDASIL 9 INJ | VAC | \$0 |
| HAVRIX INJ, VAQTA INJ | VAC | \$0 |
| HEPLISAV-B INJ | VAC | \$0 |
| IPOLE INJ | VAC | \$0 |
| M-M-R II INJ | VAC | \$0 |
| MRESVIA INJ (QL= 1 dose/lifetime; Covered for members age 60 years or older) | QL-VAC | \$0 |
| NOVAVAX INJ (QL= 1 dose/24 days) | QL-VAC | \$0 |
| PREHEVBRIO SUSP | VAC | \$0 |
| PRIORIX INJ | VAC | \$0 |
| PROQUAD INJ | VAC | \$0 |
| ROTARIX SUSP | VAC | \$0 |
| ROTATEQ INJ | VAC | \$0 |
| SHINGRIX INJ (Covered for members age 19 years or older) | VAC | \$0 |
| SPIKEVAX INJ (QL= 1 dose/24 days) | QL-VAC | \$0 |
| SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days) | QL-VAC | \$0 |
| TWINRIX INJ | VAC | \$0 |
| VARIVAX INJ | VAC | \$0 |

VAGINAL AND RELATED PRODUCTS

VAGINAL ANTI-INFECTIVES

| | | |
|---|----|---|
| CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill) | QL | 2 |
| XACIATO GEL (QL= 1 applicator/fill) | QL | 2 |

VAGINAL CONTRACEPTIVE - PH MODULATORS

| | | |
|-----------------------------|----|-----|
| PHEXXI GEL (QL= 1 box/fill) | QL | \$0 |
|-----------------------------|----|-----|

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

| | | |
|----------------|---|----|
| FEM PH GEL | - | 3 |
| INTRAROSA SUPP | - | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|----------|--------------|------|
|----------|--------------|------|

VAGINAL PRODUCTS Cont.

SPERMICIDES

| | | |
|--------------------|-----|-----|
| CONTRACEPTIVE FOAM | OTC | EXC |
| CONTRACEPTIVE GEL | OTC | EXC |
| CONTRACEPTIVE SUPP | OTC | EXC |
| TODAY SPONGE | OTC | EXC |

VAGINAL ANTI-INFECTIVES

| | | |
|--|----|---|
| clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill) | QL | 1 |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 |
| terconazole cream (TERAZOL equiv) | - | 1 |
| TERCONAZOLE CREAM 0.8% | - | 1 |
| terconazole supp (TERAZOL equiv) | - | 1 |
| CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill) | QL | 3 |

VAGINAL ESTROGENS

| | | |
|--|----|----|
| estradiol cream (ESTRACE equiv) | - | 1 |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill) | QL | 1 |
| ESTRING (3 copays per Rx) | - | 2 |
| PREMARIN VAGINAL CREAM | - | 2 |
| ESTRACE VAGINAL CREAM | - | 3 |
| FEMRING (3 copays per Rx) | - | 3 |
| IMVEXXY SUPP | - | NC |

VAGINAL PROGESTINS

| | | |
|-------------------|----|---|
| CRINONE GEL | PA | 2 |
| ENDOMETRIN INSERT | PA | 2 |
| PROGESTERONE SUPP | PA | 3 |

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS

| | | |
|--|----|----|
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | 1 |
| ADRENALICK INJ, EPINEPHRINE INJ | - | NC |
| AUVI-Q INJ | - | NC |
| EPIPEN (JR) INJ | - | NC |
| NEFFY SPRAY | - | NC |

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

| | | |
|--------------------------------|---|----|
| droxidopa cap (NORTHERA equiv) | - | NC |
| NORTHERA CAP | - | NC |

VASOPRESSORS

| | | |
|----------------------------------|---|---|
| midodrine tab (PROAMATINE equiv) | - | 1 |
|----------------------------------|---|---|

VITAMINS

OIL SOLUBLE VITAMINS

| | | |
|-----------------------------------|-----|----|
| phytonadione tab (MEPHYTON equiv) | - | 1 |
| vitamin D cap (RX strength only) | - | 1 |
| ERGOCAL CAP | - | NC |
| vitamin D cap 1000unit | OTC | NC |
| vitamin D cap 400unit | OTC | NC |
| VITAMIN D TAB 400UNIT | OTC | NC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary
Category/Class**

Last Updated* 11/1/2024

| DrugName | Special Code | Tier |
|----------------------------------|---------------------|-------------|
| VITAMINS Cont. | | |
| WATER SOLUBLE VITAMINS | | |
| POTABA POWDER PACKET | - | 2 |
| niacin cap | OTC | EXC |
| niacin CR tab (SLO-NIACIN equiv) | OTC | EXC |
| niacin tab | OTC | EXC |
| NIACIN TR CAP | OTC | EXC |
| NIACIN TR TAB | OTC | EXC |
| niacinamide tab | OTC | EXC |
| SLO-NIACIN TAB | OTC | EXC |

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | |
|--|--|---------------------------------|
| NC = Not Covered | generic = small letters | BRANDS = CAPITAL LETTERS |
| NC/3P = Not Covered, Third Party Reviewer | | |
| EXC Plan Exclusion | INF Infertility | LD Limited Distribution |
| LMSP Lumicera Mandatory Specialty Pharmacy Program | MSP Mandatory Specialty Pharmacy Program | OTC Over-the-Counter |
| PA Prior Authorization | QL Quantity Limit | RDX Restricted to Diagnosis |
| RS Restricted to Specialist | SMKG Smoking Cessation | ST Step Therapy |
| VAC Vaccine Program | ¢ RxCENTS | |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary
Prior Authorization Drug List
Last Updated* 11/1/2024

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------------------|--|
| ABSTRAL SL TAB | 3 |
| ACTEMRA ACTPEN INJ | S |
| ACTEMRA SC INJ | S |
| ACTHAR GEL INJ | S |
| ACTIMMUNE INJ | S |
| adapalene cream | 1 |
| adapalene gel | 1 |
| ADBRY INJ | S |
| ADEMPAS TAB | S |
| AIMOVIG INJ | 2 |
| AJOVY INJ | 2 |
| ALECENSA CAP | S |
| ALINIA SUSP | 2 |
| ALKINDI SPRINKLE CAP 0.5MG | 3 |
| ALKINDI SPRINKLE CAP 1MG | 3 |
| ALUNBRIG TAB 30MG | S |
| ALUNBRIG TAB 90MG, 180MG | S |
| ambrisentan tab | 1 |
| ANDRODERM PATCH | 2 |
| ARIKAYCE SUSP | S |
| ATORVALIQ SUSP | 3 |
| AUGTYRO CAP | S |
| AUSTEDO TAB | S |
| AUSTEDO XR TAB | S |
| AUSTEDO XR TAB TITRATION KIT | S |
| AUSTEDO XR TITRATION PACK | S |
| AYVAKIT TAB | S |
| BACLOFEN ORAL SOLN 10 MG/5ML | 3 |
| BACLOFEN ORAL SOLN 5 MG/5ML | 3 |
| BACLOFEN SUSP | 3 |
| BALVERSA TAB 3MG | S |
| BALVERSA TAB 4MG | S |
| BALVERSA TAB 5MG | S |
| BANZEL SUSP | 3 |
| BARACLUDE SOLN | 3 |
| BENLYSTA AUTO-INJECTOR | S |
| BENLYSTA INJ | S |
| BERINERT INJ | S |
| bexarotene cap | 1 |
| bexarotene gel | 1 |
| bosentan tab | 1 |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|----------------------------|--|
| BOSULIF CAP | S |
| BOSULIF TAB | S |
| BRAFTOVI CAP 75MG | S |
| BRUKINSA CAP | S |
| budesonide ER tab | 1 |
| budesonide rectal foam | 1 |
| BYLVAY CAP 1200MCG | S |
| BYLVAY CAP 400MCG | S |
| BYLVAY SPRINKLE CAP 200MCG | S |
| BYLVAY SPRINKLE CAP 600MCG | S |
| CABLIVI INJ KIT | S |
| CABOMETYX TAB | S |
| CALQUENCE CAP | S |
| CALQUENCE TAB | S |
| CAMZYOS CAP | S |
| CAPRELSA TAB | S |
| CAPRELSA TAB 300MG | S |
| carglumic acid tab | 1 |
| CAROSPIR SUSP | 3 |
| CHOLBAM CAP | S |
| CIBINQO TAB | S |
| CIMZIA INJ | S |
| CINRYZE INJ | S |
| clobazam susp | 1 |
| COMETRIQ KIT | S |
| COPIKTRA CAP | S |
| CORLANOR SOLN | 3 |
| CORLANOR TAB | 3 |
| COTELLIC TAB | S |
| CRINONE GEL | 2 |
| dasatinib tab | 1 |
| DAYBUE SOLN | S |
| DAYVIGO TAB | 3 |
| deferiprone tab | 1 |
| DESCOVY TAB | \$0 |
| DIACOMIT CAP | S |
| DIACOMIT POWDER PACK | S |
| diclofenac gel | 1 |
| DOPTELET TAB | S |
| dronabinol cap | 1 |
| DUPIXENT INJ | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------------|--|
| DUPIXENT PEN INJ | S |
| EMGALITY INJ | 2 |
| EMGALITY INJ 100MG/ML | 2 |
| EMPAVELI INJ | S |
| enalapril maleate oral soln | 1 |
| ENBREL INJ 25MG | S |
| ENBREL INJ 50MG | S |
| ENBREL MINI INJ | S |
| ENBREL SURECLICK INJ 50MG | S |
| ENDOMETRIN INSERT | 2 |
| ENSPRYNG INJ | S |
| ENTYVIO SC INJ | S |
| EPIDIOLEX SOLN | S |
| EPRONTIA SOLN | 3 |
| ERIVEDGE CAP | S |
| ERLEADA TAB | S |
| ERLEADA TAB 240MG | S |
| erlotinib tab | 1 |
| erlotinib tab 25mg | 1 |
| ESBRIET CAP | S |
| everolimus tab | 1 |
| everolimus tab (ZORTRESS equiv) | 1 |
| everolimus tab for oral susp | 1 |
| EVRYSDI SOLN | S |
| EZALLOR SPRINKLE CAP | 3 |
| FANAPT TAB | 3 |
| FANAPT TITRATION PACK | 3 |
| FASENRA PEN INJ | S |
| FENTANYL BUCCAL TAB | 3 |
| fentanyl citrate lollipop | 1 |
| FENTORA TAB | 3 |
| FERRIPROX SOLN | S |
| FERRIPROX TAB | S |
| FILSPARI TAB | S |
| FINTEPLA SOLN | S |
| FIRDAPSE TAB | S |
| FLEQSUVY SUSP | 3 |
| FLOLIPID SUSP | 3 |
| FOTIVDA CAP | S |
| FRUZAQLA CAP 1MG | S |
| FRUZAQLA CAP 5MG | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| GALAFOLD CAP | S |
| GAVRETO CAP | S |
| gefitinib tab | 1 |
| GENOTROPIN INJ | S |
| GILOTRIF TAB | S |
| GLOPERBA SOLN | 3 |
| HAEGARDA INJ | S |
| HEMLIBRA INJ | S |
| HIZENTRA INJ | S |
| HUMIRA INJ 10MG | S |
| HUMIRA INJ 20MG | S |
| HUMIRA INJ 40MG | S |
| HUMIRA INJ 80MG | S |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | S |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | S |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | S |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | S |
| HUMIRA PEN INJ 40MG | S |
| HYCAMTIN CAP | S |
| HYFTOR GEL | S |
| HYQVIA INJ | S |
| icatibant inj | 1 |
| ICLUSIG TAB | S |
| IDHIFA TAB | S |
| IMBRUVICA CAP 140MG | S |
| IMBRUVICA CAP 70MG | S |
| IMBRUVICA SUSP | S |
| IMBRUVICA TAB 420MG, 560MG | S |
| IMCIVREE INJ | S |
| INBRIJA INH POWDER | 3 |
| INGREZZA CAP | S |
| INGREZZA PACK 40-80MG | S |
| INGREZZA SPRINKLE CAP | S |
| INLYTA TAB | S |
| INQOVI TAB | S |
| ISTURISA TAB 10MG | S |
| ISTURISA TAB 1MG | S |
| ISTURISA TAB 5MG | S |
| itraconazole soln | 1 |
| ivabradine hcl tab | 1 |
| IWILFIN TAB | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

