

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Acne Therapy				
Acne Therapy - Oral				
B Claravis	08/01/11	*Class Age edit applies	B Accutane	08/01/11
			B Amnesteem	08/01/11
			B Sotret	08/01/11
Acne Treatment - Retinoids				
B Retin-A Miroospheres, 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
Acne Treatment Topical (Antibiotics)				
B Akne-mycin	01/01/13	*Requires Clinical PA	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
G Clindamycin, lotion, sol	01/01/13		B Cleocin T	08/01/11
G erythromycin 2% solution	01/01/13		B Clindacin PAC	08/01/11
G erythromycin-benzoyl Peroxide	01/01/12		B Clindagel	08/01/11
B Evoclin foam	01/01/13		B Clindamax	04/01/13
B Duac (clindamycin/benzoyl peroxide)	03/06/12		G Clindamycin gel	04/01/13
B Ziana*	01/01/13		G Clindamycin/Benzoyl Perox Gel	04/01/13
			B Clindareach	08/01/11
			B ERY	08/01/11
			G erythromycin 2% gel	04/01/13
			B Evoclin	08/01/11
		B Veltin	01/01/13	
Acne Therapy Topical - Miscellaneous				
B BP	01/01/13	*Washes Not Covered ** For NP combination products, bill for preferred separate ingredient products.	B Acne Treatment PACK	08/01/11
G benzoyl perox, 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
G sodium sulfacetamide, cr, liq	08/01/11		B Bencort	08/01/11
G sodium sulfacetamide/Sulfer	01/01/12		B Benzac AC	08/01/11
G sulfacleanse 8-4%	01/01/13		G Clarifoam EF	01/01/13
B Sumaxin TS	01/01/13		G Clenia	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	

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Alzheimer's Cholinomimetics

Alzheimer Agents - Oral						
B	Exelon compared to rivastigmine	09/28/09	*Not PCN or Ntrad	B	Aricept compared to donepezil	01/01/13
B	Namenda	09/28/09		B	Aricept (donepezil) ODT*	01/15/13
B	Razadyne Oral Solution, only	01/01/13		B	Cognex	09/28/09
G	donepezil	01/01/13		B	Namenda XR	4/30/2013
				B	Razadyne	09/28/09
				B	Razadyne ER	09/28/09
			G	rivastigmine	02/20/12	
			G	galantamine, SR compared to Exelon	02/20/12	
Alzheimer Agents - Topical						
B	Exelon Patch	09/28/09	*Not PCN or Ntrad			

Androgenic Agents

Androgenic Agents-Topical						
B	Androgel, pump 1%	06/01/12	*Bill S0189 code **Not PCN or Ntrad Class requires PA	B	Androderm (testosterone patch)**	01/01/13
B	Testim	06/01/12		B	Androgel pump 1.62%	01/01/13
				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	*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

Antibiotics - Cephalosporins, 3rd Generation Oral						
B	Cedax suspension	01/01/13		B	Cedax	02/01/10
G	cefдинир	02/01/10		G	cefподoxine proxetil tablets	02/01/10
G	cefподoxine 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						
B	Cipro	02/01/10		B	Avelox, ABC Pack	01/01/13
B	Cipro Suspension	04/01/12		B	Cipro ER	02/01/10
G	ciprofloxacin compared to Cipro	02/01/10		G	ciprofloxacin ER	02/01/10
G	levofloxacin compared to Levaquin	01/01/12		B	Factive	02/01/10
				B	Floxin	02/01/10
				B	Levaquin	01/01/13
				B	Noroxin	02/01/10
				G	ofloxacin	02/01/10
				B	Proquin XR	02/01/10

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Anticoagulants - Heparin (Low Molecular Weight)

Anticoagulants						
B	Fragmin	10/01/10	Not Covered PCN Class requires PA for non-traditional	B	Arixtra (fondaparinux)	01/01/13
B	LovenOX compared to enoxaparin	10/01/10		G	enoxaparin sodium	01/01/13
B	Xarelto	01/01/13		B	Innohep	10/01/10

Antidiabetic Agents – Oral

DPP- 4 Inhibitors						
B	Januvia	09/28/09	Class requires Clinical PA	B	Tradjenta	02/20/12
B	Onglyza	01/01/13		B	Nesina	03/01/13
DPP- 4 Inhibitor Combinations						
B	Janumet	09/28/09	Class requires Clinical PA	B	Kazano	03/01/13
B	Juvisync	02/20/12		B	Kombiglyze	05/23/11
				B	Janumet XR	01/01/13
				B	Jentaduetto	04/30/12
				B	Oseni	03/01/13

