

Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date	
<b>Acne Therapy</b>							
<b>Acne Therapy - Oral</b>							
B	Claravis	08/01/11	Class Age edit applies	B	Accutane	08/01/11	
				B	Amnesteem	08/01/11	
				B	Sotret	08/01/11	
<b>Acne Treatment - Retinoids</b>							
B	Retin-A Mirospheres, Pump, Gel, Cr.	01/01/13	*Age edit applies	G	adapalene	08/01/11	
B	Differin lotion	01/01/13		B	Atralin	08/01/11	
				B	Avita	08/01/11	
				B	Differin gel	01/01/13	
				B	Retin-A	08/01/11	
				G	tretinoin, cream, gel	08/01/11	
				B	Tretin-X	08/01/11	
<b>Acne Treatment Topical (Antibiotics)</b>							
B	Akne-mycin	01/01/13		B	Acanya	01/01/13	
B	Benzaclin, pump gel	01/01/13		G	ATS	08/01/11	
B	Benzamycin	01/01/13		B	BenzamycinPAK	08/01/11	
B	Clinda-Derm	08/01/11		B	Cleocin T	08/01/11	
B	Clindamax	08/01/11		B	Clindacin PAC	08/01/11	
G	Clindamycin, lotion, sol	01/01/13		B	Clindagel	08/01/11	
G	erythromycin 2% solution	01/01/13		B	Clindareach	08/01/11	
G	erythromycin-benzoyl Peroxide	01/01/12		B	ERY	08/01/11	
B	Evoclin foam	01/01/13		B	Evoclin	08/01/11	
B	Duac (clindamycin/benzoyl peroxide)	03/06/12		B	Veltin	01/01/13	
B	Ziana	01/01/13					
<b>Acne Therapy Topical - Miscellaneous</b>							
B	BP	01/01/13		* For NP combination products, bill for preferred separate ingredient products. **Washes Not Covered.	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
B	Klaron	01/01/13	B		Azelex	04/01/12	
B	Oscion	08/01/11	B		Bencort	08/01/11	
G	sodium sulfacetamide, cr, liq	08/01/11	B		Benzac AC	08/01/11	
G	sodium sulfacetamide/Sulfer	01/01/12	G		Clarifoam EF	01/01/13	
G	sulfacleanse 8-4%	01/01/13	G		Clenia	01/01/13	
B	Sumaxin TS	01/01/13	B		BPO	08/01/11	
			B		Dapsone	04/01/12	
			B		Desquam-X	08/01/11	
			B		Epiduo (adapalene/benzoyl peroxide)*	03/06/12	
			B	Finacea	01/01/13		
			B	Ovace	01/01/12		
			B	Rosula	01/01/13		
			G	Salicylic Acid	04/01/12		
			B	Seb-Prev	04/01/12		
			B	10 Wash**	01/01/12		

## Utah Medicaid Preferred Drug List

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## Alzheimer's Cholinomimetics

Alzheimer Agents - Oral						
B	Exelon compared to rivastigmine	09/28/09	*Not PCN or Ntrad	B	Cognex	09/28/09
B	Namenda	09/28/09		B	Razadyne	09/28/09
B	Razadyne Oral Solution, only	01/01/13		B	Razadyne ER	09/28/09
G	donepezil	01/01/13		G	rivastigmine	02/20/12
				G	galantamine, SR compared to Exelon	02/20/12
				B	Aricept compared to donepezil	01/01/13
			B	Aricept (donepezil) ODT*	01/01/13	
Alzheimer Agents - Topical						
B	Exelon Patch	09/28/09	Not PCN or Ntrad			

## Androgenic Agents

Androgenic Agents-Topical						
B	Androgel	06/01/12	Class PA *Bill S0189 code **Not PCN or Ntrad	B	Androderm (testosterone patch)**	01/01/13
B	Testim	06/01/12		B	Axiron	01/01/13
				B	Fortesta	06/01/12
				B	Testopel*	06/01/12
Androgenic Agents - Other						
B	Depo-Tesosterone* compared to testosterone cypionate	06/01/12	Class PA *Not PCN or Ntrad	B	Anadrol-50	06/01/12
B	Oxandrin compared to oxandrolone	01/01/13		B	Android	01/01/13
				B	Androxy	01/01/13
				B	Delatestryl	01/01/13
				B	Methitest	01/01/13
				G	oxandrolone	01/01/13
				G	tesosterone cypionate*	01/01/13
				G	tesosterone enanthate*	06/01/12
				B	Testred	01/01/13

## Antibiotics - Cephalosporins, 3rd Generation Oral

Antibiotics - Cephalosporins, 3rd Generation Oral						
B	Cedax suspension	01/01/13		B	Cedax	02/01/10
G	cefdinir	02/01/10		G	cefepodoxime proxetil tablets	02/01/10
G	cefepodoxime proxetil susp. only	01/01/13		B	Omnicef	02/01/10
B	Suprax, liq, tabs	02/01/10		B	Spectracef (cefditoren pivoxil)	02/01/10
				B	Vantin	02/01/10

## Antibiotics - Quinolones

Antibiotics - Quinolones						
B	Cipro Suspension	04/01/12		B	Avelox, ABC Pack	01/01/13
G	ciprofloxacin compared to Cipro	02/01/10		B	Cipro	02/01/10
G	levofloxacin compared to Levaquin	01/01/12		B	Cipro ER	02/01/10
				G	ciprofloxacin ER	02/01/10
				B	Factive	02/01/10
				B	Floxin	02/01/10
				B	Levaquin	01/01/13
				B	Noroxin	02/01/10

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<b>Antibiotics - Quinolones (continued)</b>				
			G ofloxacin	02/01/10
			B Proquin XR	02/01/10

**Anticoagulants - Heparin (Low Molecular Weight)**

Anticoagulants - Heparin (Low Molecular Weight)				
B Fragmin	10/01/10	Class PA Ntrad	B Arixtra (fondaparinux)	01/01/13
B Lovenox compared to enoxaparin	10/01/10	Not Covered PCN	G enoxaparin sodium	01/01/13
B Xarelto	01/01/13		B Innohep	10/01/10

**Antidiabetic Agents – Oral**

Antidiabetic Agents – Oral - DPP- 4 Inhibitors				
B Januvia	09/28/09		B Tradjenta	02/20/12
B Onglyza	01/01/13			
Antidiabetic Agents – Oral - DPP- 4 Inhibitor Combinations				
B Janumet	09/28/09		B Kombiglyze	05/23/11
B Juvisync	02/20/12		B Janumet XR	01/01/13
			B Jentadueto	04/30/12

