

Utah Medicaid Preferred Drug List

Acne Therapy				
Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Acne Therapy - Oral				
B Claravis	08/01/11	*Age edit applies	B Accutane	08/01/11
B Sotret	08/01/11	*Age edit applies	B Amnesteem	08/01/11
Acne Treatment - Retinoids				
G tretinoin, cream, gel	08/01/11	*Age edit applies	G adapalene	08/01/11
			B Differin	08/01/11
			B Atralin	08/01/11
			B Avita	08/01/11
			B Retin-A	08/01/11
			B Retin-A Miroospheres	08/01/11
			B Tretin-X	08/01/11
Acne Treatment Topical (Antibiotics)				
B Clinda-Derm	08/01/11		B Clindacin PAC	08/01/11
B Clindamax	08/01/11		B Cleocin T	08/01/11
G Clindamycin, gel, lotion, swab, sol	08/01/11		B Clindagel	08/01/11
G erythromycin	08/01/11		B Clindareach	08/01/11
G erythromycin-benzoyl Peroxide	01/01/12		B Evoclin	08/01/11
			B Akne-mycin	08/01/11
			B Benzamycin	08/01/11
			B BenzamycinPAK	08/01/11
			G ATS	08/01/11
			B ERY	08/01/11
Acne Therapy Topical - Miscellaneous				
B Oscion	08/01/11		B Bencort	08/01/11
G benzoyl peroxide, 4-6%, gel, cr, lot	08/01/11		B Acne Treatment PACK	08/01/11
G sodium sulfacetamide, cr, liq	08/01/11		B Benzac AC	08/01/11
G sodium sulfacetamide/Sulfer	01/01/12		B BP	08/01/11
			B BPO	08/01/11
			B Desquam-X	08/01/11
			B Ovace	01/01/12
			B 10 Wash	01/01/12
Alzheimer's Cholinomimetics				
Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
B Aricept	01/15/12		B Cognex	09/28/09
B Aricept ODT	01/15/12	Not PCN or Non-TRAD	B Razadyne	09/28/09
B Exelon	09/28/09		B Razadyne ER	09/28/09
B Exelon Patch	09/28/09	Not PCN or Non-TRAD	G donepezil	02/20/12
B Namenda	09/28/09		G rivastigmine	02/20/12
			G galantamine	02/20/12
Antibiotics - Cephalosporins, 3rd Generation Oral				
Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
G cefdinir	02/01/10		B Cedax	02/01/10
B Suprax, liq, tabs	02/01/10		G cefpodoxine proxetil	02/01/10
			B Omnicef	02/01/10
			B Spectracef	02/01/10
			B Vantin	02/01/10
Antibiotics - Quinolones				
Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
B Avelox	02/01/10		B Avelox ABC Pack	02/01/10
G ciprofloxacin	02/01/10		B Cipro	02/01/10
B Levaquin	02/01/10		B Cipro ER	02/01/10
G levofloxacin	01/01/12		G ciprofloxacin ER	02/01/10
			B Factive	02/01/10
			B Floxin	02/01/10

			B	Noroxin	02/01/10
			G	ofloxacin	02/01/10
			B	Proquin XR	02/01/10
Antidiabetic Agents – Oral					
	Preferred Drugs	Date		Comments	Non Preferred Drugs
DPP-4 Inhibitors					
B	Januvia	09/28/09			B Onglyza 05/23/11
DPP-4 Inhibitor Combinations					
B	Janumet	09/28/09			B Kombiglyze 05/23/11
B	Juvisync	02/20/12			B Tradjenta 02/20/12
Antiemetics (5 HT-3 Antagonists, Neurokinin-1 Antagonists)					
	Preferred Drugs	Date		Comments	Non Preferred Drugs
G	ondansetron	09/30/09			B Aloxi (palonosetron) 09/30/09
					B Anzemet (dolasetron) 09/30/09
					B Kytril (granisetron) 09/30/09
					B Zofran (ondansetron) 09/30/09
					B Emend (aprepitant) 09/30/09
					B Emend (fosaprepitant) 09/30/09
Antifungals					