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

Antiemetics (5 HT-3 Antagonists, Neurokinin-1 Antagoinsits)						
G	ondansetron tabs, inj*	01/01/13	*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	granisetron HCL inj*	01/01/13
				G	granisetron 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), tabs, ODT*	09/30/09
				B	Zuplenz (ondansetron)	04/01/12
				G	ondansetron, sol., film*, ODT*	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		G	Itraconazole	04/01/13
G	terbinafine* compared to Lamisil	10/01/11		B	Lamisil*	10/01/11
B	Vfend 200mg	10/01/11		B	Nizoral	10/01/11
G	voriconazole 50mg	10/01/11		B	Noxafil	10/01/11
				G	nystatin oral powder	01/01/13
				B	Oravig	01/01/13
				B	Sporanox (itraconazole)	01/01/13
				B	Terbinex	10/01/11

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Antifungals (Topical)				
G clotrimazole solution	10/01/11	Class not OTC forms other than Lotrimin *Requires Clinical PA	G ciclodan	01/01/13
B Exelderm	01/01/13		G ciclopirox	10/01/11
G ketoconazole shampoo, cr.	10/01/11		G clotrimazole, RX & OTC	10/01/11
B Loprox Shmpoo, compare 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
B Naftin cr., gel	01/01/13		G Dermazene (HC/iodoquinol)	01/01/13
G nyamyc	10/01/11		B Desenex, cream	10/01/11
G nystatin, powder, oint., cr.	10/01/11		G econazole nitrate, cream	04/01/13
B Nystop, powder	10/01/11		B Ertaczo	10/01/11
B PEDIADERM AF Complete	01/01/13		B Extina	10/01/11
G pedi-dry	10/01/11		B Fungoid tincture	01/01/13
			G ketoconazole foam, gel	01/01/13
			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	
Antifungals (Vaginal)				
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 metronidazole Vaginal	04/18/13		B Gyne-Lotrimin	10/01/11
G miconazole 7, cream/applicator*	10/01/11		G miconazole 1-3	10/01/11
G miconazole nitrate*	01/01/13		G miconazole nitrate	10/01/11
G QC 3 Day Vaginal Cream*	01/01/13		B Monistat 7	10/01/11
G sm miconazole 7*	01/01/13		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	
Antifungal - Topical Combinations				
			B Lotrisone (clotrimazole/betamethasone)	01/01/13
			G nystatin/trimacinolone	01/01/13

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Antihistamine (Nasal) Agents

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

Antihyperlipidemic Agents

Fibric Acid & Miscellaneous Derivatives				
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 Tricor	09/28/09		B Lipofen	09/28/09
B Trilipix	09/28/09		B Lofibra (fenofibrate)	09/28/09
B Zetia	09/28/09		B Lopid	01/01/13
B Lovaza	01/01/12		B Triglide (fenofibrate)	09/28/09
HMG Co-A Reductase Inhibitors ("Statins") – High Potency				
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
HMG Co-A Reductase Inhibitors ("Statins") – Lower Potency				
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
Cholesterol-Lowering Combinations				
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

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Antihypertensive Agents

Alpha/Beta-Adrenergic Blocking Agents					
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
Angiotensin Converting Enzyme (ACE) Inhibitors					
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
Angiotensin Converting Enzyme (ACE) Inhibitor Combinations					
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 Vasoretic 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/HCT	01/01/13			
Angiotensin Receptor Blockers (ARBs)					
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	Diovan	09/28/09		B Edarbi	04/01/12
G	losartan compared to Cozaar	04/01/12		G irbesartan compared to Avapro	11/01/12
B	Micardis	01/01/12		B Teveten	09/28/09
				G valsartan	11/01/12
Angiotensin Receptor Blocker (ARB) + Thiazide Combinations					
B	Avalide compared to irbesartan/HCT	09/28/09		B Atacand HCT	09/28/09
B	Benicar HCT	09/28/09		B Edarbyclor	01/01/13
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 compare to Avalide	11/01/12
B	Micardis HCT	01/01/12		B Teveten HCT	09/28/09
				B valsartan HCT compare Diovan HCT	09/28/09
Angiotensin Receptor Blocker (ARB) + Calcium Channel Blocker Combinations					
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
Angiotensin Receptor Blocker (ARB) Combinations - Other					
			see Cholesterol-Lowering Combinations Class	B Caduet	09/28/09