**Montana Unified School Trust Formulary cont.
 Prior Authorization Drug List
 Last Updated* 11/1/2024**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------|--|
| JAKAFI TAB | S |
| JAYPIRCA TAB | S |
| JOENJA TAB | S |
| JYLAMVO SOLN, XATMEP SOLN | 3 |
| JYNARQUE PAK | S |
| JYNARQUE TAB | S |
| KALYDECO PAK | S |
| KALYDECO TAB | S |
| KATERZIA SUSP | 3 |
| KERENDIA TAB | 3 |
| KEVZARA INJ | S |
| KINERET INJ | S |
| KISQALI PAK | S |
| KISQALI TAB | S |
| KOSELUGO CAP | S |
| KOSELUGO CAP 10MG | S |
| KRAZATI TAB | S |
| lapatinib ditosylate tab | 1 |
| LAZANDA NASAL SPRAY | 3 |
| LEDIPASVIR/SOFOSBUVIR TAB | S |
| LENVIMA CAP | S |
| l-glutamine powder packet | 1 |
| LIKMEZ SUSP | 3 |
| LINZESS CAP | 3 |
| LITFULO CAP | S |
| lithium oral solution | 1 |
| LIVMARLI SOLN | S |
| LIVTENCITY TAB | S |
| lofexidine hcl tab | 1 |
| LOKELMA PAK | 2 |
| LONSURF TAB | S |
| LORBRENA TAB 100MG | S |
| LORBRENA TAB 25MG | S |
| lubiprostone cap | 1 |
| LUCEMYRA TAB | 3 |
| LUMAKRAS TAB | S |
| LUMAKRAS TAB 320MG | S |
| LUMRYZ PACK | S |
| LUMRYZ STARTER PACK | S |
| LUPKYNIS CAP | S |
| LYNPARZA TAB | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-----------------------------|--|
| LYTGOBI THERAPY PACK | S |
| LYVISPAH GRANULE PACKET | 3 |
| MAVYRET PAK | S |
| MAVYRET TAB | S |
| MEKINIST SOLN | S |
| MEKINIST TAB 0.5MG | S |
| MEKINIST TAB 2MG | S |
| MEKTOVI TAB | S |
| METHITEST TAB | 3 |
| mifepristone tab | 1 |
| miglustat cap | 1 |
| MOTTEGRITY TAB | 3 |
| MOVANTIK TAB | 2 |
| MYFEMBREE TAB | 2 |
| NATPARA INJ | S |
| NERLYNX TAB | S |
| NINLARO CAP | S |
| nitazoxanide tab | 1 |
| nitrofurantoin susp | 1 |
| NORLIQVA ORAL SOLN | 3 |
| NUBEQA TAB | S |
| NUCALA INJ | S |
| NUEDEXTA CAP | 2 |
| OCALIVA TAB | S |
| ODACTRA SL TAB | 3 |
| ODOMZO CAP | S |
| OFEV CAP | S |
| OGSIVEO TAB | S |
| OGSIVEO TAB 50MG | S |
| OJJAARA TAB | S |
| OLUMIANT TAB | S |
| OMNITROPE INJ | S |
| ONFI SUSP | 3 |
| ONGENTYS CAP | 3 |
| OPSUMIT TAB | S |
| OPZELURA CREAM | 3 |
| ORENCIA CLICK INJ | S |
| ORENCIA SC INJ 125MG/ML | S |
| ORENCIA SC INJ 50MG/0.4ML | S |
| ORENCIA SC INJ 87.5MG/0.7ML | S |
| ORGOVYX TAB | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------|--|
| ORIAHNN CAP | 2 |
| ORILISSA TAB 150MG | 2 |
| ORILISSA TAB 200MG | 2 |
| ORKAMBI GRANULES PACKET | S |
| ORKAMBI TAB | S |
| ORSERDU TAB | S |
| ORSERDU TAB 345MG | S |
| OTEZLA STARTER PACK | S |
| OTEZLA TAB | S |
| OXBRYTA TAB | S |
| OXBRYTA TAB FOR ORAL SUSP | S |
| OXERVATE OPHTH SOLN | S |
| PALFORZIA POWDER PACK | S |
| PALFORZIA SPRINKLE CAP | S |
| PALYNZIQ INJ | S |
| pazopanib tab | 1 |
| PEMAZYRE TAB | S |
| PIQRAY TAB | S |
| pirfenidone cap | 1 |
| pirfenidone tab 267mg | 1 |
| pirfenidone tab 801mg | 1 |
| POMALYST CAP | S |
| PREVYMIS TAB | S |
| PROGESTERONE SUPP | 3 |
| PROMACTA POWDER | S |
| PROMACTA TAB 12.5MG, 25MG | S |
| PROMACTA TAB 50MG | S |
| PROMACTA TAB 75MG | S |
| PURIXAN SUSP | 3 |
| pyrimethamine tab | 1 |
| PYRUKYND TAB | S |
| PYRUKYND TAPER PACK | S |
| QBRELIS SOLN | 3 |
| QINLOCK TAB | S |
| RADICAVA ORS STARTER KIT | S |
| RADICAVA ORS SUSP | S |
| RETEVMO CAP | S |
| RETEVMO CAP 40MG | S |
| RETEVMO TAB | S |
| RETEVMO TAB 40MG | S |
| REYVOW TAB | 2 |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| REZLIDHIA CAP | S |
| REZUROCK TAB | S |
| RIFLOZA INJ 160MG | S |
| RINVOQ ER TAB | S |
| RINVOQ ORAL SOLN | S |
| RIVFLOZA INJ | S |
| RIVFLOZA VIAL | S |
| ROZLYTREK CAP | S |
| ROZLYTREK PAK | S |
| RUBRACA TAB | S |
| RUCONEST INJ | S |
| rufinamide susp | 1 |
| rufinamide tab | 1 |
| RYDAPT CAP | S |
| sapropterin dihydrochloride powder packet | 1 |
| sapropterin dihydrochloride soluble tab | 1 |
| SCEMBLIX TAB | S |
| SCEMBLIX TAB 100 MG | S |
| SIGNIFOR INJ | S |
| sildenafil susp | 1 |
| sildenafil tab 20mg | 1 |
| SIMPONI AUTO-INJECTOR 100MG | S |
| SIMPONI INJ 100MG | S |
| SKYCLARYS CAP | S |
| SKYRIZI INJ 150MG/ML | S |
| SKYRIZI INJ 180 MG/1.2ML | S |
| SKYRIZI INJ 360MG/2.4ML | S |
| SKYTROFA INJ | S |
| SODIUM OXYBATE SOLN | S |
| SOFOSBUVIR/VELPATASVIR TAB | S |
| SOGROYA INJ | S |
| SOHONOS CAP 1.5MG | S |
| SOHONOS CAP 10MG | S |
| SOHONOS CAP 1MG | S |
| SOHONOS CAP 2.5MG | S |
| SOHONOS CAP 5MG | S |
| SOLOSEC GRANULES PACKET | 3 |
| SOMAVERT INJ | S |
| sorafenib tosylate tab | 1 |
| SOTYLIZE SOLN 5MG/ML | 3 |
| SPEVIGO INJ | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------------|--|
| spironolactone susp | 1 |
| SPORANOX SOLN | 3 |
| STELARA INJ | S |
| STIVARGA TAB | S |
| STRENSIQ INJ | S |
| sunitinib malate cap | 1 |
| SUNOSI TAB | 2 |
| SYMDEKO TAB | S |
| SYMPROIC TAB | 2 |
| TABRECTA TAB | S |
| tadalafil tab (PAH) | 1 |
| TADLIQ SUSP | 3 |
| TAFINLAR CAP | S |
| TAFINLAR TAB | S |
| TAGRISSO TAB | S |
| TAKHZYRO INJ | S |
| TAKHZYRO INJ 150MG/ML | S |
| TALTZ INJ | S |
| TALZENNA CAP 0.25MG | S |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | S |
| TASIGNA CAP | S |
| TAVNEOS CAP | S |
| TAZVERIK TAB | S |
| TEPMETKO TAB | S |
| TESTOSTERONE GEL 1% 25MG | 2 |
| testosterone gel 1% 50mg | 1 |
| testosterone gel 1% pump | 1 |
| testosterone gel 1.62% 1.25gm | 1 |
| testosterone gel 1.62% 2.5gm | 1 |
| TESTOSTERONE GEL PUMP 1% | 1 |
| testosterone gel pump 1.62% | 1 |
| testosterone soln | 1 |
| TEZSPIRE INJ | S |
| TIBSOVO TAB | S |
| tiopronin tab | 1 |
| TIROSINT-SOL | 3 |
| TOBI PODHALER | S |
| TRACLEER TAB 32MG | S |
| TREMFYA INJ | S |
| tretinoin cream | 1 |
| tretinoin gel | 1 |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|--|
| tretinoin gel 0.08% | 1 |
| trientine cap | 1 |
| TRIKAFTA TAB | S |
| TRIKAFTA THERAPY PACK | S |
| TRINTELLIX TAB | 3 |
| TRULANCE TAB | 2 |
| TRUQAP TAB | S |
| TRUQAP THERAPY PACK | S |
| TUKYSA TAB | S |
| TURALIO CAP | S |
| TYENNE INJ | S |
| TYVASO DPI POWDER | S |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG | S |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG | S |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG | S |
| TYVASO INH SOLN 0.6 MG/ML | S |
| UBRELVY TAB | 2 |
| UCERIS RECTAL FOAM | 3 |
| UPTRAVI TAB | S |
| VALCHLOR GEL | S |
| VANFLYTA TAB | S |
| VANFLYTA TAB 26.5MG | S |
| VELTASSA POWDER | 2 |
| VENCLEXTA STARTER PACK | S |
| VENCLEXTA TAB | S |
| VENTAVIS INH SOLN | S |
| VEOZAH TAB | 3 |
| VERZENIO TAB | S |
| vigabatrin powder pack | 1 |
| vigabatrin tab | 1 |
| vigadrone powder pack | 1 |
| VIJOICE GRANULES PACKET | S |
| VIJOICE TAB | S |
| VIJOICE TAB 250MG | S |
| VITRAKVI CAP 100MG | S |
| VITRAKVI CAP 25MG | S |
| VITRAKVI SOLN | S |
| VIZIMPRO TAB | S |
| VOGELXO GEL PUMP 1% | 3 |
| VONJO CAP | S |
| VOSEVI TAB | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--------------------------|--|
| VOWST CAP | S |
| VOXZOGO INJ | S |
| VYNDAMAX CAP | S |
| VYNDAQEL CAP | S |
| WAINUA INJ | S |
| WAKIX TAB | S |
| WELIREG TAB | S |
| XADAGO TAB | 3 |
| XALKORI CAP | S |
| XALKORI SPRINKLE CAP | S |
| XELJANZ SOLN | S |
| XELJANZ TAB | S |
| XELJANZ XR TAB | S |
| XEMBIFY INJ | S |
| XOLAIR INJ | S |
| XOLAIR INJ 150MG/ML | S |
| XOLAIR INJ 300MG/2ML | S |
| XOLAIR SYRINGE | S |
| XOLAIR SYRINGE 150MG/ML | S |
| XOLAIR SYRINGE 300MG/2ML | S |
| XOSPATA TAB | S |
| XPHOZAH TAB | 3 |
| XPOVIO PAK | S |
| ZAVZPRET NASAL SPRAY | 2 |
| ZEJULA CAP | S |
| ZEJULA TAB | S |
| ZELBORAF TAB | S |
| ZEPOSIA CAP | S |
| ZEPOSIA STARTER PACK | S |
| ZILBRYSQ INJ | S |
| ZILBRYSQ INJ 23MG | S |
| ZILBRYSQ INJ 32.4MG | S |
| ZOKINVY CAP | S |
| ZOLINZA CAP | S |
| ZONISADE SUSP | 3 |
| ZORYVE CREAM | 2 |
| ZTALMY SUSP | S |
| ZURZUVAE CAP 20MG, 25MG | S |
| ZURZUVAE CAP 30MG | S |
| ZYDELIG TAB | S |
| ZYKADIA CAP | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2024