**Antiemetics (5 HT-3 Antagonists, Neurokinin-1 Antagonists)**

Antiemetics (5 HT-3 Antagonists, Neurokinin-1 Antagonists)				
G ondansetron tabs compared to Zofran	09/30/09	*Not PCN or Ntrad	B Aloxi (palonesetron)	09/30/09
			B Anzemet (dolasetron)*	09/30/09
			B Emend (aprepitant)	09/30/09
			B Emend (fosaprepitant)	09/30/09
			G ganisetron HCL inj*	01/01/13
			G ganisetron HCL tab	01/01/13
			B Ganisol Sol*	01/01/13
			B Kytril (granisetron)	09/30/09
			B Sancuso (granisetron) patch*	04/01/12
			B Zofran (ondansetron) ODT*	09/30/09
			B Zuplenz (ondansetron)	04/01/12
			G ondansetron, sol., film*, ODT*, inj*	01/01/13

**Antifungals**

Antifungals (Oral)				
G clotrimazole	10/01/11	*Requires clinical PA	B Ancobon	10/01/11
G fluconazole compared to Diflucan	10/01/11		B Diflucan	01/01/13
G flucytosine compared to Ancobon	01/01/13		B Grifulvin V	10/01/11
G griseofulvin microsize susp	01/01/13		G griseofulvin	10/01/11
G ketoconazole	01/15/12		B Gris-PEG	10/01/11
G nystatin tabs	10/01/11		B Lamisil*	10/01/11
G terbinafine* compared to Lamisil	10/01/11		B Nizoral	10/01/11
B Vfend compared to voriconazole	10/01/11		B Noxafil	10/01/11
G voriconazole	10/01/11		G nystatin oral powder	01/01/13
			B Oravig	01/01/13
			B Sporanox (itraconazole)	01/01/13
			B Terbines	10/01/11

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<b>Antifungals (Topical)</b>						
G	clotrimazole solution	10/01/11	*Clinical PA required Class not OTC forms unless noted	B	Bactroban	02/15/12
G	econazole nitrate, cream	10/01/11		G	ciclodan	01/01/13
B	Exelderm	01/01/13		G	ciclopirox	10/01/11
G	ketoconazole shampoo, cr.	10/01/11		G	clotrimazole cream, RX & OTC	10/01/11
B	Loprox Shampoo compared to ciclopirox	01/01/13		B	CNL 8	10/01/11
O	Lotrimin, OTC, Ultra, AF, cr., sol.	10/01/11		B	Cruex, cream	10/01/11
G	mupirocin, oint	04/01/12		G	Dermazene (HC/iodoquinol)	01/01/13
B	Naftin cr., gel	01/01/13		B	Desenex, cream	10/01/11
G	nyamyc	10/01/11		B	Ertaczo	10/01/11
G	nystatin, powder, oint., cr.	10/01/11		B	Extina	10/01/11
B	Nystop, powder	10/01/11		B	Fungoid tincture	01/01/13
B	Pediaderm AF Complete	01/01/13		G	ketoconazole foam, gel	01/01/13
G	pedi-dry	10/01/11		B	Ketodan Kit	01/01/13
				B	Lamisil	10/01/11
				B	Loprox (ciclopirox)	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	Pedi-Dri	10/01/11	
			B	Penlac	10/01/11	
			G	Selenium Sulfide	04/01/12	
			B	Spectazole	10/01/11	
			B	Vusion	10/01/11	
			B	Xolegel*	10/01/11	
<b>Antifungals (Vaginal)</b>						
B	AVC	01/01/13	*OTC Not PCN	B	3-Day Vaginal Cream	10/01/11
G	clotrimazole, cream/applicator*	10/01/11		G	GNP Miconazole 3*	01/01/13
G	clotrimazole 3, cream/applicator*	10/01/11		G	GNP tioconazole 1*	01/01/13
B	Metrogel-Vaginal gel	01/01/13		B	Gynazole-1	10/01/11
G	miconazole 7, cream/applicator*	10/01/11		B	Gyne-Lotrimin	10/01/11
G	miconazole nitrate*	01/01/13		G	metronidazole Vaginal	01/01/13
G	QC 3 Day Vaginal Cream*	01/01/13		G	miconazole 1-3	10/01/11
G	sm miconazole 7*	01/01/13		G	miconazole nitrate	10/01/11
				B	Monistat 7	10/01/11
				B	Nystatin Vaginal tab	10/01/11
				B	Terazol 7	10/01/11
				B	Terazole 3	10/01/11
				G	terconazole	10/01/11
			G	tioconazole 1*	01/01/13	
			B	Vagistat-1-3*	10/01/11	
			G	Vandazole	01/01/13	
			B	Zazole	10/01/11	

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Antifungal - Topical Combinations				
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			B Lotrisone (clotrimazole/betamethason)	01/01/13
			G nystatin/trimacinolone	01/01/13

### Antihistamine (Nasal) Agents

Antihistamine (Nasal) Agents				
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B Astelin	10/01/10		B Astepro	10/01/10
B Patanase	10/01/10		B Azelastine HCL	10/01/10

### Antihyperlipidemic Agents

Antihyperlipidemic Agents - Fibric Acid & Miscellaneous Derivatives				
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B Antara	01/01/12		B Fenoglide	09/28/09
G gemfibrozil compared to Lopid	09/28/09		G fenofibrate micro	01/01/13
B Niaspan	09/28/09		B Fibracor (fenofibric acid)	01/01/13
B Nicor	01/01/12		B Lipofen	09/28/09
B Tricor	09/28/09		B Lofibra (fenofibrate)	09/28/09
B Trilipix	09/28/09		B Lopid	01/01/13
B Zetia	09/28/09		B Triglide (fenofibrate)	09/28/09
B Lovaza	01/01/12			

Antihyperlipidemic Agents - HMG Co-A Reductase Inhibitors ("Statins") – High Potency				
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G atorvastatin compared to Lipitor	11/01/12	*Doses > 40mg/day require PA	B Crestor	01/01/13
G simvastatin compared to Zocor*	09/28/09		B Lipitor	11/01/12
			B Zocor*	01/01/13

Antihyperlipidemic Agents - HMG Co-A Reductase Inhibitors ("Statins") – Lower Potency				
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B Lescol, and Lescol XL	01/01/12		B Altoprev	01/01/13
G lovastatin compared to Mevacor	09/28/09		G fluvastatin compared to Lescol	01/01/13
G pravastatin compared to Livalo	09/28/09		B Livalo compared to pravastatin	01/01/13
			B Mevacor compared to lovastatin	01/01/13
			B Pravachol compared to pravastatin	01/01/13

Antihyperlipidemic Agents - Cholesterol-Lowering Combinations				
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G amlodipine/atorvastatin	01/01/13		B Advicor	02/01/10
B Vytorin	01/01/13		B Simcor	09/28/09
			B Caduet compared to amlodipine/atorvastatin	01/01/13

