

Utah Medicaid 3 Month Supply Drug List

Effective June 1, 2020

PDL Drugs			Non PDL Drugs		
		Date			Date
G	abacavir 300mg	08/01/18	G	amiodarone HCl 200mg	08/01/18
G	alendronate 5mg	02/01/18	G	amlodipine/benazepril 2.5/10mg	08/01/18
G	alendronate 10mg	02/01/18	G	amlodipine/benazepril 5/10mg	08/01/18
G	alendronate 35mg	07/01/16	G	amlodipine/benazepril 5/20mg	08/01/18
G	alendronate 70mg	07/01/16	G	amlodipine/benazepril 5/40mg	08/01/18
G	allopurinol 100mg	07/01/16	G	amlodipine/benazepril 10/20mg	08/01/18
G	allopurinol 300mg	07/01/16	G	amlodipine/benazepril 10/40mg	08/01/18
G	amiloride/hctz 5/50mg	07/01/16	G	anastrozole 1mg	08/01/18
G	amlodipine 2.5mg	07/01/16	G	aspirin chew 81mg	07/01/16
G	amlodipine 5mg	07/01/16	G	aspirin 81mg EC	07/01/16
G	amlodipine 10mg	07/01/16	G	clonidine 0.1mg tab	07/01/16
G	atenolol 25mg	07/01/16	G	clonidine 0.2mg tab	07/01/16
G	atenolol 50mg	07/01/16	G	clonidine 0.3mg tab	07/01/16
G	atenolol 100mg	07/01/16	BG	contraceptives (barrier)	05/01/19
G	atenolol/chlorthalidone 50/25mg	07/01/16	BG	contraceptives (injectable)	05/01/19
G	atenolol/chlorthalidone 100/25mg	07/01/16	BG	contraceptives (progestin only)	05/01/19
G	atorvastatin 10mg	07/01/16	BG	contraceptives (transdermal)	05/01/19
G	atorvastatin 20mg	07/01/16	BG	contraceptives (vaginal)	05/01/19
G	atorvastatin 40mg	07/01/16	G	dapsone 25mg tab	08/01/18
G	atorvastatin 80mg	07/01/16	G	dapsone 100mg tab	08/01/18
G	benazepril 5mg	02/01/18	G	dicyclomine 20mg	07/01/16
G	benazepril 10mg	07/01/16	G	docusate Na 100mg	07/01/16
G	benazepril 20mg	07/01/16	G	docusate Na 250mg	07/01/16
G	benazepril 40mg	07/01/16	G	ferrous sulfate 325mg	07/01/16
B	Benicar 5mg†	01/01/19	G	folic acid 1mg	07/01/16
B	Benicar 20mg†	01/01/19	G	isoniazid 100mg	08/01/18
B	Benicar 40mg†	01/01/19	G	isoniazid 300mg	08/01/18
G	bisoprolol/hctz 2.5/6.25mg	07/01/16	G	isoniazid syp 50mg/5ml	08/01/18
G	bisoprolol/hctz 5/6.25mg	07/01/16	G	letrozole 2.5mg	07/01/16
G	bisoprolol/hctz 10/6.25mg	07/01/16	G	medroxyprogesterone 2.5mg	08/01/18
G	bupropion 100mg ER	07/01/16	G	medroxyprogesterone 5mg	08/01/18
G	bupropion 150mg ER	07/01/16	G	medroxyprogesterone 10mg	08/01/18
G	bupropion 200mg ER	07/01/16	G	metformin 500mg	07/01/16
G	bupropion ER 24HR 150mg	08/01/18	G	metformin 850mg	07/01/16
G	captopril 12.5mg	07/01/16	G	metformin 1000mg	07/01/16
G	captopril 25mg	07/01/16	G	metformin ER 500mg	07/01/16
G	captopril 50mg	07/01/16	G	metformin ER 750mg	02/01/18
G	carbamazepine 100mg chw	07/01/16	BG	pediatric multi-vitamins	05/01/19
G	carbidopa/levodopa 10/100mg	08/01/18	BG	pediatric multi-vitamins w/FI	05/01/19
G	carbidopa/levodopa 25/100mg	08/01/18	BG	pediatric multi-vitamins w/FI, Fe	05/01/19
G	carbidopa/levodopa 25/250mg	08/01/18	BG	pediatric vitamins ADC	05/01/19
G	carvedilol 3.125mg	07/01/16	B	Prempro 0.3/1.5mg	08/01/18
G	carvedilol 6.25mg	07/01/16	B	Prempro 0.45/1.5mg	08/01/18
G	carvedilol 12.5mg	07/01/16	B	Prempro 0.625/2.5mg	08/01/18
G	carvedilol 25mg	02/01/18	B	Prempro 0.625/5mg	08/01/18
G	cetirizine 5mg	07/01/16	B	Prempro 0.625/5mg (14)	08/01/18
G	cetirizine 10mg	07/01/16	G	tamoxifen 10mg	08/01/18
G	citalopram 10mg	07/01/16	G	tamoxifen 20mg	08/01/18
G	citalopram 20mg	07/01/16	G	trihexylphenidyl 2mg	02/01/18
G	citalopram 40mg	07/01/16	G	trihexylphenidyl 5mg	02/01/18