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|------------------|--|
| ZYKADIA TAB | S |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary
Last Updated* 11/1/2024
RxCents (Cost Savings Enabled by Tablet Splitting)

Tablet splitting helps control prescription drug benefit costs and can provide significant savings for members. Participation in the program is voluntary. Through this program, members pay up to one-half of their usual copayment on a select group of prescription drugs. Drugs included in this program are based on the following criteria:

- The drug product is on the formulary.
- The drug product is recognized as an appropriate product to split by the Pharmacy & Therapeutics Committee.
- The drug is flat priced (i.e. various strengths of the medication must be comparably priced).
- The medication must have once-daily dosing.

An example of the savings that can be realized through this program is illustrated below:

| | Product & Strength | Quantity | Member Copay | Member Annual Savings |
|--------------------------|--------------------|----------|--------------|-----------------------|
| Without Tablet Splitting | Drug A 40 mg tab | 30 | \$15.00 | |
| With Tablet Splitting | Drug A 80 mg tab | 15 | \$7.50 | \$90 |

As the example illustrates, tablet splitting allows members to receive the same dose in a fewer number of tablets; thus, the overall

RxCents Program Medications

febuxostat tab
 rasagiline tab

JANUVIA TAB
 TRINTELLIX TAB

nebivolol hcl tab

OCALIVA TAB

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary
Last Updated* 11/1/2024
Over-the-Counter (OTC)

- The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

| | | | |
|----------------------------------|------------------------------------|-----------------------------------|---------------------------|
| ACCU-CHEK AVIVA PLUS METER | ACCU-CHEK AVIVA PLUS TEST STRIP | ACCU-CHEK GUIDE CARE METER | ACCU-CHEK GUIDE ME KIT |
| ACCU-CHEK GUIDE TEST STRIP | ACCU-CHEK NANO METER | ACCU-CHEK SMARTVIEW TEST STRIP | ACCU-CHEK TEST STRIP |
| AEROCHAMBER | ALCOHOL SWABS | aspirin chew tab 81mg | aspirin ec tab 81mg |
| B-D INSULIN SYRINGE | B-D PEN NEEDLE | CALIBRATION LIQUID | CARETOUCH MIS |
| CLINISTIX TEST STRIP | folic acid tab 400mcg | folic acid tab 800mcg | guaifenesin/codeine syrup |
| HUMULIN MIX INJ | HUMULIN MIX PEN INJ | HUMULIN N INJ | HUMULIN N PEN INJ |
| HUMULIN R INJ | KETO-DIASTIX TEST STRIF | LANCET KIT | LANCETS |
| naloxone hcl nasal spray | NARCAN NASAL SPRAY | nicotine gum | NICOTINE KIT |
| nicotine lozenge | nicotine patch | NOVOFINE PEN NEEDLE | NOVOTWIST PEN NEEDLE |
| NOVOTWIST/NOVOFINE PEN NEEDLE | olopatadine ophth soln 0.1% | olopatadine ophth soln 0.2% | ONETOUCH METER |
| ONETOUCH TEST STRIP | ONETOUCH VERIO FLEX METER | ONETOUCH VERIO IQ METER | ONETOUCH VERIO METER |
| ONETOUCH VERIO REFLECT METER | ONETOUCH VERIO TEST STRIP | PEAK FLOW METER | RIVIVE, REXTOVY SPRAY |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary
Last Updated* 11/1/2024
Mandatory Specialty Pharmacy (MSP)

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

| | | | |
|--------------------------------------|------------------------------|-------------------------------------|-------------------------------|
| abiraterone tab 250mg | ACTEMRA ACTPEN INJ | ACTEMRA SC INJ | ACTHAR GEL INJ |
| ACTIMMUNE INJ | ADBRY INJ | ADEMPAS TAB | ALECENSA CAP |
| ALFERON-N INJ | ALUNBRIG TAB 30MG | ALUNBRIG TAB 90MG, 180MG | ambrisentan tab |
| ARIKAYCE SUSP | AUGTYRO CAP | AUSTEDO TAB | AUSTEDO XR TAB |
| AUSTEDO XR TAB | AUSTEDO XR TITRATION PACK | AVONEX INJ | AYVAKIT TAB |
| TITRATION KIT | BALVERSA TAB 4MG | BALVERSA TAB 5MG | BENLYSTA AUTO-INJECTOI |
| BALVERSA TAB 3MG | BERINERT INJ | betaine powder for oral solution | BETASERON INJ |
| BENLYSTA INJ | bexarotene gel | bosentan tab | BOSULIF CAP |
| bexarotene cap | BRAFTOVI CAP 75MG | BRIXADI SOLN | BRIXADI SOLN |
| BOSULIF TAB | | 128MG/0.36ML | 16MG/0.32ML |
| | | BRIXADI SOLN | BRIXADI SOLN 8MG/0.16ML |
| BRIXADI SOLN | BRIXADI SOLN | 64MG/0.18ML | |
| 24MG/0.48ML | 32MG/0.64ML | BYLVAY CAP 1200MCG | BYLVAY CAP 400MCG |
| BRIXADI SOLN | BRUKINSA CAP | | |
| 96MG/0.27ML | | | |
| BYLVAY SPRINKLE CAP | BYLVAY SPRINKLE CAP | CABLIVI INJ KIT | CABOMETYX TAB |
| 200MCG | 600MCG | | |
| CALQUENCE CAP | CALQUENCE TAB | CAMZYOS CAP | capecitabine tab |
| CAPRELSA TAB | CAPRELSA TAB 300MG | carglumic acid tab | CAYSTON INH SOLN |
| CHOLBAM CAP | CIBINQO TAB | CIMZIA INJ | CINRYZE INJ |
| COMETRIQ KIT | COPIKTRA CAP | COTELLIC TAB | CYSTADROPS SOLN |
| CYTAGON CAP | CYSTARAN OPHTH SOLN | dalfampridine ER tab | dasatinib tab |
| DAYBUE SOLN | deferasirox granules packet | deferasirox tab | deferasirox tab for oral susp |
| deferiprone tab | DIACOMIT CAP | DIACOMIT POWDER PACK | dimethyl fumarate DR cap |
| dimethyl fumarate DR starter pack | DOPTELET TAB | DUPIXENT INJ | DUPIXENT PEN INJ |
| EMPAVELI INJ | ENBREL INJ 25MG | ENBREL INJ 50MG | ENBREL MINI INJ |
| ENBREL SURECLICK INJ | ENSPRYNG INJ | ENTYVIO SC INJ | EPIDIOLEX SOLN |
| 50MG | | | |
| ERIVEDGE CAP | ERLEADA TAB | ERLEADA TAB 240MG | erlotinib tab |
| erlotinib tab 25mg | ESBRIET CAP | ETOPOSIDE CAP | everolimus tab |
| everolimus tab for oral susp | EVRYSDI SOLN | FASENRA PEN INJ | FERRIPROX SOLN |
| FERRIPROX TAB | FILSPARI TAB | figolimod hcl cap 0.5mg | FINTEPLA SOLN |
| FIRDAPSE TAB | FOTIVDA CAP | FRUZAQLA CAP 1MG | FRUZAQLA CAP 5MG |
| FULPHILA INJ | FUROSCIX KIT | GALAFOLD CAP | GAVRETO CAP |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