	Preferred Drugs	Date		Comments	Non Preferred Drugs
Antifungals (Oral)					
G	clotrimazole	10/01/11			B Ancobon 10/01/11
B	Diflucan	01/15/12			B Grifulvin V 10/01/11
G	fluconazole	10/01/11			G griseofulvin 10/01/11
G	ketoconazole	01/15/12			B Gris-PEG 10/01/11
G	nystatin	10/01/11			B Lamisil 10/01/11
B	Oravig	01/15/12			B Nizoral 10/01/11
G	terbinafine*	10/01/11		*Requires clinical PA	B Noxafil 10/01/11
B	Vfend	10/01/11			B Sporanox 10/01/11
G	voriconazole	10/01/11			B Terbinex 10/01/11
Antifungals (Topical)					
G	antifungal, cream	10/01/11			B Bactroban 02/15/12
G	Athlete's Foot, cream	10/01/11			G ciclopirox 10/01/11
G	clotrimazole, cream, solution	10/01/11			B CNL 8 10/01/11
O	Lotrimin AF, cream, solution	10/01/11			B Cruex, cream 10/01/11
G	econazole nitrate, cream	10/01/11			B Desenex, cream 10/01/11
G	ketoconazole, shampoo, cr., foam	10/01/11			B Ertaczo 10/01/11
G	nystatin, powder, oint., cream	10/01/11			B Exelderm 10/01/11
B	Nystop, powder	10/01/11			B Extina 10/01/11
G	mupirocin, oint			Clinical PA required	B Lamisil 10/01/11
					B Loprox 10/01/11
					B Mentax 10/01/11
					B Monistat-Derm 10/01/11
					B Mycelex 10/01/11
					B Mycostatin 10/01/11
					B Naftin 10/01/11
					B Nizoral 10/01/11
					B Nuzole 10/01/11
					B Nyamyc 10/01/11
					B Oxistat 10/01/11
					B Pediaderm AF 10/01/11
					B Pedi-Dri 10/01/11
					B Penlac 10/01/11
					B Spectazole 10/01/11
					B Vusion 10/01/11
				Clinical PA required	B Xolegel 10/01/11
Antifungals (Vaginal)					
G	clotrimazole, cream/applicator	10/01/11			B 3-Day Vaginal Cream 10/01/11
G	clotrimazole 3, cream/applicator	10/01/11			B AVC 10/01/11

G	miconazole 7, cream/applicator	10/01/11		B	Gynazole-1	10/01/11
				B	Gyne-Lotrimin	10/01/11
				G	miconazole 1-3	10/01/11
				G	miconazole nitrate	10/01/11
				B	Monistat 7	10/01/11
				B	Nystatin	10/01/11
				B	Terazol 7	10/01/11
				B	Terazole 3	10/01/11
				G	terconazole	10/01/11
				B	Vagistat-3	10/01/11
				B	Zazole	10/01/11
Antihistamine (Nasal) Agents						
	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
B	Astelin	10/01/10		B	Astepro	10/01/10
				B	Azelastine HCL	10/01/10
				B	Patanase	10/01/10
Antihistamine (Ocular) Agents						
	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
B	Optivar	10/01/10		O	Alaway	10/01/10
B	Patanol	10/01/10		B	Azelastine HCL	10/01/10
				B	Bepreve	10/01/10
				B	Elestat	10/01/10
				B	Pataday	06/01/11
				B	Zaditor	10/01/10
Antihyperlipidemic Agents						
	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Fibric Acid & Miscellaneous Derivatives						
B	Antara	01/01/12		G	fenofibrate	09/28/09
G	gemfibrozil	09/28/09		B	Fenoglide	09/28/09
B	Niaspan	09/28/09		B	Lipofen	09/28/09
B	Nicor	01/01/12		B	Lofibra	09/28/09
B	Tricor	09/28/09		B	Triglide	09/28/09
B	Trilipix	09/28/09				
B	Zetia	09/28/09				
B	Lovaza	01/01/12				
HMG Co-A Reductase Inhibitors ("Statins") – High Potency						
B	Crestor	09/28/09				
B	Lipitor	09/28/09				
G	simvastatin	09/28/09				