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	PDL Drugs	Date			Non PDL Drugs	Date
G	clopidogrel 75mg	02/01/18				
BG	contraceptives (bi-phasic)	05/01/19				
BG	contraceptives (continuous cycle)	05/01/19				
BG	contraceptives (extended cycle)	05/01/19				
BG	contraceptives (mono-phasic)	05/01/19				
BG	contraceptives (multi-phasic)	05/01/19				
G	diltiazem 30mg tab	07/01/16				
G	diltiazem 60mg tab	07/01/16				
G	diltiazem 90mg tab	07/01/16				
G	diltiazem 120mg tab	07/01/16				
B	Diovan 40mg†	01/01/19				
B	Diovan 80mg†	01/01/19				
B	Diovan 160mg†	01/01/19				
B	Diovan 320mg†	01/01/19				
G	divalproex DR 125mg	07/01/16				
G	divalproex DR 250mg	07/01/16				
G	divalproex DR 500mg	07/01/16				
G	donepezil 5mg	07/01/16				
G	donepezil 10mg	07/01/16				
G	doxazosin 2mg	02/01/18				
G	doxazosin 4mg	02/01/18				
G	doxazosin 8mg	07/01/16				
G	duloxetine 20mg	02/01/18				
G	duloxetine 30mg	02/01/18				
G	duloxetine 60mg	02/01/18				
G	dutasteride 0.5mg	08/01/18				
G	enalapril 2.5mg	07/01/16				
G	enalapril 5mg	07/01/16				
G	enalapril 10mg	07/01/16				
G	enalapril 20mg	07/01/16				
G	enalapril/hctz 5/12.5mg	08/01/18				
G	enalapril/hctz 10/25mg	08/01/18				
G	escitalopram 5mg	07/01/16				
G	escitalopram 10mg	07/01/16				
G	escitalopram 20mg	07/01/16				
G	estradiol 0.5mg tab	02/01/18				
G	estradiol 1mg tab	07/01/16				
G	estradiol 2mg tab	02/01/18				
G	felodipine ER 2.5mg	02/01/18				
G	felodipine ER 5mg	02/01/18				
G	felodipine ER 10mg	02/01/18				
G	finasteride 5mg	02/01/18				
B	Flovent Diskus 100mcg	08/01/18				
B	Flovent Diskus 250mcg	08/01/18				
B	Flovent Diskus 50mcg	08/01/18				
B	Flovent HFA 110mcg	08/01/18				
B	Flovent HFA 220mcg	08/01/18				
B	Flovent HFA 44mcg	08/01/18				
G	fluoxetine 10mg cap	07/01/16				
G	fluoxetine 20mg cap	07/01/16				
G	fluoxetine 40mg cap	07/01/16				
G	fosinopril 10mg	02/01/18				
G	fosinopril 20mg	02/01/18				
G	fosinopril 40mg	02/01/18				

