

Utah Medicaid Preferred Drug List					
Acne Therapy					
Preferred Drugs		Date	Comments	Non Preferred Drugs	
Acne Therapy - Oral					
B	Claravis	08/01/11	*Age edit applies	B	Accutane
B	Sotret	08/01/11	*Age edit applies	B	Amnesteem
Acne Treatment - Retinoids					
G	tretinoin, cream, gel	08/01/11	*Age edit applies	G	adapalene
				B	Atralin
				B	Avita
				B	Retin-A
				B	Retin-A Miroospheres
				B	Tretin-X
Acne Treatment Topical (Antibiotics)					
B	Clinda-Derm	08/01/11		B	Akne-mycin
B	Clindamax	08/01/11		G	ATS
G	Clindamycin, gel, lotion, swab, sol	08/01/11		B	Benzamycin
G	erythromycin	08/01/11		B	BenzamycinPAK
G	erythromycin-benzoyl Peroxide	01/01/12		B	Cleocin T
				B	Clindacin PAC
				B	Clindagel
				B	Clindareach
			*Must use individual products separately	B	Duac (clindamycin/benzoyl peroxide) ¹
				B	ERY
				B	Evoclin
Acne Therapy Topical - Miscellaneous					
B	Oscion	08/01/11		B	Acne Treatment PACK
G	benzoyl peroxide, 4-6%, gel, cr, lot	08/01/11		B	Aczone N.P.
G	sodium sulfacetamide, cr, liq	08/01/11		B	Azelex
G	sodium sulfacetamide/Sulfer	01/01/12		B	Bencort
			*Must use individual products separately	B	Benzaclin ¹
				B	Benzac AC
				B	BP
				B	BPO
				B	Dapsone
				B	Desquam-X
				B	Differin, adapalene
			*Must use individual products separately	B	Epiduo (adapalene/benzoyl peroxide) ¹
				B	Ovace
				G	Salicylic Acid
				B	Seb-Prev
				B	10 Wash
Alzheimer's Cholinomimetics					
Preferred Drugs		Date	Comments	Non Preferred Drugs	
B	Aricept	01/15/12		B	Cognex
B	Aricept ODT	01/15/12	*Not PCN or Non-TRAD	B	Razadyne
B	Exelon	09/28/09		B	Razadyne ER
B	Exelon Patch	09/28/09	*Not PCN or Non-TRAD	G	donepezil
B	Namenda	09/28/09		G	rivastigmine
				G	galantamine
Androgenic Agents					
Preferred Drugs		Date	Comments	Non Preferred Drugs	
Androgenic Agents-Topical					
B	Androderm**	07/01/12	**Not for PCN or Non Trad	B	Fortesta
B	Androge l **	07/01/12	*Bill S0189 code	B	Testopel*
B	Axiron**	07/01/12			

B	Testim**	07/01/12			
Androgenic Agents - Other					
B	Android	07/01/12		B	Anadrol-50 07/01/12
B	Androxy	07/01/12		B	Oxandrin 07/01/12
B	Delatestryl	07/01/12		G	tesosterone enanthate 07/01/12
B	Depo-Tesosterone	07/01/12		B	Testred 07/01/12
B	Methitest	07/01/12			
G	tesosterone cypionate	07/01/12			
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	cefepodoxime 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
B	Cipro Suspension	04/01/12		B	Cipro 02/01/10
G	ciprofloxacin	02/01/10		B	Cipro ER 02/01/10
B	Levaquin	02/01/10		G	ciprofloxacin ER 02/01/10
G	levofloxacin	01/01/12		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	Date
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
				B	Jentadueto 04/30/12
Antiemetics (5 HT-3 Antagonists, Neurokinin-1 Antagonists)					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
G	ondansetron	09/30/09		B	Aloxi (palonesetron) 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
				B	Sancuso (granisetron) patch 04/01/12
				B	Zuplenz (ondansetron) 04/01/12
Antifungals					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Antifungals (Oral)					
G	clotrimazole	10/01/11		B	Ancobon 10/01/11
B	Diflucan	01/15/12		G	itraconazole 08/15/12
G	fluconazole	10/01/11		B	Grifulvin V 10/01/11
G	ketoconazole	01/15/12		G	griseofulvin 10/01/11
G	nystatin	10/01/11		B	Gris-PEG 10/01/11
B	Oravig	01/15/12		B	Lamisil 10/01/11