| | | | |
|-----------------------|------------------------------|-------------------------|-------------------------------|
| gefitinib tab | GENOTROPIN INJ | GILENYA CAP 0.25MG | GILOTRIF TAB |
| glatiramer inj | HAEGARDA INJ | HEMLIBRA INJ | HIZENTRA INJ |
| HUMIRA INJ 10MG | HUMIRA INJ 20MG | HUMIRA INJ 40MG | HUMIRA INJ 80MG |
| HUMIRA INJ | HUMIRA INJ PEDIATRIC | HUMIRA INJ PEDIATRIC UC | HUMIRA INJ |
| CROHNS/UC/HIDRADENITI | CROHNS STARTER PACK | STARTER PACK | PSORIASIS/UVEITIS |
| STARTER PACK | | | STARTER PACK |
| HUMIRA PEN INJ 40MG | HYCAMTIN CAP | HYFTOR GEL | HYQVIA INJ |
| icatibant inj | ICLUSIG TAB | IDHIFA TAB | imatinib tab |
| IMBRUVICA CAP 140MG | IMBRUVICA CAP 70MG | IMBRUVICA SUSP | IMBRUVICA TAB 420MG, 560MG |
| | | | INGREZZA PACK 40-80MG |
| IMCIVREE INJ | INCRELEX INJ | INGREZZA CAP | INTRON-A INJ |
| INGREZZA SPRINKLE CAP | INLYTA TAB | INQOVI TAB | IWILFIN TAB |
| ISTURISA TAB 10MG | ISTURISA TAB 1MG | ISTURISA TAB 5MG | JYNARQUE PAK |
| JAKAFI TAB | JAYPIRCA TAB | JOENJA TAB | KESIMPTA INJ |
| JYNARQUE TAB | KALYDECO PAK | KALYDECO TAB | KISQALI TAB |
| KEVZARA INJ | KINERET INJ | KISQALI PAK | lapatinib ditosylate tab |
| KOSELUGO CAP | KOSELUGO CAP 10MG | KRAZATI TAB | l-glutamine powder packet |
| LEDIPASVIR/SOFOSBUVIR | lenalidomide cap | LENVIMA CAP | |
| TAB | | | |
| LITFULO CAP | LIVMARLI SOLN | LIVTENCITY TAB | LONSURF TAB |
| LORBRENA TAB 100MG | LORBRENA TAB 25MG | LUMAKRAS TAB | LUMAKRAS TAB 320MG |
| LUMRYZ PACK | LUMRYZ STARTER PACK | LUPKYNIS CAP | LYNPARZA TAB |
| LYSODREN TAB | LYTGOBI THERAPY PACK | MAVENCLAD THERAPY | MAVYRET PAK |
| | | PAK | |
| MAVYRET TAB | MAYZENT TAB | MAYZENT TAB STARTER | MEKINIST SOLN |
| | | PACK | |
| MEKINIST TAB 0.5MG | MEKINIST TAB 2MG | MEKTOVI TAB | MESNEX TAB |
| mifepristone tab | miglustat cap | MYLERAN TAB | NATPARA INJ |
| NERLYNX TAB | nilutamide tab | NINLARO CAP | NIVESTYM INJ |
| NUBEQA TAB | NUCALA INJ | NYVEPRIA INJ | OCALIVA TAB |
| octreotide inj | OCTREOTIDE INJ 100MCG | ODOMZO CAP | OFEV CAP |
| OGSIVEO TAB | OGSIVEO TAB 50MG | OJJAARA TAB | OLUMIANT TAB |
| OMNITROPE INJ | OPSUMIT TAB | ORENCIA CLICK INJ | ORENCIA SC INJ 125MG/MI |
| ORENCIA SC INJ | ORENCIA SC INJ | ORGOVYX TAB | ORKAMBI GRANULES |
| 50MG/0.4ML | 87.5MG/0.7ML | | PACKET |
| ORKAMBI TAB | ORSERDU TAB | ORSERDU TAB 345MG | OTEZLA STARTER PACK |
| OTEZLA TAB | OXBRYTA TAB | OXBRYTA TAB FOR ORAL | OXERVATE OPHTH SOLN |
| | | SUSP | |
| PALFORZIA POWDER | PALFORZIA SPRINKLE CAF | PALYNZIQ INJ | pazopanib tab |
| PACK | | | |
| PEGASYS INJ | PEG-INTRON INJ | PEMAZYRE TAB | PHEBURANE ORAL |
| | | | PELLETS |
| PIQRAY TAB | pirfenidone cap | pirfenidone tab 267mg | pirfenidone tab 801mg |
| PLEGRIDY INJ | PLEGRIDY PEN INJ | POMALYST CAP | PREVYMIS TAB |
| PROMACTA POWDER | PROMACTA TAB 12.5MG, 25MG | PROMACTA TAB 50MG | PROMACTA TAB 75MG |
| | | | |
| PULMOZYME INH SOLN | pyrimethamine tab | PYRUKYND TAB | PYRUKYND TAPER PACK |
| QINLOCK TAB | RADICAVA ORS STARTER | RADICAVA ORS SUSP | REBETOL SOLN |
| | KIT | | |
| REBIF INJ | RETEVMO CAP | RETEVMO CAP 40MG | RETEVMO TAB |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

| | | | |
|--|--|--|--------------------------------|
| RETEVMO TAB 40MG | REVLIMID CAP | REZLIDHIA CAP | REZUROCK TAB |
| RIBAVIRIN CAP | RIBAVIRIN TAB | RIFLOZA INJ 160MG | RINVOQ ER TAB |
| RINVOQ ORAL SOLN | RIVFLOZA INJ | RIVFLOZA VIAL | ROZLYTREK CAP |
| ROZLYTREK PAK | RUBRACA TAB | RUCONEST INJ | RYDAPT CAP |
| sapropterin dihydrochloride powder packet | sapropterin dihydrochloride soluble tab | SCSEMBLIX TAB | SCSEMBLIX TAB 100 MG |
| SIGNIFOR INJ | SIMPONI AUTO-INJECTOR 100MG | SIMPONI INJ 100MG | SKYCLARYS CAP |
| SKYRIZI INJ 150MG/ML | SKYRIZI INJ 180 MG/1.2ML | SKYRIZI INJ 360MG/2.4ML | SKYTROFA INJ |
| SODIUM OXYBATE SOLN | SOFOSBUVIR/VELPATASVIR TAB | SOGROYA INJ | SOHONOS CAP 1.5MG |
| SOHONOS CAP 10MG | SOHONOS CAP 1MG | SOHONOS CAP 2.5MG | SOHONOS CAP 5MG |
| SOMAVERT INJ | sorafenib tosylate tab | SPEVIGO INJ | STELARA INJ |
| STIVARGA TAB | STRENSIQ INJ | sunitinib malate cap | SYMDEKO TAB |
| TABRECTA TAB | TAFINLAR CAP | TAFINLAR TAB | TAGRISSO TAB |
| TAKHZYRO INJ | TAKHZYRO INJ 150MG/ML | TALTZ INJ | TALZENNA CAP 0.25MG |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | TASIGNA CAP | TAVNEOS CAP | TAZVERIK TAB |
| temozolomide cap | TEPMETKO TAB | teriflunomide tab | TERIPARATIDE INJ 620MCG/2.48ML |
| tetrabenazine tab | TEZSPIRE INJ | THALOMID CAP | TIBSOVO TAB |
| tiopronin tab | TOBI PODHALER | tobramycin neb soln | TRACLEER TAB 32MG |
| TREMFYA INJ | tretinoin cap | trientine cap | TRIKAFTA TAB |
| TRIKAFTA THERAPY PACK | TRUQAP TAB | TRUQAP THERAPY PACK | TUKYSA TAB |
| TURALIO CAP | TYENNE INJ | TYMLOS INJ | TYVASO DPI POWDER |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG | TYVASO DPI POWDER TITRATION KIT 16-32-48MC | TYVASO DPI POWDER TITRATION KIT 16-32MCG | TYVASO INH SOLN 0.6 MG/ML |
| UPTRAVI TAB | VALCHLOR GEL | VANFLYTA TAB | VANFLYTA TAB 26.5MG |
| VENCLEXTA STARTER PACK | VENCLEXTA TAB | VENTAVIS INH SOLN | VERZENIO TAB |
| vigabatrin powder pack | vigabatrin tab | vigadrone powder pack | VIJOICE GRANULES PACKET |
| VIJOICE TAB | VIJOICE TAB 250MG | VITRAKVI CAP 100MG | VITRAKVI CAP 25MG |
| VITRAKVI SOLN | VIVITROL INJ | VIZIMPRO TAB | VONJO CAP |
| VOSEVI TAB | VOWST CAP | VOXZOGO INJ | VYNDAMAX CAP |
| VYNDAQEL CAP | WAINUA INJ | WAKIX TAB | WELIREG TAB |
| XALKORI CAP | XALKORI SPRINKLE CAP | XDEMVY DROP | XELJANZ SOLN |
| XELJANZ TAB | XELJANZ XR TAB | XEMBIFY INJ | XOLAIR INJ |
| XOLAIR INJ 150MG/ML | XOLAIR INJ 300MG/2ML | XOLAIR SYRINGE | XOLAIR SYRINGE 150MG/ML |
| XOLAIR SYRINGE 300MG/2ML | XOSPATA TAB | XPOVIO PAK | ZARXIO INJ |
| ZEJULA CAP | ZEJULA TAB | ZELBORAF TAB | ZEPOSIA CAP |
| ZEPOSIA STARTER PACK | ZILBRYSQ INJ | ZILBRYSQ INJ 23MG | ZILBRYSQ INJ 32.4MG |
| ZOKINVY CAP | ZOLINZA CAP | ZTALMY SUSP | ZURZUVAE CAP 20MG, 25MG |
| ZURZUVAE CAP 30MG | ZYDELIG TAB | ZYKADIA CAP | ZYKADIA TAB |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary
Last Updated* 11/1/2024
Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|--|---|
| CIALIS TAB 2.5MG, 5MG | QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap |
| DEXCOM G6 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G6 SENSOR | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G6 TRANSMITTER | QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G7 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G7 SENSOR | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DIFICID SUSP | QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| DIFICID TAB | QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| febuxostat tab | Step Therapy requires trial of allopurinol |
| fluvoxamine ER cap | Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 2-PLUS SENSOR | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3 READER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3 SENSOR | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3-PLUS SENSOR | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| LEVALBUTEROL INHALER, XOPENEX HF INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or a albuterol HFA product |
| LIVALO TAB | Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| LONHALA MAGNAIR SOLN | Step Therapy requires trial of INCRUSE ELLIPTA INHALER |
| NEXLETOL TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|--|
| NEXLIZET TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| pitavastatin calcium tab | Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| REPATHA INJ | QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| REPATHA PUSHTRONEX INJ | QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| risedronate DR tab | Step Therapy requires trial of alendronate |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/MILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL) |
| tadalafil tab 2.5mg, 5mg | QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary
Smoking Cessation Agents
Last Updated* 11/1/2024