### Antihypertensive Agents

Antihypertensive Agents - Alpha/Beta-Adrenergic Blocking Agents				
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G carvedilol compared to Coreg	09/28/09		B Coreg, CR	09/28/09
G labetalol compared to Trandate	09/28/09		B Trandate	09/28/09

Antihypertensive Agents - Angiotensin Converting Enzyme (ACE) Inhibitors				
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G benazepril compared to Lotensin	09/28/09		B Aceon (perindopril)	09/28/09
G captopril	09/28/09		B Accupril compared to quinapril	09/28/09
G enalapril compared to Vasotec	09/28/09		B Altace compared to ramipril	09/28/09
G fosinopril	09/28/09		B Lotensin	09/28/09
G lisinopril compared to Zestril/Prinivil	09/28/09		B Vasotec	09/28/09
B Mavik compared to trandolapril	01/01/13		B Zestril	09/28/09
G quinapril compared to Accupril	09/28/09		B Prinivil	09/28/09
G ramipril compared to Altace	09/28/09		G moexipril	01/01/13
B Univasc compare to moexipril	01/01/13		G trandolapril compared to Mavik	01/01/13

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<b>Antihypertensive Agents - Angiotensin Converting Enzyme (ACE) Inhibitor Combinations</b>				
G benazepril/HCTZ	09/28/09		B Accuretic	09/28/09
G captopril/HCTZ	09/28/09		B Lotensin compared to benazepril	09/28/09
G enalapril/HCTZ	09/28/09		G moexipril/HCTZ	01/01/13
G fosinopril/HCTZ	09/28/09		B Prinzide compared to lisinopril	09/28/09
G lisinopril/HCTZ	09/28/09		B Vasertec compared to enalapril	09/28/09
G quinapril/HCTZ	09/28/09		B Zestoretic compared to lisinopril	09/28/09
B Uniretic compared to moexipril	01/01/13			
<b>Antihypertensive Agents - Angiotensin Receptor Blockers (ARBs)</b>				
B Avapro compared to irbesartan	09/28/09		B Atacand	09/28/09
B Benicar	09/28/09		B Cozaar compared to losartan	09/28/09
B Cozaar	01/01/12		B Edarbi	04/01/12
B Diovan	09/28/09		G irbesartan compared to Avapro	11/01/12
G losartan compared to Cozaar	04/01/12		B Teveten	09/28/09
B Micardis	01/01/12		G valsartan	11/01/12
<b>Antihypertensive Agents - Angiotensin Receptor Blocker (ARB) + Thiazide Combinations</b>				
B Avalide compared to irbesartan/HCT	09/28/09		B Atacand HCT	09/28/09
B Benicar HCT	09/28/09		B Edarbyclor	1/1/2013
B Diovan HCT compared to valsartan HCT	09/28/09		B Hyzaar compared to Losartan HCT	09/28/09
B Losartan HCT compared to Hyzaar	09/28/09		G irbesartan/HCTZ compared to Avalide	11/01/12
B Micardis HCT	01/01/12		B Teveten HCT	09/28/09
			B valsartan HCT compared to Diovan HCT	09/28/09
<b>Antihypertensive Agents - Angiotensin Receptor Blocker (ARB) + Calcium Channel Blocker Combinations</b>				
B Exforge	09/28/09		B Azor	09/28/09
B Exforge HCT	09/28/09		B Twynsta	01/01/12
B Valturna	09/28/09		B Tribenzor	01/01/12
<b>Antihypertensive Agents - Angiotensin Receptor Blocker (ARB) Combinations - Other</b>				
B Caduet	09/28/09			
<b>Antihypertensive Agents - Beta-Adrenergic Blocking Agents - Cardio Selective</b>				
G atenolol compared to Tenormin	09/28/09		G acebutolol compared to Sectral	1/1/2013
G betaxolol	09/28/09		G bisoprolol compared to Zebeta	1/1/2013
G metoprolol	1/1/2013		B Bystolic	09/28/09
B Sectral compared to acebutolol	1/1/2013		B Lopressor	09/28/09
B Toprol XL compared to metoprolol XL	1/1/2013		G metoprolol XL compared to Toprol XL	1/1/2013
B Zebeta compared to bisoprolol	1/1/2013		B Tenormin compared to atenolol	09/28/09
<b>Antihypertensive Agents - Beta-Adrenergic Blocking Agents - Cardio Nonselective</b>				
B Levatol	09/28/09		B Betapace compared to sorine	09/28/09
G Corgard compared to nadolo	01/30/13		B nadolol	01/30/13
G pindolol	09/28/09		B Inderal compared to propranolol	09/28/09
G propranolol compared to Inderal	09/28/09		B Innopran XL	09/28/09
G sotalol compared to Betapace	09/28/09			
G timolol	09/28/09			
<b>Antihypertensive Agents - Beta-Adrenergic Blocking Agent Combinations</b>				
G atenolol/chlorthalidone	09/28/09		B Dutoprol	09/28/09
G bisoprolol HCT	09/28/09		G metoprolol HCT compared to Lopressor HCT	1/1/2013
B Corzide compared to nadolol/bendroflumethizide	1/1/2013		G nadolol/bendroflumethiazide	09/28/09
B Lopressor HCT	1/1/2013		G propranolol HCT	1/1/2013

Last Updated 1/30/13

Non-preferred Drugs will require a Prior Authorization beginning 5/15/2009

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<b>Antihypertensive Agents - Beta-Adrenergic Blocking Agent Combinations (continued)</b>				
			B Tenoretic 50, 100, compared to atenolol/chlorthalidone	09/28/09
			B Ziacc compared to bisoprolol HCT	09/28/09
<b>Antihypertensive Agents - Calcium Channel Blocking Agents</b>				
B Adalat CC compared to nifediac CC	1/1/2013		G afeditab CR	1/1/2013
G afeditab CR	09/28/09		B Calan SR	09/28/09
G amlodipine compared to Norvasc	09/28/09		B Cardizem compared to diltiazem	09/28/09
B Cardene SR	1/1/2013		B Covera-HS	09/28/09
B Cartia XT	1/1/2013		G diltzac	1/1/2013
G diltiazem ER compared to Cardizem	09/28/09		B Dynacirc CR	09/28/09
G dilt-XR, CD	09/28/09		G matzim LA	1/1/2013
G felodipine ER	09/28/09		G nifediac CC	1/1/2013
G isradipine	09/28/09		G nifedipine compared to Procardia	1/1/2013
G nicardipine	09/28/09		G nifedipine ER	1/1/2013
G Nifedical XL	1/1/2013		B Norvasc compared to amlodipine	09/28/09
G nimodipine	09/28/09		B Procardia XL	09/28/09
G nisoldipine	09/28/09		B Sular (nisolpidine)	09/28/09
B Procardia compared to nifedipine	1/1/2013		taztia XT compared to diltiazem micro beads SR	1/1/2013
B Tiazac	1/1/2013		G Verelan PM	09/28/09
G verapamil ER	09/28/09			
<b>Antihypertensive Agents - Antihypertensive Agents Direct Renin Inhibitors/Combinations</b>				
B Tekamlo	01/01/12		B Amturnide	1/1/2013
B Tekamlo	09/28/09			
B Tekturna	09/28/09			
B Tekturna HCT	09/28/09			
B Valturna	09/28/09			

