

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 Amnesteem	08/01/11
			B Sotret	08/01/11
			B Zenatane	08/11/11
Acne Treatment - Retinoids				
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
Acne Treatment Topical (Antibiotics)				
B Akne-mycin	01/01/13	Requires Clinical PA	B Acanya	01/01/13
B Benzacilin, 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
B Duac (clindamycin/benzoyl peroxide)	03/06/12		B Clindagel	08/01/11
B Ziana*	01/01/13		B Clindamax	04/01/13
			G Clindamycin, gel, foam, pads	10/18/13
			G Clindamycin/Benzoyl Perox Gel	04/01/13
			B Clindareach	08/01/11
			B ERY	08/01/11
			G erythromycin-benzoyl Peroxide	01/01/12
			G erythromycin 2% gel	04/01/13
			B Evoclin	10/18/13
			B Veltin	01/01/13
Acne Therapy Topical - Miscellaneous				
B BP	01/01/13	Washes Not Covered ** For NP combination products, bill for preferred sepearate ingrediant 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 (5mg, 10mg)	10/01/13		G	donepezil 23mg & ODT	10/1/2013
				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	06/01/12	Class requires 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	*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	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

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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

Anticoagulants

Anticoagulants - Heparin (Low Molecular Weight)						
B	Fragmin	10/01/10	Class requires PA for non-traditional * Clinical PA. Injectables Not Covered PCN	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 Antagonists)						
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 (palonosetron)	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	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), tabs, ODT*	09/30/09
				B	Zuplenz (ondansetron)	04/01/12
				G	ondansetron sol., film*, ODT*	01/01/13

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Antifungals						
Antifungals (Oral)						
G	clotrimazole tabs	10/01/11	<u>*Requires Clinical PA</u>	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 tablets, suspension	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
Antifungals (Topical)						
G	clotrimazole solution	10/01/11	Class not OTC <u>*Requires Clinical PA</u>	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 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	

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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		B	Gynazole-1	10/01/11
G	clotrimazole 3, cream/applicator*	10/01/11		B	Gyne-Lotrimin	10/01/11
B	Metrogel-Vaginal gel	01/01/13		G	miconazole 1-3	10/01/11
G	metronidazole Vaginal	04/18/13		G	miconazole nitrate	10/01/11
G	miconazole 7, cream/applicator*	10/01/11		B	Monistat 7	10/01/11
G	miconazole nitrate*	01/01/13		B	Nystatin Vaginal tab	10/01/11
G	QC 3 Day Vaginal Cream*	01/01/13		B	Terazol 7	10/01/11
G	sm miconazole 7*	01/01/13		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						
			Bill for separate individual products	B	Lotrisone (clotrimazole/betamethasone)	01/01/13
				G	nystatin/trimacinolone	01/01/13

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	Fibricor (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	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
				B	Epaned Solution 1MG/ML	09/01/13
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	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				
Angiotensin Receptor Blockers (ARBs)						
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
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 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
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 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

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October 1, 2013 effective date

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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 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	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 (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 Nymalize susp	07/08/13
G	nimodipine	09/28/09		B Procardia XL	09/28/09
B	Procardia compared to nifedipine	01/01/13		B Sular (nisoldipine)	09/28/09
B	Tiazac (120, 180, 240, 300, 360, 420mg)	01/01/13		G taztia XT compare diltiazem SR	01/01/13
B	Verelan SR (120, 180, 240, 360mg capsules) (compare verapamil SR)	04/01/13		G verapamil ER (120, 180, 240, 360mg capsules) (compare Verelan 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			
Direct Renin Inhibitors/Combinations					
B	Tekamlo	01/01/12		B Amturnide	01/01/13
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
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	01/01/13
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			

Benign Prostatic Hyperplasia (BPH)

Benign Prostatic Hyperplasia (BPH)				
G doxazosin	10/01/11		G alfuzosin	10/01/11
G finasteride 5mg	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
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 - 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
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 **Requires a clinical PA for Non-Traditional and PCN plans	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
			G Lyza	07/30/13
			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	
Contraceptive - Patch				
B Ortho Evra*	01/01/13	*Not Ntrad or PCN		
Contraceptive - Vaginal				
B Nuvaring*	01/01/13	*Not Ntrad or PCN		

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October 1, 2013 effective date

Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
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	lutera	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-lynyah	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	pirmella 1/35	07/08/13				
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				

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Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
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	cyclaferm 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	pirmella 7/7/7	07/08/13				
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				

Corticosteroids (Topical)