HMG Co-A Reductase Inhibitors ("Statins") – Lower Potency						
B	Altprev	01/01/12		B	Lescol XL	09/28/09
B	Lescol, and Lescol XL	01/01/12				
G	lovastatin	09/28/09				
B	Mevacor	01/01/12				
G	pravachol	01/01/12				
G	pravastatin	09/28/09				
Cholesterol-Lowering Combinations						
				B	Advicor	02/01/10
				B	Simcor	09/28/09
				B	Vytorin	09/28/09
Statin-Hypotensive Combinations						
B	Caduet	09/28/09				
Antihypertensive Agents						
	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Alpha/Beta-Adrenergic Blocking Agents						
G	carvedilol	09/28/09		B	Coreg CR	09/28/09

G	labetalol	09/28/09			
Angiotensin Converting Enzyme (ACE) Inhibitors					
G	benazepril	09/28/09		B	Aceon 09/28/09
G	captopril	09/28/09			
G	enalapril	09/28/09			
G	fosinopril	09/28/09			
G	lisinopril	09/28/09			
G	moexipril	09/28/09			
G	quinapril	09/28/09			
G	ramipril	09/28/09			
G	trandolapril	09/28/09			
Angiotensin Converting Enzyme (ACE) Inhibitor Combinations					
G	benazepril / HCTZ (generic)	09/28/09			
G	captopril / HCTZ (generic)	09/28/09			
G	enalapril / HCTZ (generic)	09/28/09			
G	fosinopril / HCTZ (generic)	09/28/09			
G	lisinopril / HCTZ (generic)	09/28/09			
G	moexipril / HCTZ (generic)	09/28/09			
G	quinapril / HCTZ (generic)	09/28/09			
Angiotensin Receptor Blockers (ARBs)					
B	Avapro	09/28/09		B	Atacand 09/28/09
B	Benicar	09/28/09		B	Teveten 09/28/09
B	Diovan	09/28/09			09/28/09
B	Cozaar	01/01/12			
B	Micardis	01/01/12			
Angiotensin Receptor Blocker (ARB) + Thiazide Combinations					
B	Avalide	09/28/09		B	Atacand HCT 09/28/09
B	Benicar HCT	09/28/09		B	Hyzaar 09/28/09
B	Diovan HCT	09/28/09		B	Teveten HCT 09/28/09
B	Micardis HCT	01/01/12			
Angiotensin Receptor Blocker (ARB) + Calcium Channel Blocker Combinations					
B	Azor	09/28/09		B	Twynsta 01/01/12
B	Exforge	09/28/09		B	Tribenzor 01/01/12
B	Exforge HCT	09/28/09			
B	Valturna	09/28/09			
Angiotensin Receptor Blocker (ARB) Combinations - Other					
B	Caduet	09/28/09			
Beta-Adrenergic Blocking Agents					
G	acebutolol	09/28/09		B	Bystolic 09/28/09
G	atenolol	09/28/09			
G	betaxolol	09/28/09			
G	bisoprolol	09/28/09			
G	metoprolol	09/28/09			
G	nadolol	09/28/09			
G	pindolol	09/28/09			
G	sotalol	09/28/09			
G	timolol	09/28/09			
Beta-Adrenergic Blocking Agent Combinations					
G	atenolol/chlorthalidone	09/28/09			
G	bisoprolol/HCTZ	09/28/09			
G	metoprolol/HCTZ	09/28/09			
G	nadolol/bendroflumethiazide	09/28/09			
G	propranolol/HCTZ	09/28/09			
Calcium Channel Blocking Agents					
G	amlodipine	09/28/09		B	Dynacirc CR 09/28/09
G	diltiazem	09/28/09		B	Sular 09/28/09
G	felodipine	09/28/09			
G	isradipine	09/28/09			
G	nicardipine	09/28/09			
G	nifedipine	09/28/09			
G	nimodipine	09/28/09			
G	nisoldipine	09/28/09			
G	verapamil	09/28/09			

Direct Renin Inhibitors						
B	Tekturna	09/28/09				
Direct Renin Inhibitors/ Combinations						
B	Tekamlo	01/01/12				
Direct Renin Inhibitors/HCTZ						
B	Tekturna HCT	09/28/09				
Arthritis - Anti-TNFs						
Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
B	Cimzia	02/01/10		B	Amveive	02/01/10
B	Enbrel	02/01/10		B	Kineret	02/01/10
B	Humira	02/01/10		B	Raptiva	02/01/10
				B	Simponi	02/01/10
				B	Stelara	10/01/11
Asthma Medications						
Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
Beta Agonists (Long Acting) – Solutions for Nebulizer						
B	Brovana	09/28/09				
B	Perforomist	09/28/09				
Beta Agonists (Long Acting) – Metered Dose Inhalers						
B	Serevent Diskus	09/28/09		B	Foradil	09/28/09
Beta Agonists (Short Acting) – Solution for Nebulizer						
G	albuterol	09/28/09		B	Accuneb	09/28/09
B	Xopenex	01/01/12		G	metaproterenol	09/28/09
Beta Agonists (Short Acting) – Metered Dose Inhalers						
B	Ventolin HFA	09/28/09		G	albuterol	09/28/09
B	Xopenex HFA	01/01/12		B	Alupent	09/28/09
				B	Maxair	09/28/09
				B	ProAir HFA	09/28/09
				B	Proventil HFA	09/28/09
Combination Corticosteroid / LABA Inhalers						
B	Advair Diskus	09/28/09		B	Symbicort 6.9gm Inhaler	09/28/09
B	Advair HFA	09/28/09				
B	Dulera	05/23/11				
B	Symbicort 10.2gm Inhaler	09/28/09				
Corticosteroids – Metered Dose Inhalers						
B	Asmanex	09/28/09		B	Pulmicort Flexhaler	02/01/10
B	Azmacort	02/01/10		B	Aerobid	09/28/09
B	Flovent Discus	06/28/11		B	Aerobid – M	09/28/09
B	Flovent HFA	06/28/11				
B	Qvar	09/28/09				
Corticosteroids – Solution for Nebulizer						
G	budesonide ampules	02/01/10		B	Pulmicort Respules	09/28/09
Leukotriene Medications						
B	Zyflo CR	02/01/10				
B	Accolate	09/28/09				
B	Singulair	09/28/09				
G	zafirlukast	01/01/12				
Benign Prostatic Hyperplasia (BPH)						
Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
G	doxazosin	10/01/11		G	alfuzosin	10/01/11
G	finasteride	10/01/11		B	Hytrin	10/01/11
B	Flomax	10/01/11		B	Jalyn	10/01/11
G	prazosin	10/01/11		B	Minipress	10/01/11
G	tamsulosin	01/01/12		G	phentolamine mesylate	10/01/11
G	terazosin	10/01/11		B	Proscar	10/01/11
B	Uroxatral	01/01/12		B	Rapaflo	10/01/11

B	Avodart	02/15/12			
Bronchodilator (Inhaled Anticholinergic)					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
B	Atrovent	01/01/11			
B	Spiriva	01/01/11			
Contraceptives					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Contraceptives - Low Dose and Mono-phasic					
G	Altavera	01/01/12		G Amethyst	11/15/11
G	Apri	10/01/11		B Brevicon	10/01/11
G	Aviane	10/01/11		G Cyclofem	10/01/11
B	Balziva	01/01/12		G Emoquette	10/01/11
B	Beyaz	01/01/12		B Generess FE	10/01/11
G	Briellyn	01/01/12		G Gianvi	10/01/11
G	Cryselle	10/01/11		G Gildess FE 1mg-20mcg only	10/01/11
B	Desogen	01/01/12		G Jolessa	10/01/11
B	Femcon FE	10/01/11		G Junel	01/01/12
G	Gianvi	01/01/12		G Kelnor 1-35	01/01/12
G	Junel FE	10/01/11		B Lo-Ovral-28	10/01/11
G	Lessina	10/01/11		G Loryna	10/01/11
B	Levlen 28	01/01/12		G Microgestin	01/01/12
B	Levora-28	10/01/11		G Ogestrel	10/01/11
G	Loestrin	10/01/11		G Ovcon-35	10/01/11
G	Loestrin FE	01/01/12		G Previfem	10/01/11
G	Low-Ogestrel	10/01/11		G Quasense	10/01/11
G	Lutera	10/01/11		G Syeda	10/01/11