**Asthma Medications**

<b>Asthma Medications - Beta Agonists (Long Acting) – Solutions for Nebulizer</b>				
B Brovana	09/28/09			
B Perforomist	09/28/09			
<b>Asthma Medications - Beta Agonists (Long Acting) – Metered Dose Inhalers</b>				
B Serevent Diskus	09/28/09		B Foradil	09/28/09
<b>Asthma Medications - Beta Agonists (Short Acting) – Solution for Nebulizer</b>				
G albuterol (2.5 mg/3ml) (5 mg/ml)	1/1/2013		G levalbuterol compared to Xopenex	1/1/2013
B Accuneb	1/1/2013			
B Xopenex	01/01/12			
<b>Asthma Medications - Beta Agonists (Short Acting) – Metered Dose Inhalers</b>				
B ProAir HFA	09/28/09		G albuterol	09/28/09
B Proventil HFA	1/1/2013		B Alupent	09/28/09
B Ventolin HFA	09/28/09		B Maxair	09/28/09
B Xopenex HFA	01/01/12			
<b>Asthma Medications - Combination Corticosteroid / LABA Inhalers</b>				
B Advair Diskus	09/28/09			
B Advair HFA	09/28/09			
B Dulera	05/23/11			
B Symbicort	1/1/2013			

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<b>Asthma Medications - Corticosteroids – Metered Dose Inhalers</b>						
B	Asmanex, 7, 14, 30	09/28/09		B	Aerobid	09/28/09
B	Azmacort	02/01/10		B	Aerobid – M	09/28/09
B	Flovent Discus	06/28/11		B	Asmanex, 60,120	01/01/13
B	Flovent HFA	06/28/11		B	Alvesco	01/01/13
B	Pulmicort Flexhaler	01/01/13				
B	Alvesco	01/01/13				
B	Qvar	09/28/09				
<b>Asthma Medications - Corticosteroids – Solution for Nebulizer</b>						
B	Pulmicort 0.25/2ml, 0.5/2ml	01/01/13		G	budesonide ampules	01/01/13
				B	Pulmicort 1mg/2ml	09/28/09
<b>Asthma Medications - Leukotriene Medications</b>						
B	Accolate	01/01/13		B	Singulair compared to montelukast	01/01/13
G	montelukast tabs, chew tabs	01/01/13		G	montelukast granules	01/01/13
B	Zyflo CR	02/01/10		G	zafirlukast	01/01/13
<b>Asthma Medications - Beta Agonists - Oral Medications</b>						
G	albuterol tab, syrup	01/01/13		G	metaproterenol tabs 10mg, 20mg	01/01/13
G	metaproterenol syrup	01/01/13		B	Vospire ER	01/01/13
G	terbutaline	01/01/13				
<b>Asthma Medications - Bronchodilator (Inhaled Anticholinergics)</b>						
B	Atrovent, HFA	01/01/11		B	Tudorza Pressair	01/01/13
B	Spiriva	01/01/11				
G	ipratropium	4/1/2012				
<b>Asthma Medications - Bronchodilator Beta Agonist Combinations</b>						
B	Duoneb	01/01/13		G	ipratropium/albuterol	01/01/13
				G	Combivent	01/01/13

### Benign Prostatic Hyperplasia (BPH)

Benign Prostatic Hyperplasia (BPH)						
G	doxazosin	10/01/11		G	alfuzosin	10/01/11
G	finasteride	10/01/11		B	Avodart	01/01/13
B	Flomax	10/01/11		B	Cardura,XL	4/1/2012
G	prazosin	10/01/11		B	Hytrin	10/01/11
G	tamsulosin	01/01/12		B	Jalyn	10/01/11
G	terazosin	10/01/11		B	Minipress	10/01/11
				G	phentolamine mesylate	10/01/11
				B	Proscar	10/01/11
				B	Rapaflo	10/01/11
				B	Uroxatral	01/01/13

### Contraceptives

Contraceptives - Low Dose and Mono-phasic						
G	altavera	01/01/12		G	apri	01/01/13
G	alyacen 1/35	01/01/13		B	Balziva	01/01/13
G	aviane	10/01/11		B	Beyaz	01/01/13
B	Brevicon	01/01/13		G	briellyn	01/01/13
B	Chateal	01/01/13		B	ethinyl estradiol/drospirenone	01/01/13
G	cryselle-28	10/01/11		G	emoquette	10/01/11
G	cyclafem 1/35	01/01/13		B	Generess FE	10/01/11
G	dasetta 1/35	01/01/13		G	gianvi	01/01/13



January 1, 2013 effective date

Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Contraceptives - Low Dose and Mono-phasic (continued)</b>						
B	Desogen	01/01/12		G	gildess FE 1/20, 1.5/30	10/01/11
G	falmina	01/01/13		G	jolessa	10/01/11
B	Femcon FE	10/01/11		G	junel 1/20, 1.5/30	10/01/11
G	gildess FE	01/01/13		G	junel FE 1.5/30	10/01/11
G	junel FE 1/20	10/01/11		G	Kurvelo	01/01/13
G	kelnor 1-35	01/01/13		G	loestrin 24 FE	01/01/12
G	lessina	10/01/11		G	loryna	10/01/11
B	Levora-28	10/01/11		G	microgestin	01/01/12
G	loestrin	10/01/11		G	ocella	01/01/13
G	loestrin FE	01/01/12		G	ogestrel	10/01/11
B	Lo-Ovral-28	01/01/13		G	ortho evra	01/01/13
G	low-ogestrel	10/01/11		G	ortho-cyclen	01/01/13
G	lutra	10/01/11		G	ovcon-35	10/01/11
G	marlissa	01/01/13		G	philith	01/01/13
G	microgestin FE	10/01/11		G	quasense	10/01/11
G	modicon	01/01/12		G	safyral	01/01/13
G	mononessa	11/15/11		G	syeda	10/01/11
G	necon	11/15/11		G	vestura	01/01/13
G	nordette-28	10/01/11		G	wymzya FE	01/01/13
G	norgestimate & ethinyl estradiol tab	01/01/13		G	zarah	11/15/11
G	norgestrel-ethinyl estradiol	10/01/11		G	zenchent, FE	01/01/13
G	norinyl 1+35	01/01/12		G	zeosa	10/01/11
G	norinyl 1+50	01/01/12				
G	nortrel	11/15/11				
G	orsythia	01/01/13				
G	ortho-cept	10/01/11				
G	ortho-Novum	10/01/11				
G	ovcon-50	01/01/12				
G	portia	01/01/12				
G	previfem	01/01/13				
G	sprintec	10/01/11				
G	sronyx	10/01/11				
G	wera	01/01/13				
B	Yasmin 28	10/01/11				
B	Yaz	10/01/11				
G	zovia	10/01/11				
<b>Contraceptives - Bi-phasic</b>						
B	Mircette	01/01/12		G	azurette	01/01/13
G	necon 10/11-28	01/01/12		G	kariva	01/01/12
				B	Lo Loestrin FE	01/01/12
				G	viorele	01/01/13
<b>Contraceptives - Tri-phasic/Multi-phasic</b>						
B	Cyclessa	01/01/12		G	aranelle	10/01/11
G	alyacen 7/7/7	01/01/13		G	leena	10/01/11
G	caziant	01/01/12		B	Natazia	10/01/11
G	cyclafem 7/7/7	01/01/13			norgestimate-ethinyl estradiol 7	
B	Cyclessa	01/01/13		G	DaysX3	10/01/11
G	dasetta 7/7/7	01/01/13		G	tilia FE	10/01/11
G	enpresse - 28	10/01/11		G	tri-legest FE	10/01/11
B	Estrostep FE	01/01/12				

