

Utah Medicaid Over-the-Counter Drug List

Effective April 1, 2020

Generic Name	Dose	Units	Form	Date
Anti-Fungal Preparations				
Vaginal				
clotrimazole	1%	%	crm	04/01/17
miconazole	2%	%	crm	04/01/17
miconazole	4%	%	crm	04/01/17
Antihistamines				
1st Generation				
chlorpheniramine	4mg	mg	tab	10/01/18
chlorpheniramine	4mg	mg	tab	10/01/18
diphenhydramine	25mg	mg	cap	04/01/17
diphenhydramine	50mg	mg	cap	04/01/17
diphenhydramine	12.5mg	mg/5ml	liq	04/01/17
2nd Generation				
cetirizine	5mg	mg	tab	04/01/17
cetirizine	5mg	mg/5ml	sol	04/01/17
cetirizine	10mg	mg	tab	04/01/17
loratadine	5mg	mg	chew	04/01/17
loratadine	10mg	mg	tab	04/01/17
loratadine	5mg	mg/5ml	sol	04/01/17
Contraceptive Drugs				
Oral				
Emergency				
levonorgestrel tab 0.75 mg	0.75	mg	tab	04/01/17
levonorgestrel tab 1.5 mg	1.5	mg	tab	04/01/17
Non-Emergency				
condoms - male	N/A	N/A	N/A	04/01/17
condoms - female	N/A	N/A	N/A	04/01/17
Dermatological				
Hydrocortisone				
hydrocortisone	0.5%	%	crm	04/01/17
hydrocortisone	0.5%	%	oint	04/01/17
hydrocortisone	1%	%	crm	04/01/17
hydrocortisone	1%	%	oint	04/01/17
Anti-Lice Preparations				
nit remover - shampoo	N/A	N/A	shmp	04/01/17
permethrin lotion 1%	1%	%	lot	04/01/17
pyrethrins/piperonyl butoxide	0.3%/3%	%	liq	04/01/17
pyrethrins/piperonyl butoxide	0.33%/4%	%	shmp	04/01/17

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Generic Name	Dose	Units	Form	Date
Fever Reducers and Pain Relievers				
Acetaminophen				
acetaminophen	160mg/5ml	mg/5ml	liq	04/01/17
acetaminophen	160mg/5ml	mg/5ml	susp	04/01/17
acetaminophen	160mg/5ml	mg/5ml	sol	04/01/17
acetaminophen	80mg/0.8ml	mg/0.8ml	liq	04/01/17
acetaminophen	325mg	mg	tab	04/01/17
acetaminophen	500mg	mg	tab	04/01/17
acetaminophen	650mg	mg	tab	04/01/17
Aspirin				
aspirin	81mg	mg	tab	04/01/17
aspirin [#]	81mg	mg	chew	04/01/17
aspirin	81mg	mg	ODT	04/01/17
aspirin EC [#]	81mg	mg	tab	04/01/17
aspirin EC [#]	325mg	mg	tab	04/01/17
aspirin [#]	325mg	mg	tab	04/01/17
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)				
ibuprofen	100mg	mg/5ml	susp	04/01/17
ibuprofen	50mg	mg/1.25ml	susp	04/01/17
ibuprofen	100	mg	chew	01/01/19
ibuprofen	200mg	mg	tab	04/01/17
naproxen Na	220mg	mg	tab	04/01/17
Gastrointestinal (GI)				
Anti-Diarrheal Preparations				
loperamide	2mg	mg	cap	04/01/17
loperamide	1mg	mg/7.5ml	susp	04/01/17
loperamide	1mg	mg/5ml	liq	04/01/17
Laxatives				
Bulk				
psyllium	N/A	N/A	powder	04/01/17
Osmotic				
PEG 3350 oral powder [†]	N/A	N/A	powder	04/01/17
Saline				
mag hydroxide	400	mg/ml	susp	11/01/18
Surfactant				
docusate calcium	240mg	mg	cap	04/01/17
docusate Na [#]	100mg	mg	cap	01/01/19
docusate Na [#]	200mg	mg	cap	01/01/19
docusate Na	50mg	mg/15ml	liq	04/01/17
docusate Na	50mg	mg/5ml	liq	04/01/17
Stimulant				
bisacodyl	10mg	mg	sup	04/01/17
bisacodyl EC	5mg	mg	tab	04/01/17
sennosides	8.6mg	mg	tab	01/01/19
sennosides/docusate	8.6/50mg	mg	tab	01/01/19

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Generic Name	Dose	Units	Form	Date
Ulcer Drugs				
Antacid Liquids and Tablets				
aluminum hydroxide/mag carbonate	160/104mg	mg	chew	04/01/17
aluminum hydroxide/mag carbonate	95/358mg	mg/15ml	susp	04/01/17
aluminum hydroxide/mag hydroxide/simethicone	200/200/25mg	mg	chew	04/01/17
aluminum hydroxide/mag hydroxide/simethicone	200/200/20mg	mg/5ml	susp	04/01/17
aluminum hydroxide/mag hydroxide/simethicone	400/400/40mg	mg/5ml	susp	04/01/17
calcium carbonate	500mg	mg	chew	04/01/17
calcium carbonate/mag hydroxide	550/110mg	mg	chew	04/01/17
calcium carbonate/simethicone	1000/60mg	mg	chew	04/01/17
Stomach Acid Reducers				
famotidine	20mg	mg	chew	04/01/17
famotidine	20mg	mg	tab	04/01/17
Smoking Deterrents				
Nicotine Replacement Products				
nicotine	2mg	mg	gum	04/01/17
nicotine	4mg	mg	gum	04/01/17
nicotine	2mg	mg	loz	04/01/17
nicotine	4mg	mg	loz	04/01/17
nicotine	14mg	mg/24hr	patch	04/01/17
nicotine	21mg	mg/24hr	patch	04/01/17
nicotine	7mg	mg/24hr	patch	04/01/17
Supplements				
Calcium				
calcium carbonate	500mg	mg	tab	04/01/17
Iron				
ferrous gluconate 325mg (36mg elemental Fe)	325mg	mg	tab	04/01/17
ferrous sulfate drops 75 mg/ml (15 mg/ml elemental Fe)	75mg	mg/ml	liq	04/01/17
ferrous sulfate 220mg/5ml (44mg/5ml elemental Fe)	220mg	mg/5ml	liq	04/01/17
ferrous sulfate 325mg (50mg elemental fe) [#]	325mg	mg	tab	01/01/19
ferrous sulfate CR 325mg (50mg elemental fe)	325mg	mg	tab	04/01/17

Utah Medicaid Over-the-Counter 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 Over-the-Counter 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