G	Lybrel	10/01/11		G Zarah	11/15/11
G	Microgestin FE	10/01/11		G Zeosa	10/01/11
G	Modicon	01/01/12			
G	Mononessa	11/15/11			
G	Necon	11/15/11			
G	Nordette-28	10/01/11			
G	Norgestrel-Ethinyl Estradiol	10/01/11			
G	Norinyl 1+35	01/01/12			
G	Norinyl 1+50	01/01/12			
G	Nortrel	11/15/11			
G	Ocella	01/01/12			
G	Ortho-Cept	10/01/11			
G	Ortho-Cyclen	01/01/12			
G	Ortho-Novum	10/01/11			
G	Ovcon-50	01/01/12			
G	Portia	01/01/12			
G	Reclipsen	10/01/11			
G	Safyral	01/01/12			
G	Seasonale	01/01/12			
G	Solia	10/01/11			
G	Sprintec	10/01/11			
G	Sronyx	10/01/11			
G	Yasmin 28	10/01/11			
G	Yaz	10/01/11			
G	Zenchant	01/01/12			
G	Zovia	10/01/11			
Contraceptives - Bi-phasic					
G	Azurette	01/01/12		G Amethia	01/01/12
G	Kariva	01/01/12		G Camrese	01/01/12
B	Mircette	01/01/12		G Camrese LO	01/01/12
B	Loseasonique	01/01/12		G Necon 10-11	01/01/12
B	Seasonique	10/01/11			
Contraceptives - Tri-phasic/Multi-phasic					
B	Cyclessa	01/01/12		G Aranelle	10/01/11
G	Caziant	01/01/12		G Cesia	10/01/11

G	Enpresse	10/01/11		G	Cyclafem	10/01/11
B	Estrostep FE	01/01/12		G	Leena	10/01/11
G	Necon	11/15/11		B	Natazia	10/01/11
G	Nortrel	11/15/11		G	Norgestimate-Ethinyl Estradiol 7 DaysX3	10/01/11
B	Ortho Tri-Cyclen	10/01/11		G	Tilia FE	10/01/11
B	Ortho Tri-Cyclen Lo	10/01/11		G	Tri-Legest FE	10/01/11
B	Ortho-Novum 7 Days x 3	10/01/11		B	Tri-Norinyl 7-9-5	10/01/11
G	Trinessa	11/15/11		G	Tri-Previfem	10/01/11
G	Tri-Sprintec	10/01/11		G	Velivet	10/01/11
G	Trivora-28	10/01/11				
Contraceptives - Emergency						
B	Plan B One-Step	10/01/11		B	Ella	10/01/11
B	Next Choice	10/01/11		B	Plan B	10/01/11
				G	levonorgestrel	10/01/11
Contraceptives - Progestin Only						
G	Heather	01/01/12		G	Camila	01/01/12
G	Jolivette	10/01/11		G	Errin	01/01/12
B	Micronor	10/01/11				
G	Nora-BE	10/01/11				
G	Norethindrone	01/01/12				
G	Nor-Q-D	01/01/12				
Diabetic Test Supplies						
	Preferred Product	Date	Comments		Product Line	Date
O	Ascensia	09/28/09	Abbott meters call 1-866-224-8892 Free For Medicaid Only	O	Accucheck Products	09/28/09
O	Breeze 2	09/28/09	Bayer meters by call 1-877-229-3777 Free For Medicaid Only	O	Surestep	01/01/11
O	Contour	09/28/09		O	Fast Take	01/01/11
O	Bayer Products*	09/28/09		O	One Touch Products	01/01/11
O	Freestyle Products	01/01/11				
O	Precision Products	01/01/11				
O	Abbott Products**	01/01/11				
Estrogens						
	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Estrogens (Oral)						
B	Cenestin	10/01/11		B	Enjuvia	10/01/11
G	estradiol	10/01/11		B	Estrace	10/01/11
G	estropipate	10/01/11		B	Femtrace	10/01/11
B	Menest	10/01/11		B	Premarin	10/01/11
Estrogens (Combinations)						
B	Combipatch	10/01/11		B	Activella	10/01/11
B	Prempro	10/01/11		B	Angeliq	10/01/11
				B	Climara Pro	10/01/11
				G	estradiol-norethindrone	10/01/11
				B	Femhrt	10/01/11
				B	Jevantique	10/01/11
				B	Jinteli	10/01/11
				B	Mimvey	10/01/11
				B	Prefest	10/01/11
				B	Premphase	10/01/11
Estrogens (Topical)						