January 1, 2013 effective date

Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Contraceptives - Tri-phasic/Multi-phasic (continued)</b>						
G	levonest	01/01/13				
G	myzilra	01/01/13				
G	necon 7/7/7	11/15/11				
G	nortrel 7/7/7	11/15/11				
B	Ortho Tri-Cyclen	10/01/11				
B	Ortho Tri-Cyclen Lo	10/01/11				
B	Ortho-Novum 7/7/7	10/01/11				
G	trinessa	11/15/11				
B	Tri-Norinyl 28	01/01/13				
G	tri-previfem	01/01/13				
G	tri-sprintec	10/01/11				
G	trivora-28	10/01/11				
G	velivet	01/01/13				
<b>Contraceptives - Emergency</b>						
B	Ella	10/01/11		B	Next Choice One Dose	01/01/13
G	levonorgestrel	01/01/13				
B	Next Choice	10/01/11				
B	Plan B	01/01/13				
B	Plan B One-Step	10/01/11				
<b>Contraceptives - Progestin Only</b>						
B	Depo-Provera	10/01/11	*Bill J7307	G	Camila	01/01/12
B	Depo-SUBQ Provera	10/01/11		G	Errin	01/01/12
G	medroxyprogesterone	10/01/11		G	heather	01/01/13
G	nor-Q-D	01/01/12		B	Implanon*	10/01/11
B	Ortho Miconor	01/01/13		G	jolivette	01/01/13
				B	Mirena	10/01/11
				B	Nexplanon*	10/01/11
				G	nora-BE	10/01/11
				G	norethindrone	01/01/13
<b>Contraceptives - Extended Cycle</b>						
B	Loseasonique	01/01/13		G	amethia, amethia Lo	01/01/13
B	Seasonale	01/01/13		B	Amethyst	01/01/13
B	Seasonique	01/01/13		G	camrese, camrese Lo	01/01/13
				G	introvale	01/01/13
				G	jolessa	01/01/13
				G	levonorgestrel	01/01/13
				B	Lybrel	01/01/13
				G	quasense	01/01/13
<b>Contraceptive - Patch</b>						
B	Ortho Evra*	01/01/13	*Not Ntrad or PCN			
<b>Contraceptive - Vaginal</b>						
B	Nuvaring*	01/01/13	*Not Ntrad or PCN			

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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Diabetic Test Supplies

Diabetic Test Supplies				
O Abbott Products*	01/01/11	*Abbott meters call 1-866-224-8892 Free For Medicaid Only. **Bayer meters by call 1-877-229-3777 Free For Medicaid Only.  Diabetic test supplies are not covered for Nursing Home clients.	O Accucheck Products	09/28/09
O Breeze 2	09/28/09		O AgaMatrix	01/01/11
O Bayer Products**	09/28/09		O GE 100	01/01/11
O Contour	09/28/09		O Glucocard	01/01/11
O Freestyle Products	01/01/11		O Ketone test strips***	01/01/11
O Precision Products	01/01/11		O Nova Max	01/01/11
			O One Touch Products	01/01/11
			O Surestep	01/01/11
			O Surestep	01/01/11
			O Truetest	01/01/11
			O Truetrack	01/01/11

Estrogens

Estrogens (Oral)				
B Cenestin	10/01/11		B Enjuvia, 0.3, 0.45, 0.9, 1.25	01/01/13
B Enjuvia 0.625	01/01/13		G estropipate	01/01/13
G estradiol	10/01/11		B Estrace	10/01/11
B Menest	10/01/11		B Femtrace	10/01/11
			B Premarin	10/01/11
Estrogens (Combinations)				
B Activella	01/01/13		B Angeliq	10/01/11
B Femhrt 1/5	10/01/11		B Climara Pro	10/01/11
B Prempro	10/01/11		G estradiol-norethindrone	10/01/11
			B Femhrt Low Dose	10/01/11
			B Jevantique	10/01/11
			B Jinteli	10/01/11
			G mimvey	10/01/11
			B Prefest	10/01/11
			B Premphase	10/01/11
Estrogens (Topical)				
B Alora .05, .075, .1	10/01/11	Topical Estrogens Not covered Ntrad or PCN, non traditional dosage forms not covered.	B Alora .025	10/01/11
B Climara	01/01/13		B Divigel	10/01/11
B Combipatch	10/01/11		B Elestrin gel	10/01/11
B Vivelle-DOT .025, .0375,	10/01/11		B Estraderm	10/01/11
			G estradiol patch	10/01/11
			B Estrasorb	10/01/11
			B Estrogel	10/01/11
			B Evamist spray	10/01/11
			B Evista	10/01/11
			B Menostar	10/01/11
			B Vivelle-DOT .05, .075, .1	01/01/13
Estrogens (Vaginal)				
B Estring*	10/01/11	*Not covered Ntrad or PCN, non traditional dosage forms not covered.	B Estrace*	10/01/11
B Premarin Cream*	10/01/11		B Femring	10/01/11
B Vagifem 25mcg*	10/01/11		B Vagifem 10mcg*	01/01/13

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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**Growth Hormones**

Growth Hormones						
B	Genotropin miniquick	10/01/10	Clinical PA applies to class. Class not Ntrad and PCN.	B	Humatrope	01/01/13
B	Norditropin	10/01/10		B	Nutropin	01/01/13
B	Omnitrope	01/01/13		B	Saizen	10/01/10
				B	Serostim	10/01/10
				B	Tev-Tropin	10/01/10
				B	Zorbtive	01/01/13