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	PDL Drugs	Date		Non PDL Drugs	Date
G	gemfibrozil 600mg	02/01/18			
G	glimepiride 1mg	02/01/18			
G	glimepiride 2mg	07/01/16			
G	glimepiride 4mg	07/01/16			
G	glipizide 5mg	07/01/16			
G	glipizide 10mg	02/01/18			
G	glipizide ER 02.5mg	07/01/16			
G	glipizide ER 05mg	07/01/16			
G	glipizide ER 10mg	07/01/16			
G	glyburide 1.25mg	08/01/18			
G	glyburide 2.5mg	08/01/18			
G	glyburide 5mg	08/01/18			
G	glyburide micronized 1.5mg	08/01/18			
G	glyburide micronized 3mg	08/01/18			
G	glyburide micronized 6mg	08/01/18			
G	glyburide/metformin 1.25/250mg	08/01/18			
G	glyburide/metformin 2.5/500mg	08/01/18			
G	glyburide/metformin 5/500mg	08/01/18			
G	hydrochlorothiazide 12.5mg cap	07/01/16			
G	hydrochlorothiazide 12.5mg tab	07/01/16			
G	hydrochlorothiazide 25mg tab	07/01/16			
G	hydrochlorothiazide 50mg tab	07/01/16			
G	indapamide 1.25mg	02/01/18			
G	indapamide 2.5mg	02/01/18			
B	Invega Trinza 273mg	05/01/18			
B	Invega Trinza 410mg	05/01/18			
B	Invega Trinza 546mg	05/01/18			
B	Invega Trinza 819mg	05/01/18			
G	Irbesartan/hctz 150/12.5mg	08/01/18			
G	Irbesartan/hctz 300/12.5mg	08/01/18			
G	labetalol 100mg	08/01/18			
G	labetalol 200mg	08/01/18			
G	labetalol 300mg	08/01/18			
G	lamotrigine 25mg	07/01/16			
G	lamotrigine 100mg	02/01/18			
G	lamotrigine 150mg	07/01/16			
G	lamotrigine 200mg	02/01/18			
G	lamotrigine 5mg chew	02/01/18			
G	lamotrigine 25mg chew	02/01/18			
G	lisinopril 2.5mg	07/01/16			
G	lisinopril 5mg	07/01/16			
G	lisinopril 10mg	07/01/16			
G	lisinopril 20mg	07/01/16			
G	lisinopril 30mg	02/01/18			
G	lisinopril 40mg	07/01/16			
G	lisinopril/hctz 10/12.5mg	07/01/16			
G	lisinopril/hctz 20/12.5mg	07/01/16			
G	lisinopril/hctz 20/25mg	07/01/16			
G	lithium cap 150mg	08/01/18			
G	lithium cap 300mg	08/01/18			
G	lithium ER 300mg	08/01/18			
G	lithium ER 450mg	08/01/18			
G	lithium tab 300mg	08/01/18			