Corticosteroids - Topical - Very Potent						
G	Betamethasone Dip 0.05% (Aug Crm, Lotn)	10/01/13		G	Betamethasone Dip 0.05% (crm, gel, aug lotn, oint, aug oint)	10/01/13
B	Clobex (Lotion, Shampoo)	10/01/13		B	Apexicon Crm 0.05%	10/01/13
G	Clobetasol 0.05% (Cream, Gel, Solution, Ointment, Shampoo)	10/01/13		G	Clobetasol 0.05% (Lotion, Spray)	10/01/13
B	Cormax Scalp Sol 0.05%	10/01/13		B	Clobex Spray 0.05%	10/01/13
B	Diprolene Cream 0.05%	10/01/13		B	Cordran Tape	10/01/13
B	Olux foam 0.05%	10/01/13		G	Difflorasone 0.05% (Crm, Oint)	10/01/13
				G	Halobetasol 0.05% (Crm, Oint)	10/01/13
				B	Temovate (Oint, Gel, Crm)	10/01/13
				B	Vanos Cream .1%	10/01/13

October 1, 2013 effective date

Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
Corticosteroids - Topical - Potent						
G	Fluocinonide 0.05% (Crm, Gel, Oint)	10/01/13		G	Amcinonide 0.1% (Crm Lot, Oint)	10/01/13
G	Mometasone Oint 0.1%	10/01/13		G	Desoximetasone 0.25% (Crm, Oint)	10/01/13
				B	Elocon Oint 0.1%	10/01/13
				G	Fluocinonide 0.05% (Solution)	10/01/13
				B	Halog 0.1% (Crm, Oint)	10/01/13
				B	Topicort 0.25% (Spray, Crm, Oint)	10/01/13
Corticosteroids - Topical - Midstrength						
G	Betamethasone Val. 0.1% (Crm, Foam, Oint)	10/01/13		G	Betamethasone Val. 0.1% (Lotion, Foam)	10/01/13
B	Celestone Sol 0.6mg/5ml	10/01/13		B	Cloderm Cream 0.1%	10/01/13
B	Elocon 0.1% (Crm, Lotn)	10/01/13		B	Cutivate 0.05% (Crm, Lotn)	10/01/13
G	Fluocinolone 0.025% (Crm, Oint)	10/01/13		G	Desoximetasone .05% (Crm,Oint,Gel)	10/01/13
G	Fluticasone (Lotn, Oint)	10/01/13		G	Fluticasone Cream	10/01/13
G	Hydrocortisone Val 0.2% (Crm, Oint)	10/01/13		G	Prednicarbate 0.1% (Crm, Oint)	10/01/13
B	Kenalog Spray	10/01/13		B	Synalar 0.025% (Crm, Oint)	10/01/13
B	Luxiq Foam 0.12%	10/01/13		B	Topicort 0.5% (Crm, Oint, Gel)	10/01/13
G	Mometasone 0.1% (Crm, Sol)	10/01/13				
B	Pandel Cream 0.1%	10/01/13				
B	Pandel Cream 0.1%	10/01/13				
B	Pandel Cream 0.1%	10/01/13				
G	Triamcinolone .1% (Oint, Crm, Lotn)	10/01/13				
Corticosteroids - Topical - Mild strength						
B	Capex Shampoo 0.01%	10/01/13		G	Alclometasone Dip Cream 0.05%	10/01/13
B	Corticool Gel 1%	10/01/13		G	Desonide 0.05% Gel	10/01/13
B	Derma-Smooth Oil	10/01/13		G	Fluocinolone Ace 0.01% (Sol, Crm)	10/01/13
G	Desonide 0.05% (Crm, Lot, Oint)	10/01/13		G	Hydrocortisone But 0.1% Cream	10/01/13
G	Fluocinolone Ace Oil 0.01%	10/01/13		B	Pediaderm HC Kit	10/01/13
G	Hydrocortisone But 0.1% (Sol, Oint)	10/01/13		B	Texacort Sol 2.5%	10/01/13
G	Hydrocortisone 0.5% (Crm, Oint)	10/01/13		B	Trianex Oint 0.05%	10/01/13
G	Hydrocortisone 1% (Crm, Lot, Oint)	10/01/13		B	Verdeso Aero Foam 0.05%	10/01/13
G	Hydrocortisone 2.5% (Crm,Lot,Oint)	10/01/13				
G	Triamcinolone .025% (Oint, Lot, Crm)	10/01/13				

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Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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, 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
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

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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	OTC not covered PCN	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 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 requires Clinical PA Class not Ntrad and PCN	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