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G	terbinafine*	10/01/11	*Requires clinical PA	B	Nizoral	10/01/11
B	Vfend	10/01/11		B	Noxafil	10/01/11
G	voriconazole	10/01/11		B	Sporanox	10/01/11
				B	Terbinex	10/01/11
Antifungals (Topical)						
G	antifungal (clotrimazole), cream	10/01/11		B	Bactroban	02/15/12
G	Athlete's Foot (clotrimazole), 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	04/01/12	*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
				G	Selenium Sulfide	04/01/12
				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	
Fibric Acid & Miscellaneous Derivatives					
B	Antara	01/01/12		G	fenofibrate
G	gemfibrozil	09/28/09		B	Fenoglide
B	Niaspan	09/28/09		B	Lipofen
B	Nicor	01/01/12		B	Lofibra
B	Tricor	09/28/09		B	Triglide
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		G	atorvastatin
B	Lipitor	09/28/09			
G	simvastatin	09/28/09			
HMG Co-A Reductase Inhibitors ("Statins") – Lower Potency					
B	Altoprev	01/01/12			
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
				B	Simcor
				B	Vytorin
Statin-Hypotensive Combinations					
B	Caduet	09/28/09			
Antihypertensive Agents					
Preferred Drugs		Date	Comments	Non Preferred Drugs	
Alpha/Beta-Adrenergic Blocking Agents					
G	carvedilol	09/28/09		B	Coreg CR
G	labetalol	09/28/09			
Angiotensin Converting Enzyme (ACE) Inhibitors					
G	benazepril	09/28/09		B	Aceon
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
B	Benicar	09/28/09		B	Edarbi
B	Cozaar	01/01/12		B	Teveten
B	Diovan	09/28/09			
G	losartan	04/01/12			
B	Micardis	01/01/12			
Angiotensin Receptor Blocker (ARB) + Thiazide Combinations					
B	Avalide	09/28/09		B	Atacand HCT

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				
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	Singulair 08/15/12
B	Accolate	09/28/09			
G	montelukast	08/15/12			
G	zafirlukast	01/01/12			
Benign Prostatic Hyperplasia (BPH)					
	Preferred Drugs	Date	Comments		Non Preferred Drugs
B	Avodart	02/15/12		G	alfuzosin 10/01/11
G	doxazosin	10/01/11		B	Hytrin 10/01/11
G	finasteride	10/01/11		B	Jalyn 10/01/11
B	Flomax	10/01/11		B	Minipress 10/01/11
G	prazosin	10/01/11		G	phentolamine mesylate 10/01/11
G	tamsulosin	01/01/12		B	Proscar 10/01/11
G	terazosin	10/01/11		B	Rapaflo 10/01/11
B	Uroxatral	01/01/12		B	Cardura 04/01/12
Bronchodilator (Inhaled Anticholinergic)					
	Preferred Drugs	Date	Comments		Non Preferred Drugs
B	Atrovent, HFA	01/01/11			
B	Spiriva	01/01/11	*Dosage limit		
G	ipratropium	4/1/2012			
Contraceptives					
	Preferred Drugs	Date	Comments		Non Preferred Drugs
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	Cyclafem 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	Gildess FE 1mg-20mcg only 10/01/11
G	Cryselle	10/01/11		G	Jolessa 10/01/11
B	Desogen	01/01/12		G	Junel 01/01/12
B	Femcon FE	10/01/11		G	Kelnor 1-35 01/01/12
G	Gianvi	01/01/12		B	Lo Loestrin 4/1/2012
G	Junel FE	10/01/11		B	Lo Loestrin FE 7/1/2012
G	Lessina	10/01/11		B	Lo-Ovral-28 10/01/11
B	Levlen 28	01/01/12		G	Loryna 10/01/11
B	Levora-28	10/01/11		G	Microgestin 01/01/12
G	Loestrin	10/01/11		G	Ogestrel 10/01/11
G	Loestrin FE	01/01/12		G	Ovcon-35 10/01/11
G	Low-Ogestrel	10/01/11		G	Previfem 10/01/11
G	Lutera	10/01/11		G	Quasense 10/01/11
G	Lybrel	10/01/11		G	Syeda 10/01/11
G	Microgestin FE	10/01/11		G	Zarah 11/15/11
G	Modicon	01/01/12		G	Zeosa 10/01/11
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			