**Hepatitis C Interferons**

Hepatitis C Interferons						
B	Pegasys	10/01/09	Clinical PA required Class not Ntrad and PCN	B	Peg-Intron	01/01/13
				B	Infergen	01/01/13
Hepatitis C Interferons - Nucleoside Analogues						
G	ribasphere	07/01/12		B	Copegus	07/01/12
G	ribavirin 40mg/ml soln	07/01/12		B	Rebetol	07/01/12
G	ribavirin 200mg tablets only	07/01/12		B	Ribapak	07/01/12
Hepatitis C Interferons - Protease Inhibitors						
B	Incivek	06/01/12				
B	Victrelis	06/01/12				

**Immunomodulators**

Immunomodulators						
B	Enbrel	02/01/10	Class Clinical PA. Class not Ntrad and PCN.	B	Amveive	02/01/10
B	Humira	02/01/10		B	Cimzia	01/01/13
				B	Kineret	02/01/10
				B	Raptiva	02/01/10
				B	Simponi	02/01/10
				B	Stelara	10/01/11

**Insulins**

Insulins - Rapid Acting Insulins						
B	Humalog	09/28/09	Clinical PA for all pens in class. Quantity limit applies.			
B	Humulin-R	09/28/09				
B	Novolin-R	02/01/10				
B	Novolog	02/01/10				
Insulins - Intermediate Acting Insulins						
B	Humulin-N	09/28/09	Clinical PA for all pens in class. Quantity limit applies.	B	Apidra	09/28/09
B	Novolin-N	02/01/10				
Insulins - Long Acting						
B	Lantus	09/28/09				
B	Levemir	09/28/09				
Insulins - Insulin Mixtures						
O	Humalog 50/50	09/28/09	Clinical PA for all pens in class. Quantity limit applies.			
O	Humalog 75/25	09/28/09				
O	Humulin 50/50	09/28/09				
O	Humulin 70/30	09/28/09				
O	Novolin 70/30	02/01/10				
O	Novalog 70/30	02/01/10				

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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**Migraine Agents**

Migraine Agents				
B Frova	01/01/13	*injection not covered Ntrad or	B Axert	01/01/13
B Imitrex, spray, pen, inj*	1/1/2012	PCN, non traditional dosage forms not covered.	B Amerge (naratriptan)	01/01/13
B Maxalt (all dosage forms)*	09/28/09		G sumatriptan spray, inj*	01/01/13
B Relpax	01/01/13		B Sumavel	04/15/12
G sumatriptan tabs	01/01/13		B Treximet	09/28/09
			B Zomig*	09/28/09

**Multiple Sclerosis Agents**

Multiple Sclerosis Agents				
B Avonex*	02/01/10	*Ntrad PA, Not covered PCN	B Ampyra***	01/01/13
B Copaxone*	09/28/09	**Clinical PA	B Aubagio	01/01/13
		***Covered PCN with clinical PA	B Betaseron*	01/01/13
			B Extavia	03/01/10
			B Gilenya**	01/01/13
			B Rebif*	01/01/13
			B Tysabri***	01/01/13

**Nasal Corticosteroids**

Nasal Corticosteroids				
B Beconase AQ	01/01/13		B Nasacort AQ	10/01/09
B Flonase (fluticasone propionate)	01/01/13		B Nasarel	10/01/09
G flunisolide	01/01/13		B Qnasl	01/01/13
B Nasacort AQ	01/01/13		B Rhinocort AQ	10/01/09
B Nasonex	10/01/09		G triamcinolone	01/01/13
B Omnaris	01/01/13			
G trimacinolon spray	6/1/2012			
B Veramyst	10/01/09			
B Zetonna	01/01/13			

**Non-Steroidal Anti-Inflammatories**

Non-Steroidal Anti-Inflammatories - Cox-2 Inhibitors				
B Celebrex	09/28/09			
Non-Steroidal Anti-Inflammatories - Non-Selective Non-Steroidal Anti-Inflammatories				
B Advil	09/28/09	*Not Covered Ntrad or PCN.	B Anaprox, DS	09/28/09
G diclofenac potassium	07/01/12	**Not Covered OTC.	B Cataflam	01/01/13
G diclofenac sodium DR 50mg, 75mg	01/01/12	***OTC Not Covered PCN or Nursing Home.	B Daypro	01/01/12
G diclofenac sodium SR 100mg	01/01/13		G diclofenac sodium DR 25mg	01/01/13
G etodolac 200mg, 400mg, 500mg	01/01/12		G etodolac 300mg, ER	01/01/13
G flurbiprofen 50mg, 100mg	01/01/12		B Feldene (piroxicam)	01/01/13
G ibuprofen***	09/28/09		G fenoprofen 600mg	01/01/13
B indocin Susp	01/01/12		B Flector Patch	04/01/12
G indomethacin 25mg, 50mg	01/01/12		G indomethacin CR 75mg	01/01/12
G ketoprofen Caps	01/01/12		G ketoprofen ER	01/01/12
G ketorolac injectable*	09/28/09		G ketorolac inj 30mg/ml*	09/28/09
G ketorolac tabs	09/28/09		B Lodine	09/28/09
G meloxicam	09/28/09		G meclofenamate	01/01/13
B Mobic susp	01/01/13		G mefenamic acid	01/01/13

January 1, 2013 effective date

Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Non-Steroidal Anti-Inflammatories - Non-Selective Non-Steroidal Anti-Inflammatories (continued)</b>						
B	Motrin	09/28/09		B	Mobic tabs	01/01/13
G	nabumetone	09/28/09		B	Naprelan SR 24HR 500, 750mg	01/01/13
G	Nalfon	01/01/12		G	naproxen sodium OTC**	09/28/09
B	Naprelan SR 24HR 375	01/01/13		B	Pennsaid	04/01/12
B	Naprosyn	01/01/12		B	Ponstel	01/01/13
B	Naproxen	09/28/09		B	Relafen	09/28/09
G	naproxen sodium	09/28/09		G	sprix nasal spray*	09/28/09
G	Oxaprozin	01/01/12		B	Tolmetin	01/01/13
G	sulindac	01/01/12		B	Voltaren Gel	04/01/12
B	Voltaren-XR	01/01/13		B	Zipsor	07/01/12