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	PDL Drugs	Date		Non PDL Drugs	Date
G	lithium tab 600mg	08/01/18			
G	loratadine 10mg	07/01/16			
G	lovastatin 10mg	07/01/16			
G	lovastatin 20mg	07/01/16			
G	lovastatin 40mg	07/01/16			
G	memantine 5mg	08/01/18			
G	memantine 10mg	08/01/18			
G	metoprolol succinate 100mg	08/01/18			
G	metoprolol succinate 200mg	08/01/18			
G	metoprolol succinate ER 25mg	02/01/18			
G	metoprolol succinate ER 50mg	02/01/18			
G	metoprolol tartrate 25mg	07/01/16			
G	metoprolol tartrate 50mg	07/01/16			
G	metoprolol tartrate 100mg	07/01/16			
B	Micardis 20mg†	01/01/19			
B	Micardis 40mg†	01/01/19			
B	Micardis 80mg†	01/01/19			
G	mirtazapine 15mg	02/01/18			
G	mirtazapine 30mg	02/01/18			
G	mirtazapine 45mg	02/01/18			
G	nevirapine 200mg	08/01/18			
G	olmesartan/hctz 20/12.5mg	08/01/18			
G	olmesartan/hctz 40/12.5mg	08/01/18			
G	olmesartan/hctz 40/25mg	08/01/18			
G	omeprazole 10mg	01/01/19			
G	omeprazole 20mg	07/01/16			
G	omeprazole 40mg	02/01/18			
G	oxcarbazepine 150mg	08/01/18			
G	oxcarbazepine 300mg	08/01/18			
G	oxcarbazepine 600mg	08/01/18			
G	pantoprazole 20mg	07/01/16			
G	pantoprazole 40mg	07/01/16			
G	paroxetine HCl 10mg	07/01/16			
G	paroxetine HCl 20mg	07/01/16			
G	paroxetine HCl 30mg	07/01/16			
G	paroxetine HCl 40mg	07/01/16			
G	pramipexole 0.125mg	07/01/16			
G	pramipexole 0.25mg	07/01/16			
G	pramipexole 0.5mg	07/01/16			
G	pramipexole 0.75mg	02/01/18			
G	pramipexole 1.5mg	07/01/16			
G	pramipexole 1mg	07/01/16			
G	pravastatin 10mg	07/01/16			
G	pravastatin 20mg	07/01/16			

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	PDL Drugs	Date		Non PDL Drugs	Date
G	pravastatin 40mg	07/01/16			
G	pravastatin 80mg	07/01/16			
B	Premarin 0.3mg	08/01/18			
B	Premarin 0.45mg	08/01/18			
B	Premarin 0.625mg	08/01/18			
B	Premarin 0.9mg	08/01/18			
B	Premarin 1.25mg	08/01/18			
BG	prenatal vitamins	05/01/19			
G	propranolol 10mg	07/01/16			
G	propranolol 20mg	07/01/16			
G	propranolol 40mg	07/01/16			
G	propranolol 80mg	07/01/16			
G	quinapril 5mg	02/01/18			
G	quinapril 10mg	02/01/18			
G	quinapril 20mg	02/01/18			
G	quinapril 40mg	02/01/18			
G	ramipril 1.25mg	07/01/16			
G	ramipril 2.5mg	07/01/16			
G	ramipril 5mg	07/01/16			
G	ramipril 10mg	07/01/16			
G	ropinirole 0.25mg	07/01/16			
G	ropinirole 0.5mg	07/01/16			
G	ropinirole 1mg	07/01/16			
G	ropinirole 2mg	07/01/16			
G	ropinirole 3mg	07/01/16			
G	ropinirole 4mg	07/01/16			
G	ropinirole 5mg	08/01/18			
G	sertraline 25mg	07/01/16			
G	sertraline 50mg	07/01/16			
G	sertraline 100mg	07/01/16			
G	simvastatin 5mg	02/01/18			
G	simvastatin 10mg	02/01/18			
G	simvastatin 20mg	07/01/16			
G	simvastatin 40mg	07/01/16			
G	simvastatin 80mg	07/01/16			
G	sotalol 80mg	02/01/18			
G	sotalol 120mg	02/01/18			
G	tamsulosin 0.4mg	07/01/16			
B	Tegretol 200mg†	02/01/19			
G	terazosin 1mg	07/01/16			
G	terazosin 2mg	07/01/16			
G	terazosin 5mg	07/01/16			
G	terazosin 10mg	02/01/18			
G	topiramate 25mg tab	07/01/16			
G	topiramate 50mg tab	07/01/16			
G	topiramate 100mg tab	02/01/18			
G	topiramate 200mg tab	02/01/18			
G	torsemide 5mg	02/01/18			
G	torsemide 10mg	02/01/18			
G	torsemide 20mg	02/01/18			
G	torsemide 100mg	02/01/18			
G	trandolapril 1mg	08/01/18			