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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 Cyclofem	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 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 Products	Date	Comments	Non Preferred Products	Date
O	Ascensia	09/28/09	*Abbott meters call1-866-224-8892 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	Diabetic test supplies are not	O Fast Take	01/01/11
O	Bayer Products*	09/28/09	covered for Nursing Home clients.	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	
Estrogens (Oral)					
B	Cenestin	10/01/11		B	Enjuvia
G	estradiol	10/01/11		B	Estrace
G	estropipate	10/01/11		B	Femtrace
B	Menest	10/01/11		B	Premarin
Estrogens (Combinations)					
B	Combipatch	10/01/11		B	Activella
B	Prempro	10/01/11		B	Angeliq
				B	Climara Pro
				G	estradiol-norethindrone
				B	Femhrt
				B	Jevantique
				B	Jinteli
				B	Mimvey
				B	Prefest
				B	Premphase
Estrogens (Topical)					
B	Vivelle-DOT	10/01/11	*Not covered Non-trad or PCN, non-traditional dosage forms not covered.	B	Alora
				B	Climara
				B	Estraderm
				G	estradiol patch
				B	Menostar
				B	Vivelle
				B	Divigel
				B	Elestrin gel
				B	Estrasorb
				B	Estrogel
				B	Evamist spray
				B	Evamist spray
			B	Evista	
Estrogens (Vaginal)					
B	Estring	10/01/11		B	Estrace
B	Premarin Cream	10/01/11		B	Femring
B	Vagifem	10/01/11			
Eyedrop (Alpha Adrenergic)					
Preferred Drugs		Date	Comments	Non Preferred Drugs	
B	Alphagan P	10/01/10		G	apraclonidine HCL
G	brimonidine	10/01/10		G	lopidine
Eyedrop (Prostaglandin)					
Preferred Drugs		Date	Comments	Non Preferred Drugs	
G	latanoprost	12/02/11		B	Lumigan
B	Travatan	01/01/12		B	Xalatan
Growth Hormones					
Preferred Drugs		Date	Comments	Non Preferred Drugs	
B	Genotropin	10/01/10	*Clinical PA still applies to class.	B	Humatrope
B	Norditropin	10/01/10		B	Omnitrope
B	Nutropin	10/01/10		B	Saizen
				B	Serostim
				B	Tev-Tropin
Heparin (Low Molecular Weight)					
Preferred Drugs		Date	Comments	Non Preferred Drugs	
B	Arixtra	10/01/10		B	Innohep

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		
Nucleoside Analogues					
B	Rebetol	07/01/12			
G	ribavirin	07/01/12			
Protease Inhibitors					
B	Incivek	07/01/12			
B	Victrelis	07/01/12			
Immunomodulators					
Preferred Drugs		Date	Comments	Non Preferred Drugs	Date
B	Cimzia*	02/01/10	*Class Clinical PA	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
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	*Quantity limits		
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	*Quantity limits		
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	*Quantity limits		
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 Sumavel	04/15/12
				B Zomig	09/28/09
Multiple Sclerosis Agents					
Preferred Drugs		Date	Comments	Non Preferred Drugs	Date
B	Avonex*	02/01/10	*NonTrad PA, Not PCN	B Extavia	03/01/10
B	Betaseron*	09/28/09	*NonTrad PA, Not PCN		