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Beta-Adrenergic Blocking Agents - Cardio Selective					
G atenolol compared to Tenormin	09/28/09		G acebutolol compared to Sectral	01/01/13	
G betaxolol	09/28/09		G bisoprolol compared to Zebeta	01/01/13	
G metoprolol	01/01/13		B Bystolic	09/28/09	
B Sectral compared to acebutolol	01/01/13		B Lopressor	09/28/09	
B Toprol XL compared to metoprolol XL	01/01/13		G metoprolol XL compared to Toprol XL	01/01/13	
B Zebeta compared to bisoprolol	01/01/13		B Tenormin compared to atenolol	09/28/09	
Beta-Adrenergic Blocking Agents - Cardio Nonselective					
B Levatol	09/28/09		B Betapace compared to sotalol	09/28/09	
G Corgard compared to nadolol	01/30/13		B nadolol	01/30/13	
G pindolol	09/28/09		B Inderal LA compare to propranolol SR	04/01/13	
G propranolol (10, 20, 40, 80mg)	04/01/13		B Innopran XL	09/28/09	
G propranolol SR (compare to Inderal LA)	04/01/13		G propranolol 60mg	04/01/13	
G sotalol compared to Betapace	09/28/09				
G timolol	09/28/09				
Beta-Adrenergic Blocking Agent Combinations					
G atenolol/chlorthalidone	09/28/09		B Dutoprol	09/28/09	
G bisoprolol HCT	09/28/09		G metoprolol/HCT compare Lopressor HT	01/01/13	
B Corzide compared to nadolol/bendroflumethizide	01/01/13		G nadolol/bendroflumethiazide	09/28/09	
B Lopressor HCT	01/01/13		G propranolol HCT	01/01/13	
			B Tenoretic compared to atenolol/chlorthalidone	09/28/09	
			B Ziac compared to bisoprolol HCT	09/28/09	
Calcium Channel Blocking Agents					
B Adalat CC compared to nifediac CC	01/01/13		G afeditab CR	01/01/13	
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	01/01/13		B Covera-HS	09/28/09	
B Cartia XT	01/01/13		G diltzac	01/01/13	
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	01/01/13	
G felodipine ER	09/28/09		G nifediac CC	01/01/13	
G isradipine	09/28/09		G nifedipine compared to Procardia	01/01/13	
G nifedipine	09/28/09		G nisoldipine	04/01/13	
G Nifedical XL	01/01/13		B Norvasc compared to amlodipine	09/28/09	
G nifedipine ER	01/01/13		B Procardia XL	09/28/09	
G nimodipine	09/28/09		B Sular (nisolpidine)	09/28/09	
B Procardia compared to nifedipine	01/01/13		G taztia XT compare diltiazem SR	01/01/13	
B Tiazac	01/01/13				
G Verelan, PM (compare verapamil SR)	04/01/13				
G verapamil, ER	09/28/09				
Direct Renin Inhibitors/Combinations					
B Tekamlo	01/01/12			B Amturnide	01/01/13
B Tekturna	09/28/09				
B Tekturna HCT	09/28/09				
B Valturna	09/28/09				

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Asthma Medications

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 (2.5 mg/3ml) (5 mg/ml)	01/01/13	G levalbuterol compared to Xopenex	01/01/13
G	Albuterol (.63mg/3ml) (1.25mg/3ml)	04/01/13		
B	Accuneb (compare to albuterol)	04/01/13		
B	Xopenex	01/01/12		
Beta Agonists (Short Acting) – Metered Dose Inhalers				
B	ProAir HFA	09/28/09	G albuterol	09/28/09
B	Proventil HFA	01/01/13	B Alupent	09/28/09
B	Ventolin HFA	09/28/09	B Maxair	09/28/09
B	Xopenex HFA	01/01/12		
Combination Corticosteroid / LABA Inhalers				
B	Advair Diskus, HFA	09/28/09		
B	Dulera	05/23/11		
B	Symbicort	01/01/13		
Corticosteroids – Metered Dose Inhalers				
B	Asmanex, 7, 14, 30	09/28/09	B Aerobid	09/28/09
B	Alvesco	01/01/13	B Aerobid – M	09/28/09
B	Flovent Discus, HFA	06/28/11	B Asmanex, 60,120	01/01/13
B	Pulmicort Flexhaler	01/01/13		
B	Qvar	09/28/09		
Corticosteroids – Solution for Nebulizer				
B	Pulmicort 0.25/2ml, 0.5/2ml	01/01/13	G budesonide ampules	01/01/13
			B Pulmicort 1mg/2ml	09/28/09
Leukotriene Medications				
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
Beta Agonists - Oral Medications				
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		
Bronchodilator (Inhaled Anticholinergics)				
B	Atrovent, HFA	01/01/11	*Dosage limit	B Tudorza Pressair
B	Spiriva	01/01/11		
G	ipratropium	4/1/2012		
Bronchodilator Beta Agonist Combinations				
B	Duoneb	04/01/13	B Combivent	04/01/13
G	ipratropium/albuterol	04/01/13		

