

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 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 Akne-mycin	08/01/11
B Clindamax	08/01/11		G ATS	08/01/11
G Clindamycin, gel, lotion, swab, sol	08/01/11		B Benzamycin	08/01/11
G erythromycin	08/01/11		B BenzamycinPAK	08/01/11
G erythromycin-benzoyl Peroxide	01/01/12		B Cleocin T	08/01/11
			B Clindacin PAC	08/01/11
			B Clindagel	08/01/11
			B Clindareach	08/01/11
		Must use individual products separately	B Duac (clindamycin/benzoyl peroxide) ¹	03/06/12
			B ERY	08/01/11
			B Evoclin	08/01/11
Acne Therapy Topical - Miscellaneous				
B Oscion	08/01/11		B Acne Treatment PACK	08/01/11
G benzoyl peroxide, 4-6%, gel, cr, lot	08/01/11		B Aczone N.P.	04/01/12
G sodium sulfacetamide, cr, liq	08/01/11		B Azelex	04/01/12
G sodium sulfacetamide/Sulfer	01/01/12		B Bencort	08/01/11
		Must use individual products separately	B Benzaclin ¹	08/01/11
			B Benzac AC	08/01/11
			B BP	08/01/11
			B BPO	08/01/11
			B Dapsone	04/01/12
			B Desquam-X	08/01/11
			B Differin, adapalene	08/01/11
		Must use individual products separately	B Epiduo (adapalene/benzoyl peroxide) ¹	03/06/12
			B Ovace	01/01/12
			G Salicylic Acid	04/01/12
			B Seb-Prev	04/01/12
			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
Androgenic Agents				
Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Androgenic Agents-Topical				
B Androderm	06/01/12		B Fortesta	06/01/12
B Androgel	06/01/12	*Bill S0189 code	B Testopel*	06/01/12
B Axiron	06/01/12			

B	Testim	06/01/12			
Androgenic Agents - Other					
B	Android	06/01/12		B	Anadrol-50
B	Androxy	06/01/12		B	Oxandrin
B	Delatestryl	06/01/12		G	tesosterone enanthate
B	Depo-Tesosterone	06/01/12			
B	Methitest	06/01/12			
G	tesosterone cypionate	06/01/12			
B	Testred	06/01/12			
Antibiotics - Cephalosporins, 3rd Generation Oral					
	Preferred Drugs	Date	Comments		Non Preferred Drugs
G	cefdinir	02/01/10		B	Cedax
B	Suprax, liq, tabs	02/01/10		G	cefprozime proxetil
				B	Ornicef
				B	Spectracef
				B	Vantin
Antibiotics - Quinolones					
	Preferred Drugs	Date	Comments		Non Preferred Drugs
B	Avelox	02/01/10		B	Avelox ABC Pack
B	Cipro Suspension	04/01/12		B	Cipro
G	ciprofloxacin	02/01/10		B	Cipro ER
B	Levaquin	02/01/10		G	ciprofloxacin ER
G	levofloxacin	01/01/12		B	Factive
				B	Floxin
				B	Noroxin
				G	ofloxacin
				B	Proquin XR
Antidiabetic Agents – Oral					
	Preferred Drugs	Date	Comments		Non Preferred Drugs
DPP-4 Inhibitors					
B	Januvia	09/28/09		B	Onglyza
DPP-4 Inhibitor Combinations					
B	Janumet	09/28/09		B	Kombiglyze
B	Juvisync	02/20/12		B	Tradjenta
				B	Jentadueto
Antiemetics (5 HT-3 Antagonists, Neurokinin-1 Antagonists)					
	Preferred Drugs	Date	Comments		Non Preferred Drugs
G	ondansetron	09/30/09		B	Aloxi (palonosetron)
				B	Anzemet (dolasetron)
				B	Kytril (granisetron)
				B	Zofran (ondansetron)
				B	Emend (aprepitant)
				B	Emend (fosaprepitant)
				B	Sancuso (granisetron) patch
				B	Zuplenz (ondansetron)
Antifungals					
	Preferred Drugs	Date	Comments		Non Preferred Drugs
Antifungals (Oral)					
G	clotrimazole	10/01/11		B	Ancobon
B	Diflucan	01/15/12		B	Grifulvin V
G	fluconazole	10/01/11		G	griseofulvin
G	ketoconazole	01/15/12		B	Gris-PEG
G	nystatin	10/01/11		B	Lamisil

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 (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	Cruxex, 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	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		G atorvastatin	04/01/12
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	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 Edarbi	04/01/12
B	Cozaar	01/01/12		B Teveten	09/28/09
B	Diovan	09/28/09			
G	losartan	04/01/12			
B	Micardis	01/01/12			
Angiotensin Receptor Blocker (ARB) + Thiazide Combinations					