| Drug Name | Tier # for Drug Copay |
|---|------------------------------|
| bupropion SR tab(Limited to 180 days/plan year) | \$0 |
| nicotine gum(Limited to 180 days/plan year) | \$0 |
| NICOTINE KIT | \$0 |
| nicotine lozenge(Limited to 180 days/plan year) | \$0 |
| nicotine patch(Limited to 180 days/plan year) | \$0 |
| NICOTROL INHALER(Limited to 180 days/plan year) | \$0 |
| NICOTROL NASAL SPRAY(Limited to 180 days/plan year) | \$0 |
| VARENICLINE TAB(Limited to 180 days/plan year) | \$0 |
| varenicline tartrate tab(Limited to 180 days/plan year) | \$0 |
| varenicline tartrate tab starter pack(Limited to 180 days/plan year) | \$0 |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary
Infertility Drug List
Last Updated* 11/1/2024

| Drug Name | Tier # for Drug Copay |
|-------------------------------|------------------------------|
| cetorelix acetate for inj kit | EXC |
| CETROTIDE KIT | EXC |
| CLOMID TAB | EXC |
| CLOMIPHENE TAB | EXC |
| OVIDREL INJ | EXC |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------|---|
| abiraterone tab 250mg | QL= 4 tabs/day |
| ABRYSVO INJ | QL= 1 dose/lifetime |
| ABSTRAL SL TAB | QL= 120 tabs/30 days |
| ACTEMRA ACTPEN INJ | QL= 2 inj/28 days |
| ACTEMRA SC INJ | QL= 2 inj/28 days |
| ACTHAR GEL INJ | QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| ADBRY INJ | QL= 2 inj/28 days |
| ADEMPAS TAB | QL= 3 tabs/day; Only available through Accredo 800-803-2523 |
| AFLURIA INJ, FLUZONE INJ | QL= 1 inj/28 days |
| AIMOVIG INJ | QL= 1 pack/28 days |
| AJOVY INJ | QL= 1 pack/28 days |
| AKYNZEO CAP | QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist |
| albuterol HFA inhaler | QL= 2 inhalers/30 days |
| ALECENSA CAP | QL= 8 caps/day |
| ALINIA SUSP | QL= 60ml/3 days |
| ALKINDI SPRINKLE CAP 0.5MG | QL= 3 caps/day; Members age 9 or older require Prior Authorization |
| ALKINDI SPRINKLE CAP 1MG | QL= 3 caps/day; Members age 9 or older require Prior Authorization |
| ALUNBRIG TAB 30MG | QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| ALUNBRIG TAB 90MG, 180MG | QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| ambrisentan tab | QL= 1 tab/day; Only available through Lumicera 855-847-3553 |
| ANDRODERM PATCH | QL= 1 patch/day |
| ANNOVERA RING | QL= 1 ring/year |
| ANZEMET TAB | QL= 9 tabs/fill |
| aprepitant cap | QL= 3 caps/fill |
| aprepitant pak | QL= 3 caps/fill |
| AREXVY INJ | QL= 1 dose/lifetime; Covered for members age 60 years or older |
| ARIKAYCE SUSP | QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046 |
| armodafinil tab | QL= 1 tab/day |
| asenapine maleate SL tab | QL= 2 tabs/day |
| AUGTYRO CAP | QL= 8 caps/day |
| AUSTEDO TAB | QL= 4 tabs/day |
| AUSTEDO XR TAB | QL= 1 tab/day |
| AUSTEDO XR TAB TITRATION KIT | QL= 1 pack/28 days |
| AUSTEDO XR TITRATION PACK | QL= 1 pack/28 days |
| AYVAKIT TAB | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| BALVERSA TAB 3MG | QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767 |
| BALVERSA TAB 4MG | QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767 |
| BALVERSA TAB 5MG | QL= 1 tab/day; Only available through CVS Specialty 800-237-2767 |
| BAQSIMI NASAL POWDER | QL= 2 inhalations/fill |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|----------------------------|---|
| BAXDELA TAB | QL= 2 tabs/day; Restricted to Infectious Disease Specialist |
| BENLYSTA AUTO-INJECTOR | QL= 4 inj/28 day |
| BENLYSTA INJ | QL= 4 inj/28 day |
| bimatoprost ophth soln | QL= 2.5ml/30 days |
| bosentan tab | QL= 2 tabs/day; Only available through Lumicera 855-847-3553 |
| BRAFTOVI CAP 75MG | QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| BRUKINSA CAP | QL= 4 caps/day; Only available through Lumicera 855-847-3553 |
| budesonide ER tab | QL=1 tab/day |
| buprenorphine patch | QL= 4 patches/28 days |
| bupropion SR tab | Limited to 180 days/plan year |
| butorphanol nasal spray | QL= 1 bottle/fill, 2 fills/30 days |
| BYDUREON BCISE AUTO INJ | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON INJ | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYDUREON PEN INJ | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYETTA INJ | QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| BYLVAY CAP 1200MCG | QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479 |
| BYLVAY CAP 400MCG | QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479 |
| BYLVAY SPRINKLE CAP 200MCG | QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479 |
| BYLVAY SPRINKLE CAP 600MCG | QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479 |
| CABLIVI INJ KIT | QL= 1 vial/day; Only available through Biologics 800-850-4306 |
| CABOMETYX TAB | QL= 1 tab/day |
| CALQUENCE CAP | QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| CALQUENCE TAB | QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| CAMZYOS CAP | QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| CAPRELSA TAB | QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| CAPRELSA TAB 300MG | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| CIALIS TAB 2.5MG, 5MG | QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap |
| CIBINQO TAB | QL= 1 tab/day |
| CIMZIA INJ | QL= 2 inj/28 days |
| CINRYZE INJ | QL= 16 vials/28 days; Only available through Accredo 800-803-2523 |
| CLEOCIN VAGINAL SUPP | QL= 3 suppositories/fill |
| clindamycin vaginal cream | QL=1 tube/fill |
| CLINDESSE VAGINAL CREAM | QL= 1 applicator/fill |
| COMIRNATY INJ | QL= 1 dose/17 days |
| COMIRNATY INJ 30MCG/0.3ML | QL= 1 dose/17 days |
| COPIKTRA CAP | QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| COTELLIC TAB | QL= 3 tabs/day |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| COVID-19 VACCINE INJ 5-11Y (PFIZER) | QL= 1 dose/17 days |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) | QL= 1 dose/24 days |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) | QL= 1 dose/17 days |
| cyclosporine ophth emulsion | QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist |
| CYSTADROPS SOLN | QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| CYSTARAN OPHTH SOLN | QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416 |
| dalfampridine ER tab | QL= 2 tabs/day; Restricted to Neurology Specialist |
| DAYBUE SOLN | QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007 |
| DAYVIGO TAB | QL= 1 tab/day |
| DEPO-PROVERA INJ | |
| DEPO-PROVERA SC INJ 104MG | QL= 1 inj/90 days |
| DEXCOM G6 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G6 SENSOR | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G6 TRANSMITTER | QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G7 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| DEXCOM G7 SENSOR | QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| DIASTAT ACDL GEL | QL= 4 doses/fill |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | QL= 4 doses/fill |
| DIAZEPAM GEL | QL= 4 doses/fill |
| diazepam rectal gel | QL= 4 doses/fill |
| diclofenac gel | QL= 300gm/30 days |
| diclofenac gel 1% | QL= 5 tubes/fill |
| diclofenac soln 1.5% | QL= 3 bottles/fill |
| DIFICID SUSP | QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| DIFICID TAB | QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution |
| donepezil ODT | QL= 1 tab/day |
| donepezil tab | QL= 2 tabs/day |
| donepezil tab 23mg | QL= 1 tab/day |
| DOPTELET TAB | QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| DUPIXENT INJ | QL= 2 inj/28 days |
| DUPIXENT PEN INJ | QL= 2 inj/28 days |
| eletriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| EMGALITY INJ | QL= 1 inj/28 days |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| EMGALITY INJ 100MG/ML | QL= 3 inj/fill, 6 fills/year |
| EMPAVELI INJ | QL= 160ml/28 days; Only available through PantheRx 855-726-8479 |
| ENBREL INJ 25MG | QL= 8 inj/28 days |
| ENBREL INJ 50MG | QL= 4 inj/28 days |
| ENBREL MINI INJ | QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG | QL= 4 inj/28 days |
| ENSPRYNG INJ | QL= 1 inj/28 days |
| entecavir tab | QL= 1 tab/day |
| ENTRESTO TAB | QL= 2 tabs/day |
| ENTYVIO SC INJ | QL= 2 inj/28 days |
| epinephrine pen inj 0.15mg, 0.3mg | QL= 2 inj/fill |
| ERLEADA TAB | QL= 4 tabs/day |
| ERLEADA TAB 240MG | QL= 1 tab/day |
| erlotinib tab | QL= 1 tab/day |
| erlotinib tab 25mg | QL= 3 tabs/day |
| ESBRIET CAP | QL= 9 caps/day |
| estradiol vaginal tab, yuvafem vaginal tab | QL= 8 tabs/28 days, 18 tabs on first fill |
| estradiol valerate inj | QL= 5ml/fill |
| eszopiclone tab | QL= 1 tab/day |
| everolimus tab | QL= 1 tab/day |
| everolimus tab for oral susp | QL= 1 tab/day |
| EVRYSDI SOLN | QL= 6.67ml/day; Only available through Accredo 800-803-2523 |
| ezetimibe/simvastatin tab | QL= 1 tab/day (10-80mg is Not Covered) |
| FANAPT TAB | QL= 2 tabs/day |
| FANAPT TITRATION PACK | QL= 1 pack/plan year |
| FARXIGA TAB | QL= 1 tab/day |
| FASENRA PEN INJ | QL= 1 inj/56 days |
| FEMALE CONDOMS | QL= 12 condoms/fill |
