



Utah Medicaid Preferred Drug List

Antidiabetic Agents – Oral

| Drug Name | Status |
|---|--------|
| DPP-4 Inhibitors | |
| Januvia | P |
| DPP-4 Inhibitor Combinations | |
| Janumet | P |
| Thiazolidinediones (“Glitazones”) | |
| Actos | P |
| Avandia | P |
| Thiazolidinedione (“Glitazone”) Combinations | |
| Actoplus Met | P |
| Avandamet | P |
| Avandaryl | P |
| Duetact | P |

Antihyperlipidemic Agents

| Drug Name | Status |
|--|--------|
| HMG Co-A Reductase Inhibitors (“Statins”) – High Potency | |
| Crestor | P |
| Lipitor | P |
| Simvastatin (generic) | P |
| HMG Co-A Reductase Inhibitors (“Statins”) – Lower Potency | |
| Fluvastatin (generic) | P |
| Lovastatin (generic) | P |
| Pravastatin (generic) | P |
| HMG Co-A Reductase Inhibitor (“Statin”) - Containing Combinations | |
| Caduet | P |
| Vytorin | P |

Antihypertensive Agents

| Drug Name | Status |
|---|--------|
| Angiotensin Converting Enzyme (ACE) Inhibitors | |
| Aceon | NP |
| Benazepril (generic) | P |
| Captopril (generic) | P |
| Enalapril (generic) | P |
| Fosinopril (generic) | P |
| Lisinopril (generic) | P |
| Moexipril (generic) | P |
| Quinapril (generic) | P |
| Ramipril (generic) | P |
| Trandolapril (generic) | P |
| Angiotensin Converting Enzyme (ACE) Inhibitor Combinations | |
| Benazepril / HCTZ (generic) | P |
| Captopril / HCTZ (generic) | P |

P = Preferred

NP = Non-Preferred

Non-Preferred status may be overridden by hand-writing “Medically Necessary – Dispense As Written” on the prescription and documenting medical necessity in the patient’s chart.



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| | |
|--|----|
| Enalapril / HCTZ (generic) | P |
| Fosinopril / HCTZ (generic) | P |
| Lisinopril / HCTZ (generic) | P |
| Moexipril / HCTZ (generic) | P |
| Quinapril / HCTZ (generic) | P |
| Angiotensin Receptor Blockers (ARBs) | |
| Atacand | NP |
| Avapro | P |
| Benicar | P |
| Cozaar | NP |
| Diovan | P |
| Micardis | NP |
| Teveten | NP |
| Angiotensin Receptor Blocker (ARB) + Thiazide Combinations | |
| Atacand HCT | NP |
| Avalide | P |
| Benicar HCT | P |
| Hyzaar | NP |
| Diovan HCT | P |
| Micardis HCT | NP |
| Teveten HCT | NP |
| Angiotensin Receptor Blocker (ARB) + Calcium Channel Blocker Combinations | |
| Azor | NP |
| Exforge | P |
| Other Angiotensin Receptor Blocker (ARB) Combinations | |
| Caduet | P |

Asthma Medications

| Drug Name | Status |
|--|--------|
| Short Acting Beta Agonists – Solution for Nebulizer | |
| Accuneb | NP |
| Albuterol (generic) | P |
| Metaproterenol (generic) | NP |
| Xopenex | NP |
| Xopenex Pediatric | NP |
| Short Acting Beta Agonists – Metered Dose Inhalers | |
| Albuterol (generic) | P |
| Alupent | NP |
| Maxair | P |
| ProAir HFA | P |
| Ventolin HFA | P |
| Xopenex | NP |
| Long Acting Beta Agonists – Solutions for Nebulizer | |
| Brovana | P |
| Perforomist | P |
| Long Acting Beta Agonists – Metered Dose Inhalers | |
| Foradil | NP |
| Serevent Diskus | P |

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| Combination Corticosteroid / LABA Inhalers | |
|---|----|
| Advair Diskus | P |
| Advair HFA | P |
| Symbicort 6.9gm Inhaler | NP |
| Symbicort 10.2gm Inhaler | P |

Diabetic Test Supplies

| Product Line | Status |
|---------------------------------|---------------|
| Accucheck Products* | P |
| Ascencia Products | NP |
| Freestyle Products | NP |
| Precision Products | NP |
| One Touch Products ⁺ | P |

* Medicaid clients may obtain free Accucheck meters by calling 1-888-355-4242.

⁺ Medicaid clients may obtain free One Touch meters by calling 1-877-535-7467 and referring to Order 417-UTM001.

Opioid Narcotics[#]

| Drug | Status |
|-------------------------------------|---------------|
| Long Acting Opioid Narcotics | |
| Avinza | P |
| Fentanyl Patch (generic) | P |
| Kadian | P |
| Methadone (generic) | P |
| Morphine Sulfate ER (generic) | P |
| Opana ER | NP |
| Oxycontin | NP |
| Other Opioid Narcotics | |
| Methadone | P |

[#]Quantity limits for opioid narcotics apply to both preferred and non-preferred drugs.

Proton Pump Inhibitors[&]

| Drug | Status |
|---------------------------------|---------------|
| Aciphex | NP |
| Nexium | NP |
| Omeprazole (generic) | P |
| Prevacid | P |
| Prevacid Solutabs ⁺⁺ | P |
| Prevacid Solution ⁺⁺ | P |
| Prilosec OTC | P |
| Protonix | NP |
| Zegerid | NP |

[&] Quantity limits for PPIs apply to both preferred and non-preferred drugs.

⁺⁺ Covered for age 12 and under only.

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