

Utah Medicaid Brand Over Generic List

Effective June 1, 2020

	Preferred Brand	Date		Non Preferred Generic	Date
B	Actiq	^		G fentanyl loz	^
B	Advair Diskus	03/01/19		G fluticasone/salmeterol disc	03/01/19
B	Aggrenox	^		G aspirin/extended-release dipyridamole	^
B	AirDuo ^{**}	09/01/19		G fluticasone/salmeterol	09/01/19
B	Alphagan P 0.15%	^		G brimonidine tart 0.15%	^
B	Ancobon	^		G flucytosine	^
B	Androgel*	05/01/19		G testosterone gel*	05/01/19
B	Asacol	01/01/19		G mesalamine 800mg tab	01/01/19
B	Benicar [#]	01/01/19		G olmesartan	01/01/19
B	Bicnu	10/01/18		G carmustine	10/01/18
B	Biltricide	^		G praziquantel	^
B	Brisdelle	^		G paroxetine 7.5mg	^
B	Buphenyl	^		G sodium phenylbutyrate	^
B	Butrans	^		G buprenorphine patch	^
B	Camptosar	03/01/20		G irinotecan	03/01/20
B	Carafate susp	06/01/19		G sucralfate sus	06/01/19
B	Cellcept susp	^		G mycophenolate sus	^
B	Cipro susp	01/01/20		G ciprofloxacin susp	01/01/20
B	Clobex	^		G clobetasol	^
B	Concerta	^		G mph ER osmotic release	^
B	Copaxone	12/01/19		G glatiramer	12/01/19
B	Coreg CR ^{**}	^		G carvedilol ER	^
B	Crestor	^		G rosuvastatin	^
B	Delzicol ^{**}	06/01/19		G mesalamine cap DR	06/01/19
B	Desoxyn	^		G methamphetamine	^
B	Diastat	^		G diazepam rectal gel	^
B	Diclegis [*]	07/01/19		G doxylamine/pyridoxine	07/01/19
B	Differin gel, lot	^		G adapalene gel, lot	^
B	Diovan [#]	01/01/19		G valsartan	01/01/19
B	Dovonex crm	^		G calcipotriene crm	^
B	Emend cap*	01/01/19		G aprepitant cap*	01/01/19
B	Epclusa*	12/01/18		G sofosbuvir/velpatasvir*	12/01/18
B	Evoclin	^		G clindamycin foam	^
B	Exelderm ^{**}	01/01/20		G sulconazole	01/01/20
B	Exelon patch	^		G rivastigmine patch	^
B	Exforge HCT	^		G amlodipine/valsartan/hctz	^
B	Fareston	02/01/19		G toremifene	02/01/19
B	Fazaclo	^		G clozapine ODT	^
B	Felbatol	09/01/18		G felbamate	09/01/18
B	Finacea gel	12/01/18		G azelaic acid gel	12/01/18
B	Flagyl 375mg	^		G metronidazole 375mg	^
B	Flector patch	04/01/19		G diclofenac patch	04/01/19
B	Focalin	^		G dexmethylphenidate	^
B	Focalin XR	^		G dexmethylphenidate ER	^
B	Forfivo XL ^{**}	10/01/18		G bupropion 450mg ER	10/01/18
B	Fosrenol	^		G lanthanum	^
B	Gabitril	^		G tiagabine	^
B	Geodon inj ^{**}	04/01/20		G ziprasidone inj	04/01/20

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B	Glyset	^		G miglitol	^
B	Halog	01/01/20		G halcinonide	01/01/20
B	Harvoni**	01/01/20		G sofosbuvir/ledipasvir*	12/01/18
B	Hepsera	^		G adefovir	^
B	Humalog	05/01/19		G insulin lispro	05/01/19
B	Humalog Mix 75/25	05/01/20		G insulin lispro protamine/lispro	05/01/20
B	Intermezzo	11/01/18		G zolpidem SL	11/01/18
B	Istalol	01/01/19		G timolol once daily	01/01/19
B	Kadian	10/01/18		G morphine ER cap	10/01/18
B	Kaletra sol	01/01/20		G lopinavir/ritonavir sol	01/01/20
B	Lamictal ODT	^		G lamotrigine ODT	^
B	Letairis*	05/01/19		G ambrisentan*	05/01/19
B	Lialda	^		G mesalamine 1.2g	^
B	Lotemax drops	06/01/19		G loteprednol 0.5% sus	06/01/19
B	Lotensin HCT	01/01/19		G benazepril/hctz	01/01/19
B	Lotronex	^		G alosetron	^
B	Lyrica cap	10/01/19		G pregabalin cap	10/01/19
B	Mephyton	11/01/18		G phytonadione	11/01/18
B	Methergine tab	^		G methylergonovine	^
B	Micardis	01/01/19		G telmisartan	01/01/19
B	Micardis/HCT	^		G telmisartan/hctz	^
B	Mitigare	01/01/19		G colchicine cap	01/01/19
B	Mycamine	05/01/20		G micafungin	05/01/20
B	Namenda XR**	^		G memantine ER	^
B	Natroba	^		G spinosad	^
B	Niaspan	^		G niacin ER	^
B	Norvir	^		G ritonavir	^
B	Nuvaring	02/01/20		G etonogestrel/ee vaginal ring	02/01/20
B	Oracea	^		G doxycycline 40mg	^
B	Oseni	^		G alogliptin/pioglitazone	^
B	Otovel	12/01/19		G ciprofloxacin/fluocinolone	12/01/19
B	OxyContin**	^		G oxycodone ER	^
B	Prevacid Solutabs	^		G lansoprazole ODT	^
B	ProAir	01/01/20		G albuterol HFA	01/01/20
B	Proglycem	04/01/20		G diazoxide	04/01/20
B	Protopic	11/01/18		G tacrolimus	11/01/18
B	Pulmicort 0.25/2ml, 0.5/2ml	^		G budesonide sus	^
B	Rapaflo	12/01/18		G silodosin	12/01/18
B	Rapamune sol	02/01/19		G sirolimus sol	02/01/19
B	Relpax [†]	09/01/17		G eletriptan [†]	09/01/17
B	Remodulin*	10/01/19		G treprostinil*	10/01/19
B	Renagel	03/01/19		G sevelamer HCl	03/01/19
B	Renvela tab**	01/01/20		G sevelamer carbonate tab	01/01/20
B	Retin-A crm, gel	01/01/14		G tretinoin crm, gel	01/01/14
B	Reyataz 150mg cap	01/01/20		G atazanavir 150mg cap	01/01/20
B	Rocaltrol sol	^		G calcitriol sol	^
B	Rozerem	01/01/20		G ramelteon	08/01/19
B	Sabril**	^		G vigabatrin	^
B	Sensipar	^		G cinacalcet	^
B	SfRowasa enema	01/01/20		G mesalamine enema	01/01/20
B	Silenor	01/01/20		G doxepin cap	01/01/20
B	Solodyn	^		G minocycline ER	^
B	Soolantra	11/01/19		G ivermectin 1% crm	11/01/19