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B	Copaxone*	09/28/09	*NonTrad PA, Not PCN		
B	Gilenya**	03/01/10	**Clinical PA		
B	Rebif*	09/28/09	*NonTrad PA, Not PCN		
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
G	trimacinolon spray	07/01/12		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 Flector Patch	04/01/12
B	Cataflam	07/01/12		B Lodine	09/28/09
G	diclofenac potassium	07/01/12		B Pennsaid	04/01/12
G	diclofenac sodium	01/01/12		B Relafen	09/28/09
G	etodolac	01/01/12		B Sprix	04/01/12
G	flurbiprofen	01/01/12		B Tolmentin	8/1/2012
G	ibuprofen	09/28/09		B Vimovo	8/1/2012
B	indocin	01/01/12		B Voltaren Gel	04/01/12
G	indomethacin	01/01/12		B Zipsor	07/01/12
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	nabumetone	09/28/09			
G	Nalfon	01/01/12			
B	Naprosyn	01/01/12			
B	Naproxen	09/28/09			
G	naproxen sodium	08/01/12			
B	Oxaprozin	01/01/12			
G	sulindac	01/01/12			
Ophthalmic Antibiotics					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
B	AK-POLY-BAC	07/01/12		B Azasite	07/01/12
G	bacitracin/polymyxin B	07/01/12		B Bacitracin	07/01/12
B	Ciloxan, drops, oint.	07/01/12		B Besivance	07/01/12
G	ciprofloxacin	07/01/12		B Iquix	07/01/12
G	erythromycin, oint	07/01/12		G levofloxacin	07/01/12
B	Garamycin	09/01/12		B Moxeza	07/01/12
B	Gentak	09/01/12		B Quixin	07/01/12
G	gentamicin, drops	07/01/12		B Zymar	07/01/12
G	neomycin-polymyxn B/Gramicidin	07/01/12		B Zymaxid	07/01/12
B	Neosporin	07/01/12		G gentamicin oint	08/01/12
B	Ocuflax	07/01/12			
G	ofloxacin	07/01/12			
G	polymyxin B/trimethoprim	07/01/12			
B	Polytrim	07/01/12			
B	Terramycin/Polymyxin B	07/01/12			
B	Tobrex	07/01/12			
B	Vigamox	07/01/12			

B	Ilotycin	09/01/12			
Ophthalmic Anti-Inflammatory Agents					
Preferred Drugs		Date	Comments	Non Preferred Drugs	
Ophthalmic Anti-Inflammatory Corticosteroid Agents					
B	Alrex	07/01/12	*Bill J7312/Not PCN	B	Durezol 07/01/12
G	dexamethasone sodium phosphate	07/01/12		B	Omnipred 07/01/12
B	Flarex	07/01/12		B	Ozurdex* 07/01/12
G	fluorometholone	07/01/12		B	Vexol 07/01/12
B	FML, FML Forte, FML S.O.P. oint.	07/01/12		G	prednisolone sodium phosphate 8/1/2012
B	Lotemax	07/01/12			
B	Maxidex	07/01/12			
B	Pred Forte	07/01/12			
B	Pred Mild	07/01/12			
G	prednisolone acetate	07/01/12			
Ophthalmic Anti-Inflammatory NSAID Agents					
B	Acular	07/01/12		B	Acular LS 07/01/12
B	Acuvail	07/01/12		B	Bromday 07/01/12
G	diclofenac sodium	07/01/12		G	flurbiprofen sodium 07/01/12
G	ketorolac tromethamine	07/01/12		B	Nevanac 07/01/12
B	Ocufen	07/01/12		B	Voltaren 07/01/12
				B	Xibrom 07/01/12
				G	bromfenac sodium
Ophthalmic Anti-Inflammatory Combination Agents					
B	Bleph-10	07/01/12		B	Cortomycin 07/01/12
B	Blephamide, Blephamide S.O.P.	07/01/12		G	neomycin/bacitracin/polymyxin-HC 07/01/12
B	Maxitrol	07/01/12		G	neomycin-polymyxin-HC 07/01/12
G	neomycin/polymyxin/dexamethasone	07/01/12		B	Poly-Pred 07/01/12
G	sulfacetamide sodium	07/01/12		B	Pred-G 07/01/12
B	Sulfamide	07/01/12		G	sulfacetamide-presnisolone 07/01/12
B	Tobradex, oint, drops	07/01/12		B	Tobradex St 07/01/12
				G	tobramycin-dexamethasone 07/01/12
				B	Zylet 07/01/12
Opioid Narcotics					
Preferred Drugs		Date	Comments	Non Preferred Drugs	
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 & clinical PA apply. Film for Traditional only.		
Osteoporosis Agents					
Preferred Drugs		Date	Comments	Non Preferred Drugs	
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				
Platelet Aggregation Inhibitors						
Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
Platelet Aggregation Inhibitors						
G	dipyridamole ¹	07/01/12	¹ Indications: Used with warfarin to decrease thrombosis in patients after artificial heart valve replacement.	B	Brilinta	07/01/12
B	Persantine ¹	09/01/12				
B	Plavix 75mg ²	07/01/12	² Indications: Reduces rate of atherothrombotic events in patients with recent MI, stroke, or peripheral arterial disease	B	Effient	07/01/12
				G	ticlopidine	07/01/12
				B	Plavix 300mg ²	07/01/12
Platelet Aggregation Inhibitors-Miscellaneous, Combinations						
B	Aggrenox ³	07/01/12	³ Indications: Reduces risk of stroke in patients who have had transient ischemia or ischemic stroke due to thrombosis			
B	Agrylin ⁴	07/01/12	⁴ Indications: Treatment of thrombocytopenia associated with myeloproliferative disorders			
G	anagrelide ⁵	07/01/12	⁵ Indications: Treatment of thrombocytopenia associated with myeloproliferative disorders			
G	cilostazol ⁶	07/01/12	⁶ Indications: Symptomatic management of peripheral vascular disease			
G	pentoxifylline ⁷	07/01/12	⁷ Indications: Treatment of intermittent claudication			
B	Pletal ⁸	07/01/12	⁸ Indications: Symptomatic management of peripheral vascular disease			
B	Trental ⁹	07/01/12	⁹ Indications: Treatment of intermittent claudication			

