

## 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 Amnesteem	08/01/11
			B Sotret	08/01/11
<b>Acne Treatment - Retinoids</b>				
B Retin-A Miospheres, 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	*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
<b>Acne Therapy Topical - Miscellaneous</b>				
B BP	01/01/13	*Washes Not Covered	B Acne Treatment PACK	08/01/11
G benzoyl perox, 4-6%, gel, cr, lot	08/01/11	** For NP combination products, bill for preferred separate ingredient products.	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 <a href="#">Class requires PA</a>	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	cefdirin	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						
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 <a href="#">Class requires PA for non-traditional</a>	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	<a href="#">Class requires Clinical PA</a>	B	Tradjenta	02/20/12
B	Onglyza	01/01/13		B	Nesina	03/01/13
DPP- 4 Inhibitor Combinations						
B	Janumet	09/28/09	<a href="#">Class requires Clinical PA</a>	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 **Only covered for children 12 and under who cannot swallow tablets. Not Ntrad or PCN.	B	Aloxi (palonesetron)	09/30/09
G	ondansetron ODT**	01/01/13		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	<a href="#">*Requires Clinical PA</a>	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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<b>Antifungals (Topical)</b>				
G clotrimazole solution	10/01/11	Class not OTC	G ciclodan	01/01/13
B Exelderm	01/01/13	<a href="#">*Requires Clinical PA</a>	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 Ultra	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 Gentian Violet sol	06/01/13
			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
<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 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
<b>Antifungal - Topical Combinations</b>				
		Bill for separate individual products	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 Lipid	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

## 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

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<b>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 Vaseretic 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			
<b>Angiotensin Receptor Blockers (ARBs)</b>					
B	Avapro compared to irbesartan	09/28/09		B Atacand (candesartan)	06/01/13
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
<b>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	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 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
<b>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>Angiotensin Receptor Blocker (ARB) Combinations - Other</b>					
			*see Cholesterol-Lowering Combinations Class	B Caduet*	09/28/09
<b>Beta-Adrenergic Blocking Agents - Cardio Selective</b>					
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 compare to metoprolol XL	01/01/13		G metoprolol XL compare to Toprol XL	01/01/13
B	Zebeta compared to bisoprolol	01/01/13		B Tenormin compared to atenolol	09/28/09
<b>Beta-Adrenergic Blocking Agents - Cardio Nonselective</b>					
B	Levator	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 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			

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<b>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 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
<b>Calcium Channel Blocking Agents</b>					
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 (120, 180, 240, 300, 360mg)	01/01/13		G diltzac	01/01/13
B	Cartizem LA (120, 180, 240, 300, 360mg)	01/01/13		G diltiazem ER compare to Cardizem	06/01/13
G	diltiazem (30, 60, 90, 120mg)	09/28/09		B Dynacirc CR	09/28/09
G	dilt-XR (120, 180, 240mg)	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	nicardipine	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 (120, 180, 240, 300, 360, 420mg)	01/01/13		G verapamil ER (120, 180, 240, 360mg capsules) (compare Verelan SR)	04/01/13
B	Verelan SR (120, 180, 240, 360mg capsules) (compare verapamil SR)	04/01/13			
B	Verelan PM (100, 200, 300mg capsules) (compare verapamil SR)	04/01/13			
G	verapamil 40, 80, 120mg (compare Calan)	04/01/13			
G	verapamil ER (120, 180, 240, 360mg tablets) (compare Calan SR)	09/28/09			
<b>Direct Renin Inhibitors/Combinations</b>					
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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## Antivirals