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B	Sorilux	02/01/20		G calcipotriene foam	02/01/20
B	Sporanox sol**	10/01/18		G itraconazole sol	10/01/18
B	Suboxone film	^		G buprenorphine/naloxone*	^
B	Sustiva	^		G efavirenz	^
B	Symbyax**	^		G olanzapine/fluoxetine	^
B	Syprine	^		G trientine	^
B	Taclonex oint	^		G calcipotriene-betamethasone dip oint	^
B	Tarceva	06/01/19		G erlotinib	06/01/19
B	Tegretol tab#, sol	^		G carbamazepine tab, sol	^
B	Tekturma	04/01/19		G aliskiren	04/01/19
B	Tigan cap	^		G trimethobenzamide cap	^
B	Tobradex 0.3/0.1% drops	^		G tobramycin/dexamethasone sus	^
B	Tracleer*	06/01/19		G bosentan	06/01/19
B	Travatan Z	01/01/20		G travoprost	01/01/20
B	Uceris tab	03/01/19		G budesonide tab	03/01/19
B	Uloric**	08/01/19		G febuxostat	08/01/19
B	Urocit-K 5, 10	01/01/19		G potassium citrate 5, 10mEq	01/01/19
B	Vagifem	^		G estradiol vaginal tab	^
B	Valstar	05/01/19		G valrubicin	05/01/19
B	Verelan PM**	01/01/20		G verapamil ER	^
B	Vesicare	05/01/19		G solifenacin	05/01/19
B	Vytorin	^		G ezetimibe/simvastatin	^
B	Welchol	^		G colestevlam	^
B	Xeloda	^		G capecitabine	^
B	Xopenex HFA	^		G levalbuterol HFA	^
B	Zavesca	02/01/19		G miglustat	02/01/19
B	Ziana	^		G clindamycin/tretinoin	^
B	Zohydro ER**	01/01/20		G hydrocodone ER cap	01/01/20
B	Zortress	04/01/20		G everolimus	04/01/20
B	Zovirax crm, oint	03/01/19		G acyclovir crm, oint	03/01/19
B	Zyclara	09/01/18		G imiquimod 3.75%	09/01/18
B	Zytiga	12/01/18		G abiraterone	12/01/18

Utah Medicaid Brand Over Generic List Explanations

Last Modified May 1, 2019

Explanations

Drug manufacturers have entered into rebate programs on many brand name products. This has resulted in Utah Medicaid receiving large rebates that make the cost of some brand name drugs less expensive than their generic counterparts.

Utah Medicaid refers to the Pharmacy Practice Act, UCA 58-17b-606 (4) and (5) in relation to the above when determining coverage policy:

(4) When a multisource legend drug is available in the generic form, the Department of Health may only reimburse for the generic form of the drug unless the treating physician demonstrates to the Department of Health a medical necessity for dispensing the nongeneric, brand-name legend drug.

(5) The Department of Health pharmacists may override the generic mandate provisions of Subsection (4) if a financial benefit will accrue to the state.

This reference is a listing of brand name products that are favored over the generic equivalent. This list will be updated often and is subject to change at any time.

If a medication becomes unavailable from wholesalers or suppliers, a pharmacy may report the shortage to www.ashp.org/Drug-Shortages/Current-Shortages or www.accessdata.fda.gov/scripts/drugshortages/default.cfm. Once a shortage is confirmed, and posted by one of these sources, Medicaid will consider coverage modifications to accommodate the available medication options.

Utah Medicaid Brand Over Generic 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-collapse: collapse;"> <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 Brand Over Generic 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