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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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
G	prazosin	10/01/11	B	Cardura,XL	4/1/2012
G	tamsulosin	01/01/12	B	Flomax	10/01/11
G	terazosin	10/01/11	B	Hytrin	10/01/11
G	terazosin	10/01/11	B	Jalyn	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
G	cryselle-28	10/01/11	B	ethinyl estradiol/drospirenone	01/01/13
G	cyclafem 1/35	01/01/13	G	emoquette	10/01/11
G	dasetta 1/35	01/01/13	B	Generess FE	10/01/11
B	Desogen	01/01/12	G	gianvi	01/01/13
G	Elinest	04/30/13	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	B	Lo-Ovral-28	04/01/13
G	loestrin	10/01/11	G	microgestin	01/01/12
G	loestrin FE	01/01/12	G	Microgestin FE 1.5/30	04/01/13
G	low-ogestrel	10/01/11	G	ocella	01/01/13
G	luteru	10/01/11	G	ogestrel	10/01/11
G	marlissa	01/01/13	G	ortho evra	01/01/13
G	microgestin FE 1/20	10/01/11	G	ortho-cyclen	01/01/13
G	modicon	01/01/12	G	ovcon-35	10/01/11
G	mono-linyah	04/01/13	G	ovcon-50	04/01/13
G	mononessa	11/15/11	G	philith	01/01/13
G	necon	11/15/11	G	quasense	10/01/11
G	nordette-28	10/01/11	G	reclipsen	04/01/13
G	norgestimate & ethinyl estradiol tab	01/01/13	G	safyral	01/01/13
G	norgestrel-ethinyl estradiol	10/01/11	G	syeda	10/01/11
G	norinyl 1+35	01/01/12	G	vestura	01/01/13
G	norinyl 1+50	01/01/12	G	wymzya FE	01/01/13
G	nortrel	11/15/11	G	zarah	11/15/11
G	orsythia	01/01/13	G	zenchent, FE	01/01/13
G	ortho-cept	10/01/11	G	zeosa	10/01/11

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
G ortho-Novum	10/01/11			
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			
Contraceptives - Bi-phasic				
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
Contraceptives - Tri-phasic/Multi-phasic				
G alyacen 7/7/7	01/01/13		G aranelle	10/01/11
G caziant	01/01/12		B Cyclessa	01/01/12
G cyclofem 7/7/7	01/01/13		G leena	10/01/11
G dasetta 7/7/7	01/01/13		B Natazia	10/01/11
G enpresse - 28	10/01/11		G norgestimate-ethinyl estradiol 21	10/01/11
B Estrostep FE	01/01/12		G tilia FE	10/01/11
G levonest	01/01/13		G tri-legest FE	10/01/11
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			
G Tri-Linya	04/01/13			
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			
Contraceptives - Emergency				
B Ella	10/01/11		B Next Choice One Dose	01/01/13
G levonorgestrel	01/01/13		B Plan B	04/01/13
B Next Choice	10/01/11			
B Plan B One-Step	10/01/11			
Contraceptives - Progestin Only				
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

Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
Contraceptives - Extended Cycle						
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
Contraceptive - Patch						
B	Ortho Evra*	01/01/13	*Not Ntrad or PCN			
Contraceptive - Vaginal						
B	Nuvaring*	01/01/13	*Not Ntrad or PCN			

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. **Bill through DME	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	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		B	Estrace	10/01/11
G	estradiol	10/01/11		B	Femtrace	10/01/11
G	estropipate	04/01/13		B	Premarin	10/01/11
B	Menest	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	

Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
Estrogens (Topical)						
B	Alora .05, .075, .1*	10/01/11	*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 10mcg*, 25mcg*	01/01/13