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Effective June 1, 2020

	PDL Drugs	Date		Non PDL Drugs	Date
G	trandolapril 2mg	08/01/18			
G	trandolapril 4mg	08/01/18			
G	trazodone 50mg	07/01/16			
G	trazodone 100mg	07/01/16			
G	trazodone 150mg	07/01/16			
G	triamterene/hctz 37.5/25mg cap	02/01/18			
G	triamterene/hctz 37.5/25mg tab	02/01/18			
G	triamterene/hctz 75/50mg tab	02/01/18			
G	verapamil 80mg tab	07/01/16			
G	verapamil 120mg tab	07/01/16			
G	zidovudine 300mg	08/01/18			
G	zidovudine syp 10mg/ml	08/01/18			
G	zonisamide 25mg	07/01/16			
G	zonisamide 50mg	07/01/16			
G	zonisamide 100mg	07/01/16			

Utah Medicaid 3 Month Supply List Explanations

Last Modified October 1, 2019

Explanations

Utah Medicaid has instituted a policy which requires a 3 Month supply of selected drugs be dispensed to most Medicaid patients. A three month supply of medication is required following an optional two month window for dose titration and stabilization. When a patient presents with a new prescription or a refill of a listed maintenance medication, the point-of-sale system looks back 75 days to identify 2 consecutive fills of the same medicine at the same dose, indicating a stable maintenance dose has been achieved. If found, the claim will reject if billed for less than a 3 Month supply. Once a 3 Month supply of a medication has been filled, all subsequent fills of the same medicine at the same dose will fill for 3 Months, assuming sufficient refills of the prescription remain.

For example, when a patient presents to the pharmacy with a prescription for metformin 500 mg twice daily with a year of refills, the first two prescriptions may fill for a 30 day supply. On the 3rd fill of metformin, the claim will reject if billed for less than a 3 Month supply. The 3 month supply will apply to all future refills for metformin 500 mg on this and future prescriptions.

For a 3 Month supply, Utah Medicaid fee for service members who are subject to cost-sharing will pay a single co-pay. Additionally, pharmacies will receive a single dispensing fee on prescriptions filled for a 3 Month supply.

Pharmacy staff are encouraged to work with prescribers to make any necessary changes to prescriptions to conform to this requirement. For example, when a pharmacy receives a prescription written for a one month supply with refills for a drug on this list the pharmacy should contact the prescriber and recommend a modification to the original prescription for a 3 Month supply with refills, as appropriate.

The mandatory 3 Month policy does not apply to Indian Health Service providers, or Medicaid members receiving long term services and supports in nursing facilities, intermediate care facilities, or home and community based waiver programs. While not mandatory, 3 Month supply fills remains optional for these groups.

Unless otherwise noted, a 3 Month supply is defined as a 90 day supply. Exceptions to this are hormonal contraceptives. For continuous cycle contraceptives it is defined as 91 days; for all other hormonal contraceptives a it is defined as 84 days.