B	Vivelle-DOT	10/01/11		B	Alora	10/01/11
				B	Climara	10/01/11
				B	Estraderm	10/01/11
				G	estradiol patch	10/01/11
				B	Menostar	10/01/11
				B	Vivelle	10/01/11
				B	Divigel	10/01/11

				B Elestrin gel	10/01/11
				B Estrasorb	10/01/11
				B Estrogel	10/01/11
				B Evamist spray	10/01/11
				B Evamist spray	10/01/11
Estrogens (Vaginal)					
B Estring	10/01/11			B Estrace	10/01/11
B Premarin Cream	10/01/11			B Femring	10/01/11
B Vagifem	10/01/11				
Eyedrop (Alpha Adrenergic)					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
B Alphagan P		10/01/10		G apraclonidine HCL	10/01/10
G brimonidine		10/01/10		G Iopidine	10/01/10
Eyedrop (Prostaglandin)					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
G latanoprost		12/02/11		B Lumigan	01/01/12
B Travatan		01/01/12		B Xalatan	12/02/11
Growth Hormones					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
B Genotropin		10/01/10	Clinical PA still applies to class.	B Humatrope	10/01/10
B Norditropin		10/01/10		B Omnitrope	10/01/10
B Nutropin		10/01/10		B Saizen	10/01/10
				B Serostim	10/01/10
				B Tev-Tropin	10/01/10
Heparin (Low Molecular Weight)					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
B Arixtra		10/01/10		B Innohep	10/01/10
G enoxaparin sodium		11/01/11			
B Fragmin		10/01/10			
B Lovenox		10/01/10			
Hepatitis C Interferons					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
B Pegasys		10/01/09	*Clinical PA required		
B Peg-Intron		10/01/09	*Clinical PA required		
Insulins					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Rapid Acting Insulins					
B Humalog		09/28/09	*Clinical PA for all pens in class	B Apidra	09/28/09
B Humulin-R		09/28/09			
B Novolin-R		02/01/10			
B Novolog		02/01/10			
Intermediate Acting Insulins					
B Humulin-N		09/28/09	*Clinical PA for all pens in class		
B Novolin-N		02/01/10			
Long Acting					
B Lantus		09/28/09			
B Levemir		09/28/09			
Insulin Mixtures					
B Humalog 50/50		09/28/09	*Clinical PA for all pens in class		
B Humalog 75/25		09/28/09			
B Humulin 50/50		09/28/09			
B Humulin 70/30		09/28/09			
B Novolin 70/30		02/01/10			

B	Novalog 70/30	02/01/10			
Migraine Agents					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
B	Axert	09/28/09		B Amerge	09/28/09
B	Imitrex, Spray, Pen, Sub-Q vial	1/1/2012		B Frova	02/01/10
B	Maxalt (all dosage forms)	09/28/09		B Imitrex, except as preferred	01/01/12
G	sumatriptan	09/28/09		B Relpax	09/28/09
				B Treximet	09/28/09
				B Zomig	09/28/09
Multiple Sclerosis Agents					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
B	Avonex	02/01/10		B Extavia	03/01/10
B	Betaseron	09/28/09			
B	Copaxone	09/28/09			
B	Gilenya	03/01/10			
B	Rebif	09/28/09			
Nasal Corticosteroids					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
G	fluticasone propionate	09/28/09		B Beconase AQ	09/28/09
B	Nasonex	10/01/09		B Flonase	09/28/09
B	Veramyst	10/01/09		G flunisolide	09/28/09
				B Nasacort AQ	10/01/09
				B Nasarel	10/01/09