Growth Hormones

Growth Hormones						
B	Genotropin miniquick	10/01/10	Class not Ntrad and PCN Class requires Clinical PA	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	Class not Ntrad and PCN Class requires Clinical PA	B	Peg-Intron	01/01/13
				B	Infergen	01/01/13
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
Protease Inhibitors						
B	Incivek	06/01/12				
B	Victrelis	06/01/12				

Immunomodulators

Protease Inhibitors						
B	Enbrel*	02/01/10	Class not Ntrad and PCN Class requires Clinical PA	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

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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Insulins

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

Migraine Agents

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

Multiple Sclerosis Agents

Multiple Sclerosis Agents				
B	Avonex*	02/01/10	*Ntrad PA, Not PCN. Clinical PA required	B Ampyra 01/01/13
B	Copaxone*	09/28/09		B Aubagio 01/01/13
				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	

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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Nasal Corticosteroids

Nasal Corticosteroids						
B	Beconase AQ	01/01/13		B	Nasarel	10/01/09
B	Flonase (fluticasone propionate)	01/01/13		B	Qnasl	01/01/13
G	Fluticasone Propionate (Flonase)			B	Rhinocort AQ	10/01/09
G	flunisolide	01/01/13		G	triamcinolone	01/01/13
B	Nasacort AQ	01/01/13				
B	Nasonex	10/01/09				
B	Omnaris	01/01/13				
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-Selective Non-Steroidal Anti-Inflammatories						
B	Advil	09/28/09	*Not Ntrad or PCN. **NC OTC. ***NC PCN or tradNH	B	Anaprox, DS	09/28/09
G	diclofenac potassium	07/01/12		B	Cataflam	01/01/13
G	diclofenac sodium DR 50mg, 75mg	01/01/12		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		B	ibuprofen cream 10%	04/30/13
G	ketoprofen Caps	01/01/12		G	indomethacin CR 75mg	01/01/12
G	ketorolac injectable*	09/28/09		G	ketoprofen ER	01/01/12
G	ketorolac tabs	09/28/09		G	ketorolac inj 30mg/ml*	09/28/09
G	meloxicam	09/28/09		B	Lodine	09/28/09
B	Mobic susp	01/01/13		G	meclofenamate	01/01/13
G	nabumetone	09/28/09		G	mefenamic acid	01/01/13
B	Naprelan SR 24HR 375	01/01/13		B	Mobic tabs	01/01/13
B	Naprosyn	01/01/12		B	Motrin	04/01/13
B	Naproxen	09/28/09		B	Naprelan SR 24HR 500, 750mg	01/01/13
G	naproxen sodium	09/28/09		G	naproxen sodium OTC**	09/28/09
G	Oxaprozin	01/01/12		G	Nalfon	01/01/12
G	sulindac	01/01/12	B	Pennsaid	04/01/12	
B	Voltaren-XR	01/01/13	B	Ponstel	01/01/13	
			B	Relafen	09/28/09	
			G	sprix nasal spray*	09/28/09	
			B	Tolmetin	01/01/13	
			B	Voltaren Gel	04/01/12	
			B	Zipsor	07/01/12	

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Ophthalmics				
Ophthalmic - Alpha Adrenergics				
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
Ophthalmic - Antihistamines				
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 Lastacraft	01/01/13
			B Optivar	10/01/10
			B Zaditor (ketotifen)	10/01/10
Ophthalmic - Antibiotics				
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 Ocuflax	06/01/12
G ofloxacin	06/01/12		B Polytrim	01/01/13
G polymyxin B/trimethoprim	06/01/12		B Polytrim	01/01/13
B Terramycin/Polymyxin B	06/01/12		B Quixin	06/01/12
B Tobrex sol.	06/01/12		G tobramycin	01/01/13
G trimethoprim/polymyxinB	06/01/12		B Tobrex oint.	01/01/13
			B Zymar	06/01/12
			B Zymaxid	06/01/12
Quinolones				
B Vigamox	06/01/12			
B Moxeza	01/01/13			
Prostaglandin				
G latanoprost	12/02/11		G travoprost	04/30/13
B Travatan Z	01/01/12		B Lumigan	01/01/12
B Zioptan	04/18/13		B Xalatan	12/02/11
Ophthalmic Anti-Inflammatory Corticosteroid Agents				
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

Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
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	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	Prolensa	04/16/13
				B	Voltaren	06/01/12
				B	Xibrom	06/01/12
Ophthalmic Anti-Inflammatory Combination Agents						
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