| FENTANYL BUCCAL TAB | QL= 120 tabs/30 days |
| fentanyl citrate lollipop | QL= 120 lozenges/30 days |
| FENTORA TAB | QL= 120 tabs/30 days |
| FILSPARI TAB | QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CV Specialty 800-378-0695 |
| FINTEPLA SOLN | QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| FLUAD INJ | QL= 1 inj/28 days |
| FLUBLOK INJ | QL= 1 inj/28 days |
| FLUCELVAX INJ | QL= 1 inj/28 days |
| FLULAVAL INJ, FLUARIX INJ | QL= 1 inj/28 days |
| FLUMIST NASAL | QL= 1 dose/28 days |
| flunisolide nasal soln | QL= 2 bottles/fill |
| fluticasone nasal spray | QL= 2 bottles/fill |
| FLUZONE HIGH DOSE PF INJ | QL= 1 inj/28 days |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------|---|
| FOTIVDA CAP | QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 2-PLUS SENSOR | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3 READER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3 SENSOR | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE 3-PLUS SENSOR | QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin |
| FRUZAQLA CAP 1MG | QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| FRUZAQLA CAP 5MG | QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| FUROSCIX KIT | QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633 |
| gabapentin cap | QL= 9 caps/day |
| gabapentin soln | QL= 72 mls/day |
| gabapentin tab 600mg | QL= 6 tabs/day |
| gabapentin tab 800mg | QL= 4.5 tabs/day |
| GALAFOLD CAP | QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| GAVILYTE-C SOLN | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| GAVRETO CAP | QL= 4 caps/day; Only available through Lumicera 855-847-3553 |
| gefitinib tab | QL= 1 tab/day; Only available through Lumicera 855-847-3553 |
| GILOTRIF TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| GLUCAGEN HYPOKIT INJ | QL= 2 inj/fill |
| GLUCAGON EMR INJ | QL= 2 inj/fill |
| GLUCAGON INJ KIT | QL= 2 inj/fill |
| GLUCAGON KIT | QL= 2 inj/fill |
| GLYXAMBI TAB | QL= 1 tab/day |
| GOLYTELY SOLN | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| granisetron tab | QL= 14 tabs/fill |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| GRANISOL SOLN | QL= 60ml/fill |
| guaifenesin/codeine syrup | QL= 240ml/fill |
| GVOKE INJ | QL= 2 inj/fill |
| GVOKE INJ KIT | QL= 2 inj/fill |
| GVOKE PFS INJ | QL= 2 inj/fill |
| HUMIRA INJ 10MG | QL= 2 syringes/28 days |
| HUMIRA INJ 20MG | QL= 2 syringes/28 days |
| HUMIRA INJ 40MG | QL= 2 syringes/28 days |
| HUMIRA INJ 80MG | QL= 2 syringes/28 days |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC UC STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA PEN INJ 40MG | QL= 2 pens/28 days |
| HYD POL/CPM SUSP | QL= 120ml/fill; 2 fills/30 days |
| HYDROCODONE BITARTRATE ER CAP | QL= 2 caps/day |
| hydrocodone bitartrate er tab | QL= 1 tab/day |
| hydrocodone/chlorpheniramine CR susp | QL= 120ml/fill; 2 fills/30 days |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid | QL= 120ml/fill, 2 fills/month |
| hydrocortisone succinate inj 100mg | QL= 2 vials/fill |
| HYFTOR GEL | QL= 10 grams/30 days; Only available through Walgreens 888-347-3416 |
| ibandronate tab 150mg | QL= 1 tab/30 days |
| ICLUSIG TAB | QL= 1 tab/day; Only available through AcariaHealth 800-511-5144 |
| IDHIFA TAB | QL= 1 tab/day |
| IMBRUVICA CAP 140MG | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA CAP 70MG | QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA SUSP | QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMBRUVICA TAB 420MG, 560MG | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| IMCIVREE INJ | QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479 |
| IMITREX INJ | QL= 4 inj/fill, 2 fills/30 days |
| INBRIJA INH POWDER | QL= 10 caps/day |
| INGREZZA CAP | QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479 |
| INGREZZA PACK 40-80MG | QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479 |
| INGREZZA SPRINKLE CAP | QL= 1 cap/day; Only available through PantheRx 855-726-8479 |
| INLYTA TAB | QL= 8 tabs/day |
| INQOVI TAB | QL= 5 tabs/28 days |
| ISTURISA TAB 10MG | QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| ISTURISA TAB 1MG | QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| ISTURISA TAB 5MG | QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| IWILFIN TAB | QL= 8 tabs/day; Only available through BioMatrix Specialty Pharmacy 855-359-9679 |
| JAKAFI TAB | QL= 2 tabs/day |
| JANUMET TAB | QL= 2 tabs/day |
| JANUMET XR TAB | QL= 2 tabs/day |
| JANUVIA TAB | QL= 1 tab/day |
| JARDIANCE TAB | QL= 1 tab/day |
| JAYPIRCA TAB | QL= 2 tabs/day |
| JENTADUETO TAB | QL= 2 tabs/day |
| JENTADUETO XR TAB | QL= 2 tabs/day |
| JOENJA TAB | QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479 |
| JYNARQUE PAK | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JYNARQUE TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| KALYDECO PAK | QL= 2 packets/day; Only available through Walgreens 888-347-3416 |
| KALYDECO TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| KERENDIA TAB | QL= 1 tab/day |
| ketorolac inj 15mg/ml | QL= 20ml/5 days |
| ketorolac inj 30mg/ml | QL= 20ml/5 days |
| ketorolac inj 60mg/2ml | QL= 20ml/5 days |
| ketorolac tab | QL= 20 tabs/5 days |
| KEVZARA INJ | QL= 2 inj/28 days |
| KINERET INJ | QL= 1 inj/day; Only available through Biologics 800-850-4306 |
| KISQALI PAK | QL= 91 tabs/28 days |
| KISQALI TAB | QL= 63 tabs/28 days |
| KOSELUGO CAP | QL= 4 caps/day; Only available through Onco360 877-662-6633 |
| KOSELUGO CAP 10MG | QL= 8 caps/day; Only available through Onco360 877-662-6633 |
| KRAZATI TAB | QL= 6 tabs/day; Only available through Biologics 800-850-4306 |
| LAGEVRIO CAP (EUA) | QL= 40 caps/fill |
| LAGEVRIO CAP 200MG | QL= 40 caps/fill |
| LASTACRAFT OPHTH SOLN | QL= 3ml/30 days |
| latanoprost ophth soln | QL= 2.5ml/30 days |
| LAZANDA NASAL SPRAY | QL= 15 bottles/30 days |
| LEDIPASVIR/SOFOSBUVIR TAB | QL= 1 tab/day |
| lenalidomide cap | QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416 |
| LENVIMA CAP | QL= 3 caps/day; Only available through Optum 877-445-6874 |
| LEVALBUTEROL INHALER, XOPENEX HF INHALER | QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product |
| l-glutamine powder packet | QL= 6 packets/day |
| lidocaine oint | QL= 107gm/30 days |
| lidocaine patch | QL= 3 patches/day |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-------------------------|---|
| lidocaine patch 5% | QL= 3 patches/day |
| LINZESS CAP | QL= 1 cap/day |
| LITFULO CAP | QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695 |
| LIVMARLI SOLN | QL= 90ml/30 days; Only available through Eversana 866-849-4481 |
| LIVTENCITY TAB | QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| lofexidine hcl tab | QL= 96 tabs/7 days |
| LORBRENA TAB 100MG | QL= 1 tab/day |
| LORBRENA TAB 25MG | QL= 3 tabs/day |
| lubiprostone cap | QL= 2 caps/day |
| LUCEMYRA TAB | QL= 96 tabs/7 days |
| LUMAKRAS TAB | QL= 8 tabs/day; Only available through Biologics 800-850-4306 |
| LUMAKRAS TAB 320MG | QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| LUMIGAN OPTH SOLN | QL= 2.5ml/30 days |
| LUMRYZ PACK | QL= 1 pack/day; Only available through Accredo 800-803-2523 |
| LUMRYZ STARTER PACK | QL= 1 packet/day; Only available through Accredo 800-803-2523 |
| LUPKYNIS CAP | QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479 |
| LYNPARZA TAB | QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| LYTGOBI THERAPY PACK | QL= 5 tabs/day; Only available through Onco360 877-662-6633 |
| malathion lotion | QL= 2 bottles/fill |
| MALE CONDOMS | QL= 12 condoms/fill |
| MAVYRET PAK | QL= 5 packs/day |
| MAVYRET TAB | QL= 3 tabs/day |
| medroxyprogesterone inj | QL= 1 inj/90 days |
| MEKINIST TAB 0.5MG | QL= 3 tabs/day |
| MEKINIST TAB 2MG | QL= 1 tab/day |
| MEKTOVI TAB | QL= 6 tabs/day |
| methylergonovine tab | QL= 28 tabs/fill, 1 fill/365 days |
| MIEBO OPTH SOLN | QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist |
| mifepristone tab | QL= 4 tabs/day |
| modafinil tab | QL= 2 tabs/day |
| MOTEGRITY TAB | QL= 1 tab/day |
| MOUNJARO INJ | QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| MRESVIA INJ | QL= 1 dose/lifetime; Covered for members age 60 years or older |
| MYFEMBREE TAB | QL= 1 tab/day |
| NALOXONE PREFILLED INJ | QL= 2 inj/fill |
| naratriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| NATACYN OPTH SUSP | QL= 15ml/fill |
| NATROBA SUSP | QL= 1 bottle/fill |
| NAYZILAM SPRAY | QL= 4 doses/fill |
| NERLYNX TAB | QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118 |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-----------------------------|--|
| NEXLETOL TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| NEXLIZET TAB | QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| nicotine gum | Limited to 180 days/plan year |
| NICOTINE KIT | |