Ophthalmics

<b>Ophthalmic - Alpha Adrenergics</b>						
B	Alphagan P 0.15%	01/01/13		G	apraclonidine HCL	10/01/10
G	brimonidine 0.2%	10/01/10		G	brimonidine 0.15%	10/01/10
G	Iopidine	01/01/13		B	Alphagan P 0.1%	01/01/13
<b>Ophthalmic - Antihistamines</b>						
B	Pataday (olopatadine)	01/01/13		O	Alaway	10/01/10
B	Patanol (olopatadine)	10/01/10		B	Azelastine HCL	10/01/10
				B	Bepreve	10/01/10
				B	Elestat (epinastine)	10/01/10
				B	Emadine	01/01/13
				B	Lastacaft	01/01/13
				B	Optivar	10/01/10
				B	Zaditor (ketotifen)	10/01/10
<b>Ophthalmic - Antibiotics</b>						
B	Ciloxan, drops	06/01/12		B	AK-POLY-BAC	01/01/13
G	ciprofloxacin	06/01/12		B	Azasite	06/01/12
G	erythromycin, oint	06/01/12		B	Bacitracin	06/01/12
B	Garamycin oint.	06/01/12		G	bacitracin/polymyxin B	01/01/13
B	Gentak	01/01/13		B	Besivance	06/01/12
G	gentamicin, drops	06/01/12		B	Garamycin sol.	06/01/12
B	Ilotycin	01/01/13		B	Iquix	06/01/12
B	Natacyn	06/01/12		G	levofloxacin	06/01/12
G	neomycin/polymyxin/gramicidin	01/01/13		G	neomycin/bacitracin/polymyxin	01/01/13
G	neomycin-polymyxn B/Gramicidin	06/01/12		G	Neo-Polycin	01/01/13
B	Neosporin	06/01/12		B	Polytrim	01/01/13
B	Ocuflox	06/01/12		B	Polytrim	01/01/13
G	ofloxacin	06/01/12		B	Quixin	06/01/12
G	polymyxin B/trimethoprim	06/01/12		G	tobramycin	01/01/13
B	Terramycin/Polymyxin B	06/01/12		B	Tobrex oint.	01/01/13
B	Tobrex sol.	06/01/12		B	Zymar	06/01/12
G	trimethoprim/polymyxinB	06/01/12		B	Zymaxid	06/01/12
<b>Ophthalmic - Quinolones</b>						
B	Vigamox	06/01/12				
B	Moxeza	01/01/13				
<b>Ophthalmic - Prostaglandin</b>						
G	Iatanoprost	12/02/11		B	Lumigan	01/01/12
B	Travatan	01/01/12		B	Xalatan	12/02/11

Last Updated 1/30/13

Non-preferred Drugs will require a Prior Authorization beginning 5/15/2009

January 1, 2013 effective date

Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Ophthalmic Anti-Inflammatory Corticosteroid Agents</b>						
B	Alrex	06/01/12	*Bill J code	G	dexamethasone sodium	01/01/13
B	FML Forte	06/01/12		B	Durezol	06/01/12
B	Flarex	06/01/12		B	FML liquifilm, oint	01/01/13
G	fluorometholone	06/01/12		B	Omnipred	06/01/12
B	Lotemax	06/01/12		B	Osurdex*	06/01/12
B	Maxidex	06/01/12		B	Pred Forte	01/01/13
B	Pred Mild	06/01/12		B	Pred-G, S.O.P.	01/01/13
G	prednisolone acetate	06/01/12		B	Retisert*	06/01/12
				B	Vexol	06/01/12
<b>Ophthalmic Anti-Inflammatory NSAID Agents</b>						
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	Bromfenac	01/01/13
G	flurbiprofen sodium	06/01/12		B	Nevanac	06/01/12
G	ketorolac tromethamine	06/01/12		B	Ocufen	06/01/12
				B	Voltaren	06/01/12
				B	Xibrom	06/01/12
<b>Ophthalmic Anti-Inflammatory Combination Agents</b>						
B	Blephamide, Blephamide S.O.P.	06/01/12		B	Bleph-10	01/01/13
B	Maxitrol	06/01/12		B	Cortomycin	06/01/12
G	neomycin/polymyxin/dexamethasone	06/01/12		G	neomycin/bacitracin/polymyxin-HC	06/01/12
G	sulfacetamide sodium soln.	01/01/13		G	neomycin-polymyxin-HC	06/01/12
B	Tobradex susp	01/01/13		B	Pred-G	01/01/13
				B	Pred-G S.O.P.	06/01/12
				G	sulfacetamide sodium oint.	01/01/13
				B	Tobradex oint, ST	01/01/13
				B	Tobradex St	06/01/12
				G	tobramycin-dexamethasone	06/01/12
				B	Zylet	06/01/12

**Opioid Narcotics**

<b>Long Acting Opioid Narcotics</b>						
B	Actiq**	01/01/13	Class quantity limits apply. *Clinical PA. **Cancer diagnosis only. ***Not Ntrad or PCN.	B	Abstral**	01/01/13
G	fentanyl citrate inj***	01/01/13		B	Avinza	09/28/09
G	fentanyl patch 12-75mcg/HR***	02/01/10		B	Dolophine	09/28/09
B	Fentora**	01/01/13		B	Duragesic Patch (brand)***	01/01/11
B	Kadian 20,30, 50, 60,100mg	02/01/10		B	Embeda	09/28/09
G	methadone	09/28/09		G	fentanyl oral**	09/28/09
G	morphine sulfate ER	02/01/10		G	fentanyl patch 100mcg/HR**(***)	09/28/09
B	MS Contin except 100mg	01/10/11		B	Kadian 10, 40, 70, 130, 150, 200mg	02/01/10
B	Opana ER 5, 7.5, 10, 15	01/30/13		B	MS Contin 100mg	01/01/13
B	Ryzolt compared to tramadol	01/01/13		B	Nucynta ER*	
B	Ultram ER	01/01/13	B	Onsolis**	01/01/13	
			B	Opana ER 20, 30, 40	01/30/13	
			G	oxycodone	09/28/09	
			B	Oxycontin	09/28/09	
			G	oxymorphone	01/01/13	

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Non-preferred Drugs will require a Prior Authorization beginning 5/15/2009

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Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<b>Long Acting Opioid Narcotics (continued)</b>				
			B Sublimaze***	01/01/13
			B Subsys**	01/01/13
			G tramadol ER	01/01/13
<b>Opioid Agonist Antagonist Combination for Substance Abuse</b>				
B Suboxone	01/01/12	Quantity limits & clinical PA apply	G buprenorphine	01/01/12

**Osteoporosis Agents**

<b>Osteoporosis Agents</b>				
G alendronate 5,10,35,70mg	10/01/09	*Not Ntrad or PCN	B Actonel	10/01/09
			B Actonel + Calcium	10/01/09
			G alendronate 40mg	10/01/09
			B Binosto*	01/01/13
			B Boniva (ibandronate)*	10/01/09
			B Didronel	10/01/09
			G etidronate	10/01/09
			B Fosamax	10/01/09
			B Fosamax-D	10/01/09
			G pamidronate*	10/01/09
			B Reclast*	10/01/09
			B Skelid	10/01/09
			B Zometa*	10/01/09

**Pancreatic Enzymes**

<b>Pancreatic Enzymes</b>				
B Creon	08/01/11		B Pancrease	01/01/12
B Zenpep	08/01/11		B Pancrease	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**