Anti-Influenza Oral Agents						
G	amantadine capsules	06/01/13	*Clinical PA required	G	amantadine tablets	06/01/13
G	amantadine syrup	06/01/13		G	rimantadine	06/01/13
B	Tamiflu*	06/01/13		B	Rimantalist Pack	06/01/13
				B	Relenza	06/01/13
Herpes Simplex, Varicella Zoster, & Cytomegalovirus Oral Agents						
G	acyclovir compare to Zovirax	06/01/13		G	acyclovir suspension	06/01/13
B	Valtrex compared to valacyclovir	06/01/13		B	Famvir compared to famciclovir	06/01/13
B	Zovirax Suspension	06/01/13		G	famciclovir	06/01/13
				G	ganciclovir	06/01/13
				B	Valcyte (valganciclovir)	06/01/13
				G	valacyclovir	06/01/13
Topical & Combination Agents						
B	Denavir	06/01/13	*Requires Clinical PA and limited to one treatment per lifetime	B	Xerese	06/01/13
B	Lidovir	06/01/13				
B	Zovirax ointment*	06/01/13				
B	Zovirax cream	06/01/13				

## 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				



## Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<b>Corticosteroids – Metered Dose Inhalers</b>				
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			
<b>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>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>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>Bronchodilator (Inhaled Anticholinergics)</b>				
B Atrovent, HFA	01/01/11	*Dosage limit	B Tudorza Pressair	01/01/13
B Spiriva	01/01/11			
G ipratropium	4/1/2012			
<b>Bronchodilator Beta Agonist Combinations</b>				
B Duoneb	04/01/13		B Combivent	04/01/13
G ipratropium/albuterol	04/01/13			

## Benign Prostatic Hyperplasia (BPH)

<b>Benign Prostatic Hyperplasia (BPH)</b>				
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
			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

## Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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## Contraceptives

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 - 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
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				

## Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<b>Contraceptives - Tri-phasic/Multi-phasic</b>				
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			
<b>Contraceptives - Emergency</b>				
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			
<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 jencycla	06/01/13
			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 Skyla	04/01/13
<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

## Utah Medicaid Preferred Drug List

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
<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			

## Diabetic Test Supplies

<b>Diabetic Test Supplies</b>						
O	Abbott Products**	01/01/11	*Abbott meters call 1-866-224-8892 Free For Medicaid Only. *Bayer meters, 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

<b>Estrogens (Oral)</b>						
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				
<b>Estrogens (Combinations)</b>						
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
<b>Estrogens (Topical)</b>						
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
<b>Estrogens (Vaginal)</b>						
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

## Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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### GI-H2-Antagonists

H2 Antagonists						
B	Axid oral solution	06/01/13	Class not Ntrad and PCN <a href="#">Class requires Clinical PA</a>	B	Axid capsules	06/01/13
G	cimetidine compared to Tagamet	06/01/13		G	nizatidine (solution, capsules)	06/01/13
G	cimetidine solution	06/01/13		B	Pepcid	06/01/13
G	famotidine compared to Pepcid	06/01/13		B	Tagamet	06/01/13
G	ranitidine syrup	06/01/13		B	Zantac (ranitidine)	06/01/13
G	ranitidine tablets compare to Zantac	06/01/13				

### Growth Hormones

Growth Hormones						
B	Genotropin miniquick	10/01/10	Class not Ntrad and PCN <a href="#">Class requires Clinical PA</a>	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 <a href="#">Class requires Clinical PA</a>	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 <a href="#">Class requires Clinical PA</a>	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	
B	Humulin-R	09/28/09	Clinical PA required for all pens in class	
B	Novolin-R	02/01/10		
B	Novolog	02/01/10		
Intermediate Acting Insulins				
B	Humulin-N	09/28/09	*Quantity limits	B Apidra 09/28/09
B	Novolin-N	02/01/10	Clinical PA required for all pens in class	
Long Acting				
B	Lantus	09/28/09	*Quantity limits	
B	Levemir	09/28/09	Clinical PA required for all pens in class	
Insulin Mixtures				
O	Humalog 50/50	09/28/09	*Quantity limits	O Humulin 50/50 09/28/09
O	Humalog 75/25	09/28/09	Clinical PA required for all pens in class	
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
			G zolmitriptan 06/01/13	
			B Zomig (zolmitriptan) 06/01/13	