| nicotine lozenge | Limited to 180 days/plan year |
| nicotine patch | Limited to 180 days/plan year |
| NICOTROL INHALER | Limited to 180 days/plan year |
| NICOTROL NASAL SPRAY | Limited to 180 days/plan year |
| nitazoxanide tab | QL= 6 tabs/3 days |
| NOVAVAX INJ | QL= 1 dose/24 days |
| NUBEQA TAB | QL= 4 tabs/day |
| NUCALA INJ | QL= 1 inj/28 days |
| NUCYNTA ER TAB | QL= 2 tabs/day |
| NUDEXTA CAP | QL= 2 caps/day |
| NULYTELY SOLN | Covered at \$0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year |
| OCALIVA TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| OFEV CAP | QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| OGSIVEO TAB | QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| OGSIVEO TAB 50MG | QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| OJJAARA TAB | QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| olopatadine ophth soln 0.2% | QL= 2.5ml/30 days |
| OLUMIANT TAB | QL= 1 tab/day |
| OMNIPOD 5 G6 INTRO KIT | QL= 1 kit/year |
| OMNIPOD 5 G6 PODS MISC | QL= 10 pods/30 days |
| OMNIPOD 5 G7 KIT INTRO | QL= 1 kit/year |
| OMNIPOD 5 G7 MIS PODS | QL= 10 pods/30 days |
| OMNIPOD 5 INTRO KIT | QL= 1 kit/year |
| OMNIPOD 5 PACK PODS | QL= 10 pods/month |
| OMNIPOD DASH INTRO KIT | QL= 1 kit/year |
| OMNIPOD DASH PODS | QL= 10 pods/month |
| OMNIPOD GO KIT | QL= 10 pods/month |
| OMNIPOD STARTER KIT | QL= 1 kit/year |
| ONGENTYS CAP | QL= 1 tab/day, 30 tabs per fill |
| OPSUMIT TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| OPZELURA CREAM | QL= 12 tubes/year |
| ORENCIA CLICK INJ | QL= 4 inj/28 days |
| ORENCIA SC INJ 125MG/ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 50MG/0.4ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 87.5MG/0.7ML | QL= 4 inj/28 days |
| ORGOVYX TAB | QL= 30 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| ORIAHNN CAP | QL= 2 caps/day |
| ORILISSA TAB 150MG | QL= 1 tab/day |
| ORILISSA TAB 200MG | QL= 2 tabs/day |
| ORKAMBI GRANULES PACKET | QL= 2 packets/day; Only available through Walgreens 888-347-3416 |
| ORKAMBI TAB | QL= 4 tabs/day; Only available through Walgreens 888-347-3416 |
| ORSERDU TAB | QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| ORSERDU TAB 345MG | QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| oseltamivir cap | QL= 10 caps/fill |
| oseltamivir cap 30mg | QL= 20 caps/fill |
| oseltamivir susp | QL= 250ml/fill |
| OTEZLA STARTER PACK | QL= 1 pack/28 days |
| OTEZLA TAB | QL= 2 tabs/day |
| OXBRYTA TAB | QL= 3 tabs/day; Only available through Accredo 800-803-2523 |
| OXBRYTA TAB FOR ORAL SUSP | QL= 5 tabs/day; Only available through Accredo 800-803-2523 |
| OXERVATE OPHTH SOLN | QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523 |
| OXYCODONE ER TAB | QL= 2 tabs/day |
| OZEMPIC INJ | QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| PALYNZIQ INJ | QL= 1 inj/day; Only available through Accredo 800-803-2523 |
| PAXLOVID TAB 150-100MG | QL= 20 tabs/fill |
| PAXLOVID TAB 300-100MG | QL= 30 tabs/fill |
| pazopanib tab | QL= 4 tabs/day |
| peg 3350 soln (100 gram Moviprep equiv) | QL= 2 fills/year; \$0 for members 45-75 years, all other members covered at generic copay |
| peg 3350/electrolytes soln | Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| PEMAZYRE TAB | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| PHEXXI GEL | QL= 1 box/fill |
| PICATO GEL | QL= 1 box/fill |
| pirfenidone cap | QL= 9 caps/day |
| pirfenidone tab 267mg | QL= 9 tabs/day |
| pirfenidone tab 801mg | QL= 3 tabs/day |
| POMALYST CAP | QL= 21 caps/28 days |
| POTIGA TAB | QL= 3 tabs/day |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------|--|
| pregabalin cap | QL= 3 caps/day |
| pregabalin cap 225mg | QL= 2 caps/day |
| pregabalin cap 300mg | QL= 2 caps/day |
| pregabalin soln | QL= 30ml/day |
| PRETOMANID TAB | QL= 1 tab/day; Restricted to Infectious Disease Specialist |
| PREVYMIS TAB | QL= 1 tab/day; Limit 200 tabs/365 days |
| PROMACTA POWDER | QL= 1 packet/day |
| PROMACTA TAB 12.5MG, 25MG | QL= 1 tab/day |
| PROMACTA TAB 50MG | QL= 2 tabs/day |
| PROMACTA TAB 75MG | QL= 2 tabs/day |
| pyrimethamine tab | QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| PYRUKYND TAB | QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| PYRUKYND TAPER PACK | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| QINLOCK TAB | QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| RADICAVA ORS STARTER KIT | QL= 70ml/365 days; Only available through Accredo 800-803-2523 |
| RADICAVA ORS SUSP | QL= 50mL/28 days; Only available through Accredo 800-803-2523 |
| ramelteon tab | QL= 1 tab/day |
| REGRANEX GEL | QL= 30gm/fill |
| RELENZA DISKHALER | QL= 1 inhaler/fill |
| REPATHA INJ | QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| REPATHA PUSHTRONEX INJ | QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin |
| RETEVMO CAP | QL= 2 caps/day |
| RETEVMO CAP 40MG | QL= 3 caps/day |
| RETEVMO TAB | QL= 2 tabs/day |
| RETEVMO TAB 40MG | QL= 3 tabs/day |
| REVLIMID CAP | QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist |
| REYVOW TAB | QL= 8 tabs/30 days, 6 fills/year |
| REZLIDHIA CAP | QL= 2 caps/day; Only available through Biologics 800-850-4306 |
| REZUROCK TAB | QL= 1 tab/day; Only available through Lumicera 855-847-3553 |
| RIFLOZA INJ 160MG | QL= 1 inj/30 days; Only available through Orsini 800-410-8575 |
| RINVOQ ER TAB | QL= 1 tab/day |
| RINVOQ ORAL SOLN | QL= 12ml/day |
| RIVFLOZA INJ | QL= 1 inj/30 days; Only available through Orsini 800-410-8575 |
| RIVFLOZA VIAL | QL= 2 vials/30 days; Only available through Orsini 800-410-8575 |
| rizatriptan ODT | QL= 12 tabs/fill, 3 fills/60 days |
| rizatriptan tab | QL= 12 tabs/fill, 3 fills/60 days |
| ROZLYTREK CAP | QL= 3 caps/day |
| ROZLYTREK PAK | QL= 6 packs/day |
| RUBRACA TAB | QL= 4 tabs/day; Only available through Optum 877-445-6874 |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------------|--|
| RYBELSUS TAB | QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11) |
| RYDAPT CAP | QL= 56 caps/28 days |
| SANCUSO PATCH | QL= 4 patches/fill |
| SANTYL OINT | QL= 90gm/30 days |
| SAVELLA TAB | QL= 2 tabs/day |
| SCEMBLIX TAB | QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306 |
| SCEMBLIX TAB 100 MG | QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306 |
| SIGNIFOR INJ | QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |
| SIMPONI AUTO-INJECTOR 100MG | QL=1 inj/28 days |
| SIMPONI INJ 100MG | QL=1 inj/28 days |
| SIVEXTRO TAB | QL= 6 tabs/fill; Restricted to Infectious Disease Specialist |
| SKYCLARYS CAP | QL= 3 caps/day; Only available through Biologics 800-850-4306 |
| SKYRIZI INJ 150MG/ML | QL= 1 inj/84 days |
| SKYRIZI INJ 180 MG/1.2ML | QL= 1 inj/56 days |
| SKYRIZI INJ 360MG/2.4ML | QL= 1 inj/56 days |
| SODIUM OXYBATE SOLN | QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688 |
| sodium/magnesium/potassium soln | QL= 2 fills/calendar year; \$0 for members 45-75 years, all other members covered at generic copay |
| SOFOSBUVIR/VELPATASVIR TAB | QL= 1 tab/day |
| SOHONOS CAP 1.5MG | QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828 |
| SOHONOS CAP 10MG | QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828 |
| SOHONOS CAP 1MG | QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828 |
| SOHONOS CAP 2.5MG | QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828 |
| SOHONOS CAP 5MG | QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828 |
| SOLIQUA INJ | QL= 15ml/25 days |
| SOLOSEC GRANULES PACKET | QL= 1 packet/fill |
| SOLU-CORTEF INJ | QL= 1 vial/fill |
| SOLU-CORTEF INJ 100MG | QL= 2 vials/fill |
| SPEVIGO INJ | QL= 2 inj/28 days; Only available through Accredo 800-803-2523 |
| SPIKEVAX INJ | QL= 1 dose/24 days |
| SPIKEVAX INJ 50MCG/0.5ML | QL= 1 dose/24 days |
| SPINOSAD SUSP | QL= 1 bottle/fill |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL) |
| STELARA INJ | QL= 1 inj/84 days |
| STIVARGA TAB | QL= 4 tabs/day |
| STRIVERDI RESPIMAT INHALER | QL= 1 inhaler/30 days |
| SUFLAVE SOLN | QL= 2 fills/calendar year |
| SUMATRIPTAN INJ | QL= 4 inj/fill, 2 fills/30 days |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---------------------------------------|---|
| SUMATRIPTAN INJ 6MG/0.5ML | QL= 4 inj/fill, 2 fills/30 days |
| sumatriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| sumatriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| sumatriptan vial inj | QL= 5 inj/fill, 2 fills/30 days |
| SUNOSI TAB | QL= 1 tab/day |
| SYMDEKO TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| SYNJARDY TAB | QL= 2 tabs/day |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG | QL= 1 tab/day |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG | QL= 2 tabs/day |
| TABRECTA TAB | QL= 4 tabs/day |
| tadalafil tab 2.5mg, 5mg | QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap |
| TAFINLAR CAP | QL= 4 caps/day |