<b>Parkinson's Agents - COMT Inhibitors &amp; Combinations</b>				
G carbidopa/levodopa	10/01/09	*Not Ntrad or PCN	B Comtan (entacapone)	10/01/09
B Stalevo 100, 150mg	01/01/13		G carbidopa/levodopa ODT*	10/01/09
			B Parcopa	10/01/09
			B Sinemet, ER	10/01/09
			B Stalevo 50, 75, 125, 200mg	10/01/09
			B Tasmar	10/01/09
<b>Parkinson's Agents - MAO Inhibitors</b>				
G selegiline	02/01/10		B Azilect	10/01/09
			B Eldepryl	10/01/09
			B Zelapar	10/01/09
<b>Parkinson's Agents - Nonergot-Derived Dopamine Receptor Agonists</b>				
B Mirapex 0.125, 0.25,	10/01/09	*Not Ntrad or PCN	B Requip	10/01/09
G pramipexole	12/02/11		B Neupro Patch*	10/01/09
G ropinirole	10/01/09		B Requip XL	10/01/09
			B Mirapex 0.5, 0.75, 1, 1.5, ER tabs	01/01/13
			G ropinirole ER	10/01/09

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Non-preferred Drugs will require a Prior Authorization beginning 5/15/2009



January 1, 2013 effective date

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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**Platelet Aggregation Inhibitors**

Platelet Aggregation Inhibitors						
G	clopidogrel <sup>2</sup>	06/01/12	<sup>1</sup> Indications: Used with warfarin to decrease thrombosis in patients after artificial heart valve replacement. <sup>2</sup> Indications: Reduces rate of atherothrombotic events in patients with recent MI, stroke, or peripheral arterial disease.	B	Brilinta	01/01/13
G	Persantine compared to (dipyrimadole) <sup>1</sup>	06/01/12		B	Effient (prasugrel)	06/01/12
B	Plavix 300mg <sup>2</sup>	06/01/12		B	Plavix 75mg <sup>2</sup>	01/01/13
				G	Ticlid (ticlopidine)	06/01/12
Platelet Aggregation Inhibitors-Miscellaneous, Combinations						
B	Aggrenox <sup>3</sup>	07/01/12	<sup>3</sup> Indications: Reduces risk of stroke in patients who have had transient ischemia or ischemic stroke due to thrombosis. <sup>4</sup> Indications: Treatment of thrombocytopenia associated with myeloproliferative disorders. <sup>5</sup> Indications: Treatment of thrombocytopenia associated with myeloproliferative disorders. <sup>6</sup> Indications: Treatment of intermittent claudication. <sup>7</sup> Indications: Symptomatic management of peripheral vascular disease. <sup>8</sup> Indications: Treatment of intermittent claudication.	B	Agrylin compared to anagrelide <sup>4</sup>	07/01/12
G	anagrelide <sup>5</sup>	07/01/12		B	Pletal <sup>7</sup>	01/01/13
G	cilostazol <sup>7</sup>	11/01/12				
G	pentoxifylline <sup>6</sup>	07/01/12				
B	Trental <sup>8</sup>	07/01/12				

**Proton Pump Inhibitors**

Proton Pump Inhibitors						
B	Nexium capsules*	01/01/13	Class must try preferred at max does prior to non preferred approval. *Quantity limits apply. Preferred allowed up to BID. **Only covered for G, J tubes and children 12 and under who cannot swallow pills. Not Ntrad or PCN.	B	Dexilant*	01/01/13
B	Omeprazole capsules 20mg*	01/01/13		B	Omeprazole*	01/01/13
G	pantoprazole	01/01/13		B	Nexium susp	09/28/09
B	Protonix susp. packet	01/01/13		B	Prevacid (lansoprazole)	02/01/10
B	Aciphex	01/01/13		B	Precacid-24	02/01/10
				B	Prevacid Solutabs**	02/01/10
				B	Prevacid Solution	02/01/10
				B	Protonix tab 20, 40mg	09/28/09
				O	Prilosec OTC*	01/01/13
				B	Zegerid	09/28/09

**Pulmonary Antihypertensives**

Pulmonary Antihypertensives-Endothelin Antagonists						
B	Letairis	01/01/12				
B	Tracleer	01/01/12				
Pulmonary Antihypertensives-Phosphodiesterase-5 Enzyme Inhibitors						
B	Adcirca	06/01/12	*Tablet only for Ntrad/PCN	G	sildenafil	01/01/13
B	Revatio*	06/01/12				

Last Updated 1/30/13

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### Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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Pulmonary Antihypertensives-Prostacyclines						
G	epoprostenol inj*	06/01/12	*Traditional only.	B	Flolan inj*	06/01/12
B	Ventavis	06/01/12		B	Remodulin inj*	06/01/12
				B	Tyvaso	06/01/12
				B	Veletri*	06/01/12

### Skeletal Muscle Relaxants

Skeletal Muscle Relaxants - Agents for Acute Injury Treatment <sup>&amp;</sup>						
G	chlorzoxazone	09/28/09	Class quantity limits apply.	B	Amrix (cyclobenzaprine HCL ER)	09/28/09
G	carisoprodol 350mg tab	01/01/13		G	carisoprodol 250mg tab	01/01/13
G	cyclobenzaprine (generic)	09/28/09		B	Feximid	04/01/12
B	Skelaxin	04/01/12		G	metaxalone	04/01/12
B	Soma 250mg tab	01/01/13		G	orphenadrine	09/28/09
				B	Robaxin (methocarbamol)	01/01/13
			B	Soma 350mg tab	09/28/09	

Skeletal Muscle Relaxants - Agents for Long Term Treatment						
G	baclofen	09/28/09	Class quantity limits apply	G	tizanidine	09/28/09
G	liorisa intrathecal	09/28/09		B	Dantrium (dantrolene)	01/01/13
				B	Zanaflex	09/28/09

Skeletal Muscle Relaxants - Combination Agents for Short Term Use <sup>&amp;</sup>						
				G	carisoprodol compound	09/28/09
					carisoprodol compound with	
				G	codeine	09/28/09
				G	orphenadrine compound	09/28/09
				G	orphenadrine compound forte	09/28/09

### Smoking Deterrents

Smoking Deterrents						
O	Nicorette	01/01/11	Class not Ntrad or PCN		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

Urinary Antispasmodics - Long Acting Agents <sup>&amp;</sup>						
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	Sanctura XR	01/01/13		B	Vesicare	09/28/09
B	Toviaz	09/28/09				

Urinary Antispasmodics - Short Acting Agents						
G	oxybutynin	09/28/09		B	Detrol	09/28/09
B	Sanctura	01/01/13		G	flavoxate	09/28/09
				G	toleradine	01/30/13
				B	Urispas	09/28/09