				B Omnaris	10/01/09
				B Rhinocort AQ	10/01/09
Non-Steroidal Anti-Inflammatories					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Cox-2 Inhibitors					
B	Celebrex	09/28/09			
Non-Selective Non-Steroidal Anti-Inflammatories					
B	Advil	09/28/09		B Anaprox	09/28/09
B	Anaprox DS	01/01/12		B Lodine	09/28/09
G	diclofenac	01/01/12		G nabumetone	09/28/09
G	etodolac	01/01/12		G naproxen sodium	09/28/09
G	flurbiprofen	01/01/12		B Relafen	09/28/09
G	ibuprofen	09/28/09			
G	indocin	01/01/12			
G	indomethacin	01/01/12			
G	ketoprofen	01/01/12			
G	ketorolac injectable	09/28/09			
G	meloxicam	09/28/09			
B	Mobic	09/28/09			
B	Motrin	09/28/09			
G	Nalfon	01/01/12			
B	Naprosyn	01/01/12			
B	Naproxen	09/28/09			
B	Oxaprozin	01/01/12			
G	sulindac	01/01/12			
Opioid Narcotics					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Long Acting Opioid Narcotics					
G	fentanyl patch (generic)	02/01/10	Quantity limits apply.	B Avinza	09/28/09
G	methadone (generic)	09/28/09		B Duragesic Patch (brand)	01/01/11
G	morphine sulfate ER (generic)	02/01/10		B Embeda	09/28/09

				B	Kadian	02/01/10
				B	MS Contin (brand)	01/10/11
				B	Opana ER	09/28/09
				G	oxycodone	09/28/09
				B	Oxycontin	09/28/09
Opioid Agonist Antagonist Combination for Substance Abuse						
B	Suboxone	01/01/12	Quantity limits and clinical PA apply.			
Osteoporosis Agents						
	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
G	alendronate	10/01/09		B	Actonel	10/01/09
				B	Actonel + Calcium	10/01/09
				B	Boniva	10/01/09
				B	Didronel	10/01/09
				G	etidronate	10/01/09
				B	Fosamax	10/01/09
				B	Fosamax-D	10/01/09
				B	Skelid	10/01/09
Pancreatic Enzymes						
	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
B	Creon	08/01/11		B	Pancrease	01/01/12
B	Zenpep	08/01/11		B	Pancreaze	01/01/12
				B	Pancrecarb	08/01/11
				B	Pancrelipase	08/01/11
				B	Pangestyme	08/01/11
				B	Ultrase	08/01/11
				B	Viokase	08/01/11
Parkinson's Agents						
	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
COMT Inhibitors & Combinations						
G	carbidopa/levodopa	10/01/09		B	Comtan	10/01/09
				B	Stalevo	10/01/09
				B	Tasmar	10/01/09
MAO Inhibitors						
G	selegiline	02/01/10		B	Azilect	10/01/09
				B	Eldepryl	10/01/09
				B	Zelapar	10/01/09
Nonergot-Derived Dopamine Receptor Agonists						
B	Mirapex	10/01/09		B	Requip	10/01/09
B	Mirapex ER	12/02/11		B	Requip XL	10/01/09
G	pramipexole	12/02/11				
G	ropinerole	10/01/09				
Proton Pump Inhibitors						
	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
B	Dexilant / Kapidex	02/01/10	Quantity limits apply.	B	Nexium	09/28/09
B	Omeprazole (generic)	02/01/10	Quantity limits apply.	B	Protonix	09/28/09
O	Prilosec OTC	09/28/09		B	Zegerid	09/28/09
				G	lansoprazole	02/01/10
				G	pantoprazole	02/01/10
				B	Prevacid	02/01/10
				B	Precacid-24	02/01/10
				B	Prevacid Solutabs	02/01/10
				B	Prevacid Solution	02/01/10
				B	Aciphex	02/01/10
Pulmonary Antihypertensives Endothelin Receptor Antagonists						