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	Class must try all preferreds at max does prior to non preferred approval.	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					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Pulmonary Antihypertensives-Endothelin Antagonists					
B	Letairis	01/01/12			
B	Tracleer	01/01/12			
Pulmonary Antihypertensives-Phosphodiesterase-5 Enzyme Inhibitors					
B	Adcirca	07/01/12			
B	Revatio*	07/01/12	*Tablet only for Non-TRAD/PCN		
Pulmonary Antihypertensives-Prostacyclines					
G	epoprostenol inj*	07/01/12	*Traditional only.	B Flolan inj*	07/01/12
B	Ventavis	07/01/12		B Tyvaso	07/01/12
				B Remodulin inj*	07/01/12
Skeletal Muscle Relaxants					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Agents for Acute Injury Treatment^{&}					
G	chlorzoxazone	09/28/09	*Quantity limits apply.	B Amrix	09/28/09
G	cyclobenzaprine (generic)	09/28/09		G carisoprodol	09/28/09
G	methocarbamol	09/28/09		G orphenadrine	09/28/09
B	Skelaxin	04/01/12		G metaxalone	04/01/12
Agents for Long Term Treatment					
G	baclofen	09/28/09	*Quantity limits apply	G tizanidine	09/28/09
G	dantrolene	09/28/09		B Zanaflex	09/28/09
G	liorisa intrathecal	09/28/09			
Combination Agents for Short Term Use^{&}					
				G carisoprodol compound	09/28/09
				G carisoprodol compound with codeine	09/28/09
				G orphenadrine compound	09/28/09
				G orphenadrine compound forte	09/28/09
Smoking Deterrents					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
O	Nicorette	01/01/11		Nicotrol NS	01/01/11
O	Nicoderm	01/01/11			
O	Nicorelief	01/01/11			
O	Commit	01/01/11			
O	Nicotine Gum	01/01/11			
O	Nicotine Patch	01/01/11			
O	Nicotrol	01/01/11			
Urinary Antispasmodics					

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Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
Long Acting Agents⁸						
B	Ditropan XL (brand)	01/01/12		B	Detrol LA	02/01/10
B	Enablex	02/01/10		B	Gelnique	09/28/09
G	oxybutynin XL	02/01/10		B	Oxytrol Patch	09/28/09
B	Toviaz	09/28/09		B	Sanctura XR	09/28/09
B	Vesicare	07/01/12				
Short Acting Agents						
G	oxybutynin	09/28/09		B	Detrol	09/28/09
				G	flavoxate	09/28/09