Long Acting Opioid Narcotics						
B	Actiq**	01/01/13	*Class quantity limits apply. **Cancer diagnosis only. ***Not PCN. ****Clinical PA required	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 7.5, 10,	01/01/13		B	MS Contin 100mg	01/01/13
B	Ryzolt compared to tramadol	01/01/13		B	Nucynta ER****	09/28/09
B	Ultram ER	01/01/13		B	Onsolis**	01/01/13
				B	Opana ER, 5, 15, 20, 30, 40,	09/28/09
				G	oxycodone ER	09/28/09
				B	Oxycontin	09/28/09
				G	oxymorphone ER	01/01/13
				B	Sublimaze***	01/01/13
			B	Subsys**	01/01/13	
			G	tramadol ER	01/01/13	
Opioid Agonist Antagonist Combination for Substance Abuse						
B	Suboxone	01/01/12	*Quantity limits Clinical PA required	G	buprenorphine	01/01/12

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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Osteoporosis Agents

Osteoporosis Agents					
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 ibrandronate (Boniva)	04/15/13
				G pamidronate*	10/01/09
				B Reclast(zoledronic)*	10/01/09
				B Skelid	10/01/09
				G zolendronic*	04/15/13
				B Zometa*	10/01/09

Pancreatic Enzymes

Pancreatic Enzymes					
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

COMT Inhibitors & Combinations					
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
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 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

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 ²	06/01/12	¹ Indications: Used with warfarin to decrease thrombosis in patients after artificial heart valve replacement. ² Indications: Reduces rate of atherothrombotic events in patients with recent MI, stroke, or peripheral arterial disease.	B	Brilinta	01/01/13
G	Persantine compare to dipyrimadole ¹	06/01/12		B	Effient (prasugrel)	06/01/12
B	Plavix 300mg ²	06/01/12		B	Plavix 75mg ²	01/01/13
				G	Ticlid (ticlopidine)	06/01/12

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. ⁴ Indications: Treatment of thrombocytopenia associated with myeloproliferative disorders. ⁵ Indications: Treatment of thrombocytopenia associated with myeloproliferative disorders. ⁶ Indications: Treatment of intermittent claudication. ⁷ Indications: Symptomatic management of peripheral vascular disease. ⁸ Indications: Treatment of intermittent claudication.	B	Agrylin compared to anagrelide ⁴	07/01/12
G	anagrelide ⁵	07/01/12		B	Pletal ⁷	01/01/13
G	cilostazol ⁷	11/01/12				
G	pentoxifylline ⁶	07/01/12				
B	Trental ⁸	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. **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 10mg, 40mg	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				
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

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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Skeletal Muscle Relaxants

Agents for Acute Injury Treatment ^{&}						
G	chlorzoxazone	09/28/09	*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	cyclobenzaprine cream 20mg/gm	04/30/13
B	Skelaxin	04/01/12		B	Feximid	04/01/12
B	Soma 250mg tab	01/01/13		G	metaxalone	04/01/12
				G	methocarbamol	04/01/13
				G	orphenadrine	09/28/09
				B	Robaxin (methocarbamol)	01/01/13
				B	Soma 350mg tab	09/28/09
Agents for Long Term Treatment						
G	baclofen	09/28/09	*Quantity limits apply	B	Dantrium (dantrolene)	01/01/13
G	liorisa intrathecal	09/28/09		G	tizanidine	09/28/09
				B	Zanaflex	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

Smoking Deterrents						
O	Nicorette	01/01/11	Class not Ntrad or PCN	B	Nicotrol NS	01/01/11
O	Nicoderm	01/01/11		O	Nicotrol	04/01/13
O	Nicorelief	01/01/11				
O	Commit	01/01/11				
O	Nicotine Gum	01/01/11				
O	Nicotine Patch	01/01/11				

Urinary Antispasmodics

Long Acting Agents ^{&}						
B	Enablex	02/01/10	Behavior modification recommended prior to treatment *Not PCN or nontrad	B	Detrol LA	02/01/10
G	oxybutynin XL	02/01/10		B	Ditropan XL (brand)	01/01/12
B	Oxytrol Patch*	09/28/09		B	Gelnique	09/28/09
B	Sanctura XR	01/01/13				
B	Toviaz	09/28/09				
B	Vesicare	09/28/09				
Short Acting Agents						
G	oxybutynin	09/28/09	Behavior modification recommended prior to treatment	B	Detrol	09/28/09
B	Sanctura	01/01/13		B	Ditropan (brand)	04/14/13
				G	flavoxate	09/28/09
				G	tolteradine	04/15/13
				B	Urispas	09/28/09