Immunomodulators						
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	All pens require Clinical PA *Quantity limits			
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	All pens require Clinical PA *Quantity limits	B	Apidra	09/28/09
B	Novolin-N	02/01/10				
Long Acting						
B	Lantus	09/28/09	All pens require Clinical PA *Quantity limits			
B	Levemir	09/28/09				
Insulin Mixtures						
O	Humalog 50/50	09/28/09	All pens require Clinical PA *Quantity limits	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
					G	Rizatriptan	07/08/13
					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. **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
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)	10/01/09		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.	B Anaprox, DS	09/28/09
G diclofenac potassium	07/01/12	**NC OTC.	B Cataflam	01/01/13
G diclofenac sodium DR 50mg, 75mg	01/01/12	***NC PCN or tradNH	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, 600mg ER	10/01/13
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 meclufenamate	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
			G piroxicam	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

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Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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Oncology

Oncology - Urinary Tract Protective Agents				
G amifostine	08/01/13	All drugs in this class are preferred		
B Ethyol (amifostine)	08/01/13			
G mesna	08/01/13			
B Mesnex (mesna)	08/01/13			
Oncology - Mitotic Inhibitors				
B Abraxane (paclitaxel)	08/01/13	All drugs in this class are preferred		
B Docefrez (docetaxel)	08/01/13			
G docetaxel	08/01/13			
B Emcyt (estramustine)	08/01/13			
B Ixemptra (ixabepilone)	08/01/13			
B Jevtana (cabazitaxel)	08/01/13			
B Navelbine (vinorelbine)	08/01/13			
G paclitaxel	08/01/13			
B Taxotere (docetaxel)	08/01/13			
B Taxol (paclitaxel)	08/01/13			
B Velban (vinblastine)	08/01/13			
G vinblastine	08/01/13			
B Vincasar PFS (vincristine)	08/01/13			
Oncology - Enzyme Inhibitors				
B Inlyta (axitinib)	08/01/13	*Requires Clinical PA		
B Xalkori (crizotinib)	08/01/13			
B Sprycel (dasatinib)	08/01/13			
B Tarceva (erlotinib)	08/01/13			
B Iressa (gefitinib)	08/01/13			
B Gleevec (imatinib)	08/01/13			
B Tykerb (lapatinib)*	08/01/13			
B Tassigna (nilotinib)	08/01/13			
B Votrient (pazopanib)	08/01/13			
B Jakafi (ruxolitinib)	08/01/13			
B Nexavar (sorafenib)*	08/01/13			
B Sutent (sunitinib)*	08/01/13			
B Caprelsa (vandetanib)	08/01/13			

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

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Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Quinolones				
B Vigamox	06/01/12			
B Moxeza	01/01/13			
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 Ciloxan ointment	06/01/13
B Ilotycin	01/01/13		B Garamycin sol.	06/01/12
B Natacyn	06/01/12		B Iquix	06/01/12
G neomycin/polymyxin/gramicidin	01/01/13		G levofloxacin	06/01/12
G neomycin-polymyxn B/Gramicidin	06/01/12		G neomycin/bacitracin/polymyxin	01/01/13
B Neosporin	06/01/12		G neomycin-polymyxin-HC Susp	01/01/13
G ofloxacin	06/01/12		G Neo-Polycin	01/01/13
G polymyxin B/trimethoprim	06/01/12		B Ocuflax	06/01/12
B Terramycin/Polymyxin B	06/01/12		B Polytrim	01/01/13
B Tobrex sol.	06/01/12		B Polytrim	01/01/13
G trimethoprim/polymyxinB	06/01/12		B Quixin	06/01/12
			G tobramycin	01/01/13
			B Tobrex oint.	01/01/13
			B Zymar	06/01/12
			B Zymaxid	06/01/12
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
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 Ocufer	06/01/12
			B Prolensa	04/16/13
			B Voltaren	06/01/12
			B Xibrom	06/01/12

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Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
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						
G	fentanyl patch 12-75mcg/HR***	02/01/10	Class quantity limits apply. **Cancer diagnosis only. ***Not PCN. ****Clinical PA required	B	Avinza (compared to morphine sulfate)	09/28/09
B	Kadian (morphine suplfate ER) 20,30, 50, 60,100mg	02/01/10		B	Duragesic Patch (compared to fentanyl transdermal)	01/01/11
G	methadone	09/28/09		B	Dolophine (compared to methadone)	09/28/09
G	morphine sulfate ER	02/01/10		G	fentanyl patch 100mcg/HR**, ***	09/28/09
B	MS Contin (compared to Morphine Sulfate CR) 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 ER)	01/01/13		B	Nucynta ER****	09/28/09
B	Ultram ER (compared to tramadol ER)	01/01/13		B	Opana ER, 20, 30, 40,	09/28/09
				G	oxycodone ER	09/28/09
				B	Oxycontin (oxycodone)	09/28/09
			G	oxymorphone ER	01/01/13	
			G	tramadol ER	01/01/13	
Opioid Agonist Antagonist Combination for Substance Abuse						
B	Suboxone	01/01/12	Clinical PA required Quantity limits	G	buprenorphine/naltrexone	06/06/13
				G	buprenorphine	01/01/12