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
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	4/1/2012
Bronchodilator (Inhaled Anticholinergic)						
	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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	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	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-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	Eurostep 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 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	Diabetic test supplies are not covered for Nursing Home clients.	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	*Not covered Non-trad or PCN	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
			B Evista	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 lolidine	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		
Nucleoside Analogues					
B	Rebetol	06/01/12			
G	ribavirin	06/01/12			
Protease Inhibitors					
B	Incivek	06/01/12			
B	Victrelis	06/01/12			
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		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
G	trimacinolon spray	6/1/2012		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
G	diclofenac	01/01/12		B Lodine	09/28/09
G	etodolac	01/01/12		G naproxen sodium	09/28/09
G	flurbiprofen	01/01/12		B Pennsaid	04/01/12
G	ibuprofen	09/28/09		B Relafen	09/28/09
B	indocin	01/01/12		B Sprix	04/01/12
G	indomethacin	01/01/12		B Voltaren Gel	04/01/12
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			
B	Oxaprozin	01/01/12			
G	sulindac	01/01/12			
Ophthalmic Antibiotics					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
B	AK-POLY-BAC	06/01/12		B Azasite	06/01/12
G	bacitracin/polymyxin B	06/01/12		B Bacitracin	06/01/12
B	Ciloxan, drops, oint.	06/01/12		B Besivance	06/01/12
G	ciprofloxacin	06/01/12		B Garamycin	06/01/12
G	erythromycin, oint	06/01/12		B Gentak	06/01/12
G	gentamicin, drops	06/01/12		B Ilotycin	06/01/12
B	Natacyn	06/01/12		B Iquix	06/01/12
G	neomycin-polymyxn B/Gramicidin	06/01/12		G levofloxacin	06/01/12
B	Neosporin	06/01/12		B Moxeza	06/01/12
B	Ocuflox	06/01/12		B Quixin	06/01/12
G	ofloxacin	06/01/12		B Zymar	06/01/12
G	polymyxin B/trimethoprim	06/01/12		B Zymaxid	06/01/12
B	Polytrim	06/01/12			
B	Terramycin/Polymyxin B	06/01/12			

B	Tobrex	06/01/12			
B	Vigamox	06/01/12			
Ophthalmic Anti-Inflammatory Agents					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Ophthalmic Anti-Inflammatory Corticosteroid Agents					
B	Alrex	06/01/12		B Durezol	06/01/12
G	dexamethasone sodium phosphate	06/01/12		B Omnipred	06/01/12
B	Flarex	06/01/12		B Osurdex	06/01/12
G	fluorometholone	06/01/12		B Vexol	06/01/12
B	FML, FML Forte, FML S.O.P. oint.	06/01/12			
B	Lotemax	06/01/12			
B	Maxidex	06/01/12			
B	Pred Forte	06/01/12			
B	Pred Mild	06/01/12			
G	prednisolone acetate	06/01/12			
Ophthalmic Anti-Inflammatory NSAID Agents					
B	Acular	06/01/12		B Acular LS	06/01/12
B	Acuvail	06/01/12		B Bromday	06/01/12
G	diclofenac sodium	06/01/12		B Nevanac	06/01/12
G	flurbiprofen sodium	06/01/12		B Voltaren	06/01/12
G	ketorolac tromethamine	06/01/12		B Xibrom	06/01/12
B	Ocufen	06/01/12			
Ophthalmic Anti-Inflammatory Combination Agents					
B	Bleph-10	06/01/12		B Cortomycin	06/01/12
B	Blephamide, Blephamide S.O.P.	06/01/12		G neomycin/bacitracin/polymyxin-HC	06/01/12
B	Maxitrol	06/01/12		G neomycin-polymyxin-HC	06/01/12
G	neomycin/polymyxin/dexamethasone	06/01/12		B Poly-Pred	06/01/12
G	sulfacetamide sodium	06/01/12		B Pred-G	06/01/12
B	Sulfamide	06/01/12		G sulfacetamide-presnisolone	06/01/12
B	Tobradex, oint, drops	06/01/12		B Tobradex St	06/01/12
				G tobramycin-dexamethasone	06/01/12
				B Zylet	06/01/12
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			
Platelet Aggregation Inhibitors					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Platelet Aggregation Inhibitors					
G	dipyridamole ¹	06/01/12	¹ Indications: Used with warfarin to decrease thrombosis in patients after artificial heart valve replacement.	B Brilinta	06/01/12
B	Plavix 75mg ²	06/01/12	² Indications: Reduces rate of atherothrombotic events in patients with recent MI, stroke, or peripheral arterial disease	B Effient	06/01/12
				G ticlopidine	06/01/12
				B Plavix 300mg ²	06/01/12
Platelet Aggregation Inhibitors-Miscellaneous, Combinations					
B	Aggrenox ³	06/01/12	in patients who have had transient ischemia or ischemic stroke due to thrombosis		
B	Agrylin ⁴	06/01/12	⁴ Indications: Treatment of thrombocytopenia associated with myeloproliferative disorders		
G	anagrelide ⁵	06/01/12	⁵ Indications: Treatment of thrombocytopenia associated with myeloproliferative disorders		
G	cilostazol ⁶	06/01/12	⁶ Indications: Symptomatic management of peripheral vascular disease		
G	pentoxifylline ⁷	06/01/12	⁷ Indications: Treatment of intermittent claudication		
B	Pletal ⁸	06/01/12	⁸ Indications: Symptomatic management of peripheral vascular disease		

B	Trental ⁹	06/01/12	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	*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					
	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Pulmonary Antihypertensives-Endothelin Antagonists					
B	Letairis	01/01/12	*Clinical PA still applies to class.		
B	Tracleer	01/01/12			
Pulmonary Antihypertensives-Phosphodiesterase-5 Enzyme Inhibitors					
B	Adcirca	06/01/12			
B	Revatio	06/01/12			
Pulmonary Antihypertensives-Prostacyclines					
G	epoprostenol	06/01/12		B Flolan	06/01/12
B	Ventavis	06/01/12		B Tyvaso	06/01/12
				B Remodulin	06/01/12
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					
	Preferred Drugs	Date	Comments		Non Preferred Drugs
					Date
Long Acting Agents^{&}					
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 09/28/09
Short Acting Agents					
G	oxybutynin	09/28/09		B	Detrol 09/28/09
				G	flavoxate 09/28/09
				B	Sanctura 09/28/09
				B	Urispas 09/28/09