## Multiple Sclerosis Agents

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

## 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		

## Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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## 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 tablets	09/28/09		B	Lodine	09/28/09
B	Mobic suspension	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		G	meloxicam suspension	01/01/13
B	Naproxen	09/28/09		B	Motrin	04/01/13
G	naproxen sodium	09/28/09		B	Naprelan SR 24HR 500, 750mg	01/01/13
G	Oxaprozin	01/01/12		G	naproxen sodium OTC**	09/28/09
G	sulindac	01/01/12	G	Nalfon	01/01/12	
B	Voltaren-XR	01/01/13	B	Pennsaid	04/01/12	
			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	

## 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	lopidine	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	Lastacaft	01/01/13
				B	Optivar	10/01/10
				B	Zaditor (ketotifen)	10/01/10

## Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<b>Quinolones</b>				
B Vigamox	06/01/12			
B Moxeza	01/01/13			
<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 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
<b>Prostaglandin</b>				
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
<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 NSAI 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 Ocufer	06/01/12
			B Prolensa	04/16/13
			B Voltaren	06/01/12
			B Xibrom	06/01/12



## Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date	
<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. **Cancer diagnosis only. ***Not PCN. **** <a href="#">Clinical PA required</a>	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	01/01/13		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, 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	
<b>Opioid Agonist Antagonist Combination for Substance Abuse</b>						
B	Suboxone	01/01/12	*Quantity limits <a href="#">Clinical PA required</a>	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*	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 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

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 <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	B	Brilinta	01/01/13
G	Persantine compare 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>	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	Aciphex**	01/01/13	Class must try preferred at max dose 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	Nexium capsules	01/01/13		B	Omeprazole 10mg, 40mg	01/01/13
B	Omeprazole capsules 20mg**	01/01/13		B	Nexium susp	09/28/09
G	pantoprazole*	01/01/13		B	Prevacid (lansoprazole)	02/01/10
B	Protonix susp. Packet*	01/01/13		B	Prevacid	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
<b>Sedative Hypnotics</b>						
<b>Benzodiazepines</b>						
G	flurazepam	06/01/13	Class quantity limit of 30 per 30 days apply.	B	Doral (quazepam)	06/01/13
G	temazepam 15mg, 30mg, (compared to Restoril)	06/01/13		G	estazolam	06/01/13
				B	Halcion (triazolam)	06/01/13
				G	midazolam	06/01/13
				B	Restoril compare to temazepam	06/01/13
				G	temazepam 7.5mg, 22.5mg	06/01/13
				G	triazolam	06/01/13
<b>Barbiturates</b>						
G	phenobarbital 15mg	06/01/13		G	phenobarbital 16.2mg	06/01/13
G	phenobarbital 30mg	06/01/13		G	phenobarbital 32.4mg	06/01/13
G	phenobarbital 60mg	06/01/13		G	phenobarbital 64.8mg	06/01/13
G	phenobarbital 100mg	06/01/13		G	phenobarbital 97.2mg	06/01/13
G	phenobarbital elixir	06/01/13		B	Seconal	06/01/13
<b>Non Benzodiazepines, Non Barbiturates</b>						
G	zolpidem compared to Ambien	06/01/13	Class quantity limit of 30 per 30 days apply.	B	Ambien CR	06/01/13
				B	Ambien	06/01/13
				B	Edluar	06/01/13
				B	Intermezzo	06/01/13
				B	Lunesta	06/01/13
				B	Rozerem	06/01/13
				B	Sonata(zaleplon)	06/01/13
				G	zaleplon	06/01/13
				G	Zolpidem ER	06/01/13
				B	Zolpimist	06/01/13
<b>Skeletal Muscle Relaxants</b>						
<b>Agents for Acute Injury Treatment<sup>&amp;</sup></b>						
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	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
<b>Agents for Long Term Treatment</b>						
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
<b>Combination Agents for Short Term Use<sup>&amp;</sup></b>						
				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

## Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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### 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 <sup>&amp;</sup>						
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	Myrbetriq	05/09/13
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