Utah Medicaid 3 Month Supply Drug List Footnotes

Last Modified October 1, 2019

Symbols and Footnotes													
*	Clinical PA required PA Criteria Forms												
**	Clinical PA required in some cases - see specific PA criteria for details												
**	Non-preferred on PDL; must fail a preferred agent first												
†	Brand Required Over Generic Refer to Brand Over Generic (BOG) reference in the Resource Library												
‡	Quantity Limits Apply Drug Criteria and Limits Attachment to the Pharmacy Manual												
#	Listed on the 3 Month supply list Utah Medicaid 3 Month Supply Medication List												
##	Must be dispensed directly to the provider, not the patient												
^	Added to reference before dates were tracked												
^^	Part of more than one PDL drug class												
¶	Indicates that additional pertinent information can be found in the center area between preferred and non-preferred drugs												
J	Covered under the medical benefit using the appropriate J code												
Q	Covered under the medical benefit using the appropriate Q code												
§	Step Therapy required; must fail another preferred agent first												
§§	<p>Pursuant to HB 437, passed during the 2016 General Session, Utah Medicaid began placing psychotropic drugs on the Preferred Drug List (PDL) effective July 1, 2016. For the purposes of the Preferred Drug List, psychotropic medications are defined as atypical antipsychotics, anti-depressants, anti-convulsants/mood stabilizers, anti-anxiety medications, and attention deficit hyperactivity disorder (ADHD) stimulants.</p> <p>Non-preferred psychotropic medication classes listed on the PDL may bypass the non-preferred drug prior authorization if a prescriber writes "dispense as written" on a prescription and the pharmacy submits a Dispense As Written (DAW) Code of "1" on the claim.</p> <p>Note: In accordance with UCA 58-17b-606 (4) and (5), the DAW Code will not allow claims for the brand-name version of multisource drugs to bypass the prior authorization requirement, even if the brand-name version of the drug is listed as non-preferred and the prescriber writes "dispense as written" on the prescription. An exception to this is in the case that a brand-name drug is listed on the Brand Over Generic reference; in that case, the DAW Code will only override the brand-name drug.</p> <p>Note: In order for a prescription to be eligible for the pharmacy to submit the DAW Code of "1" to bypass the edit for a non-preferred medication the prescriber must write "dispense as written" on the physical prescription. Check boxes or pre-printed forms that include "dispense as written" are not acceptable substitutes for the prescriber writing "dispense as written" on the prescription. Electronic prescriptions must state "dispense as written" as either a note or as part of the prescription drug order to satisfy this requirement. Verbal orders that include "dispense as written" must be reduced to writing on the prescription by the pharmacist accepting the verbal order and documented in the member's medical record.</p>												
***	<p>The following meter NDCs are covered through Medicaid:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Abbott</td> <td style="width: 50%;">True Metrix</td> </tr> <tr> <td>99073-0711-43</td> <td>56151-1490-02</td> </tr> <tr> <td>99073-0709-14</td> <td>56151-1470-02</td> </tr> <tr> <td>99073-0708-05</td> <td>56151-0888-80</td> </tr> <tr> <td>57599-8814-01</td> <td></td> </tr> <tr> <td>57599-5175-01</td> <td></td> </tr> </table> <p>Abbott meters may also be billed to the manufacturer using the following:</p> <ul style="list-style-type: none"> RxBIN: 610020 Group number: 99992432 ID: ERXUTMED Free for Medicaid members <p>Diabetic test supplies are not covered for Nursing Home clients.</p> <p>Non-preferred products must be billed through DME.</p>	Abbott	True Metrix	99073-0711-43	56151-1490-02	99073-0709-14	56151-1470-02	99073-0708-05	56151-0888-80	57599-8814-01		57599-5175-01	
Abbott	True Metrix												
99073-0711-43	56151-1490-02												
99073-0709-14	56151-1470-02												
99073-0708-05	56151-0888-80												
57599-8814-01													
57599-5175-01													

Utah Medicaid 3 Month Supply Drug List Key

Last Modified January 1, 2020

Key			
Selected Abbreviations			
Drug Name		Dosage Form	
amph	amphetamine	aug	augmented
apap	acetaminophen	cap	capsule
asa	aspirin	chw	chewable
bac	bacitracin	con	concentrate
but	butalbital	crm	cream
caf	caffeine	emul	emulsion
damp	dextroamphetamine	inj	injection
dhe	dihydroergotamine	liq	liquid
ee	ethinyl estradiol	lot	lotion
hc	hydrocortisone	loz	lozenge
hctz	hydrochlorothiazide	neb	nebulization solution
ibu	ibuprofen	ODT	orally disintegrating tablet
mph	methylphenidate	oint	ointment
poly	polymyxin	shmp	shampoo
sa	sulfacetamide	SL	sublingual
ss	sodium sulfacetamide	sol	solution
		sup	suppository
		susp	suspension
		syp	syrup
		tab	tablet
Brand/Generic		Salt Form	
B	Brand	buty	butyrate
BG	Both Brand and Generic	dip	dipropionate
G	Generic	Fe	iron
		Fl	fluoride
		HCl	hydrochloride
		mag	magnesium
		Na	sodium
		NaHCO ₃	sodium bicarbonate
		NaPO ₄	sodium phosphate
		pam	pamoate
		str	Strontium