| TAGRISSE TAB | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| TAKHZYRO INJ | QL= 2 inj/28 days; Only available through Accredo 800-803-2523 |
| TAKHZYRO INJ 150MG/ML | QL= 2 inj/28 days; Only available through Accredo 800-803-2523 |
| TALTZ INJ | QL= 1 inj/28 days |
| TALZENNA CAP 0.25MG | QL= 3 caps/day |
| TALZENNA CAP 0.5MG, 0.75MG, 1MG | QL= 1 cap/day |
| TAVNEOS CAP | QL= 6 caps/day; Only available through PantheRx 855-726-8479 |
| TAZVERIK TAB | QL= 8 tabs/day; Only available through Onco360 877-662-6633 |
| TEPMETKO TAB | QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| TESTOSTERONE ENANTHATE INJ 200MG/ML | QL= 5ml/fill |
| TESTOSTERONE GEL 1% 25MG | QL= 1 packet/day |
| testosterone gel 1% 50mg | QL= 2 packets/day |
| testosterone gel 1% pump | QL= 4 bottles/30 days |
| testosterone gel 1.62% 1.25gm | QL= 1 packet/day |
| testosterone gel 1.62% 2.5gm | QL= 2 packets/day |
| TESTOSTERONE GEL PUMP 1% | QL= 4 bottles/30 days |
| testosterone gel pump 1.62% | QL= 2 bottles/30 days |
| testosterone soln | QL= 2 bottles/30 days |
| TEZSPIRE INJ | QL= 1 pen/28 days |
| TIBSOVO TAB | QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306 |
| TIROSINT-SOL | QL=1 ml/day; Prior Authorization required for members age 9 or older |
| TRACLEER TAB 32MG | QL= 4 tabs/day; Only available through Accredo 800-803-2523 |
| TRADJENTA TAB | QL= 1 tab/day |
| travoprost ophth soln | QL= 2.5ml/30 days |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| TREMFYA INJ | QL= 1 inj/56 days |
| TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG | QL= 1 tab/day |
| TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG | QL= 2 tabs/day |
| TRIKAFTA TAB | QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416 |
| TRIKAFTA THERAPY PACK | QL= 2 packets/day; Only available through Walgreens 888-347-3416 |
| TRINTELLIX TAB | QL= 1 tab/day |
| TRULANCE TAB | QL= 1 tab/day |
| TRULICITY INJ | QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| TRUQAP TAB | QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| TRUQAP THERAPY PACK | QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| TUKYSA TAB | QL= 4 tabs/day; Only available through Biologics 800-850-4306 |
| TURALIO CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 |
| TYENNE INJ | QL= 2 inj/28 days |
| TYRVAYA NASAL SPRAY | QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist |
| TYVASO DPI POWDER | QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG | QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER TITRATION KIT 16-32-48MCG | QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER TITRATION KIT 16-32MCG | QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523 |
| TYVASO INH SOLN 0.6 MG/ML | QL= 1 ampule/day; Only available through Accredo 800-803-2523 |
| UBRELVY TAB | QL= 10 tabs/30 days, 6 fills/year |
| UPTRAVI TAB | QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| VALCHLOR GEL | QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874 |
| VALTOCO NASAL SPRAY | QL= 4 doses/fill |
| VANCOGIN CAP | QL= 56 caps/fill |
| vancomycin cap | QL= 56 caps/fill |
| VANFLYTA TAB | QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306 |
| VANFLYTA TAB 26.5MG | QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306 |
| VARENICLINE TAB | Limited to 180 days/plan year |
| varenicline tartrate tab | Limited to 180 days/plan year |
| varenicline tartrate tab starter pack | Limited to 180 days/plan year |
| VARUBI TAB | QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist |
| VASCEPA CAP | QL= 4 caps/day |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|--|
| VENTAVIS INH SOLN | QL= 9 ampules/day; Only available through Accredo 800-803-2523 |
| VENTOLIN HFA INHALER | QL= 2 inhalers/30 days |
| VEOZAH TAB | QL= 1 tab/day |
| VERQUVO TAB | QL= 1 tab/day; Restricted to Cardiology Specialist |
| VERZENIO TAB | QL= 2 tabs/day |
| V-GO INJ KIT | QL= 1 kit/day |
| VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR | QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| VIJOICE GRANULES PACKET | QL= 1 packet/day |
| VIJOICE TAB | QL= 1 tab/day |
| VIJOICE TAB 250MG | QL= 2 tabs/day |
| VITRAKVI CAP 100MG | QL= 2 caps/day; Only available through Accredo 800-803-2523 |
| VITRAKVI CAP 25MG | QL= 6 caps/day; Only available through Accredo 800-803-2523 |
| VITRAKVI SOLN | QL= 10ml/day; Only available through Accredo 800-803-2523 |
| VIZIMPRO TAB | QL= 1 tab/day |
| VOGELXO GEL PUMP 1% | QL= 4 bottles/30 days |
| VONJO CAP | QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| VOSEVI TAB | QL= 1 tab/day |
| VOWST CAP | QL= 12 caps/fill; Only available through Orsini 800-410-8575 |
| VOXZOGO INJ | QL= 1 vial/day; Only available through Accredo 888-773-7376 |
| VYNDAMAX CAP | QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| VYNDAQEL CAP | QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| WAINUA INJ | QL= 1 inj/28 days; Only available through Orsini 800-410-8575 |
| WAKIX TAB | QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| WELIREG TAB | QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| XACIATO GEL | QL= 1 applicator/fill |
| XADAGO TAB | QL= 1 tab/day |
| XALKORI CAP | QL= 2 caps/day |
| XALKORI SPRINKLE CAP | QL= 4 caps/day |
| XCOPRI PAK 100-150MG | QL= 2 tabs/day |
| XCOPRI PAK 150-200MG | QL= 2 tabs/day |
| XCOPRI PAK 50-200MG | QL= 2 tabs/day |
| XCOPRI TAB 150MG, 200MG | QL= 2 tabs/day |
| XCOPRI TAB 25MG | QL= 1 tab/day |
| XCOPRI TAB 50MG, 100MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 12.5-25MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 150-200MG | QL= 1 tab/day |
| XCOPRI TITRATION PAK 50-100MG | QL= 1 tab/day |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|---|
| XDEMVY DROP | QL= 1 bottle/42 days (1 bottle= 10ml); Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Restricted to Ophthalmology or Optometry Specialist |
| XELJANZ SOLN | QL= 10ml/day |
| XELJANZ TAB | QL= 2 tabs/day |
| XELJANZ XR TAB | QL= 1 tab/day |
| XENLETA TAB | QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist |
| XIFAXAN TAB 200MG | QL= 9 tabs/3 days |
| XIFAXAN TAB 550MG | QL= 60 tabs/30 days |
| XIGDUO XR TAB | QL= 2 tabs/day |
| XIGDUO XR TAB 10-1000MG | QL= 1 tab/day |
| XIGDUO XR TAB 2.5-1000MG, 5-1000MG | QL= 2 tabs/day |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG | QL= 1 tab/day |
| XIIDRA OPTH SOLN | QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist |
| XOFLUZA TAB | QL= 1 tab/fill |
| XOLAIR INJ | QL= 2 inj/28 days |
| XOLAIR INJ 150MG/ML | QL= 2 inj/28 days |
| XOLAIR INJ 300MG/2ML | QL= 1 inj/28 days |
| XOLAIR SYRINGE | QL= 2 inj/28 days |
| XOLAIR SYRINGE 150MG/ML | QL= 2 inj/28 days |
| XOLAIR SYRINGE 300MG/2ML | QL= 1 inj/28 days |
| XOSPATA TAB | QL= 3 tabs/day; Only available through Biologics 800-850-4306 |
| XPHOZAH TAB | QL= 2 tabs/day |
| XPOVIO PAK | QL= 32 tabs/28 days; Only available through Onco360 877-662-6633 |
| XTAMPZA ER CAP | QL= 120 caps/30 days |
| XULTOPHY INJ | QL= 15ml/30 days |
| zaleplon cap | QL= 1 cap/day |
| ZAVZPRET NASAL SPRAY | QL= 6 units/fill; 60 units/365 days |
| ZEGALOGUE INJ | QL= 2 inj/fill |
| ZEJULA CAP | QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZEJULA TAB | QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118 |
| ZELBORAF TAB | QL= 8 tabs/day |
| ZEPOSIA CAP | QL= 1 cap/day |
| ZEPOSIA STARTER PACK | QL= 1 cap/day |
| ZILBRYSQ INJ | QL= 1 inj/day; Only available through PantheRx 855-726-8479 |
| ZILBRYSQ INJ 23MG | QL= 1 inj/day; Only available through PantheRx 855-726-8479 |
| ZILBRYSQ INJ 32.4MG | QL= 1 inj/day; Only available through PantheRx 855-726-8479 |
| ZOKINVY CAP | QL= 4 caps/day; Only available through CVS Specialty 800-237-2767 |
| zolmitriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| zolmitriptan ODT | QL= 9 tabs/fill, 2 fills/30 days |
| ZOLMITRIPTAN SPRAY | QL= 6 sprays/fill, 2 fills/30 days |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Montana Unified School Trust Formulary Cont.
Last Updated* 11/1/2024
Quantity Limit (QL)

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-------------------------|---|
| zolmitriptan tab | QL= 9 tabs/fill, 2 fills/30 days |
| zolpidem ER tab | QL= 1 tab/day |
| zolpidem tab | QL= 1 tab/day |
| ZOMIG SPRAY | QL= 6 sprays/fill, 2 fills/30 days |
| ZORYVE CREAM | QL= 60 grams/30 days |
| ZTALMY SUSP | QL= 1100ml/30 days; Only available through Orsini 800-410-8575 |
| ZURZUVAE CAP 20MG, 25MG | QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-069 |
| ZURZUVAE CAP 30MG | QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-069 |
| ZYKADIA CAP | QL= 3 caps/day |
| ZYKADIA TAB | QL= 3 tabs/day |
| ZYLET OPHTH SUSP | QL= 5ml/fill (10ml bottle is Not Covered) |

Coverage of medications, including those not otherwise identified by qualifiers such as QL, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.