Otic Agents

Otic Antibiotic						
G	Ofloxacin Soln 0.3%	10/01/13		G	Ciprofloxacin HCl Otic Soln 0.2%	10/01/13
Otic Corticosteroids						
				G	Fluocinonide oil 0.01%	10/01/13
Otic Combinations						
G	Antipyrine-Benzocaine Otic Soln	10/01/13		B	Acetasol HC SOL 1-2%	10/01/13
B	AuroDex	10/01/13		B	Cortisporin sus - TC	10/01/13
B	Cortisporin Sol 1%	10/01/13		B	Coly-Mycin sus	10/01/13
G	Neomycin-Polymyxin-HC Soln 1%	10/01/13		B	Ciprodex sus 0.3-0.1%	10/01/13
B	Cipro HC	10/01/13		G	Hydrocortisone-Acetic Acid 1-2%	10/01/13
B	Vosol HC 1-2%	10/01/13		B	Myoxin Sus	10/01/13
				B	Pinnacaine drops 20%	10/01/13

Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
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	ibandronate (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	amantadine	06/01/13	*Not Ntrad or PCN	B	Comtan (entacapone)	10/01/09
G	carbidopa/levodopa	10/01/09		G	carbidopa/levodopa ODT*	10/01/09
B	Stalevo 100, 150mg	01/01/13		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	ropinerole 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 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				

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Utah Medicaid Preferred Drug List

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Prenatal Vitamins

Prenatal Vitamins Plus (Contains at least 600mcg of folic acid, 27mg of iron, and 200mg of DHA)						
B	Hemenatal OB Mis + DHA	10/01/13	Not all non-preferred prenatal vitamins are listed.	B	Nestabs DHA	10/01/13
B	Select-OB+	10/01/13		B	Citranatal DHA	10/01/13
B	Vitafol-one	10/01/13		B	Taron-C DHA	10/01/13
B	Citranatal	10/01/13		B	Gesticare PAK DHA	10/01/13
B	Prenexa	10/01/13		B	Prefera OB MIS +DHA	10/01/13
B	Nexa Plus	10/01/13		B	PNV-DHA	10/01/13
B	OB Complete Cap One	10/01/13		B	Select-OB Chewable	10/01/13
B	Citranatal Harmony	10/01/13		B	Virt-PN DHA	10/01/13
				B	Natalvirt	10/01/13
				B	PR Natal 400, 430	10/01/13

Prenatal Vitamins Other						
B	Citranatal Tab	10/01/13	Not all non-preferred prenatal vitamins are listed.	B	Complete Natal	10/01/13
B	Paire OB	10/01/13		B	Preque 10 Tab	10/01/13
B	Citranatal B-Calm	10/01/13		B	O-Cal	10/01/13
B	Natelle One	10/01/13		B	PNV-Select Tab	10/01/13
B	Nexa Select	10/01/13		B	Nestabs Tab	10/01/13
B	OB Complete 400	10/01/13		B	Tricare Tab Prenatal	10/01/13
B	Concept OB	10/01/13		B	FolCal	10/01/13
B	OB Complete Premire	10/01/13		B	Folivane	10/01/13
B	Prefera OB One	10/01/13		B	Vinate	10/01/13
B	Prefera OB	10/01/13		B	TL-Select	10/01/13
B	Tricare Pre 27-1-500	10/01/13		B	Taron	10/01/13
B	C-Nate DHA 28-1-200	10/01/13		B	Zatean-PN	10/01/13
B	Prenatal Plus	10/01/13		B	Vol-Plus	10/01/13

Proton Pump Inhibitors

Proton Pump Inhibitors						
B	Aciphex**	01/01/13	*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	

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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Pulmonary Antihypertensives

Pulmonary Antihypertensives-Endothelin Antagonists					
B	Letairis	01/01/12		B Opsumit	10/01/13
B	Tracleer	01/01/12			
Pulmonary Antihypertensives-Phosphodiesterase-5 Enzyme Inhibitors					
G	Adcirca	06/01/12	*Tablet only for Ntrad/PCN	B Revatio*	09/01/13
G	sildenafil	09/01/13			
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

Sedative Hypnotics

Benzodiazepines					
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
Barbiturates					
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
Non Benzodiazepines, Non Barbiturates					
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	

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Skeletal Muscle Relaxants				
Agents for Acute Injury Treatment				
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	
Agents for Long Term Treatment				
G baclofen	09/28/09	*Quantity limits apply	B Dantrium (dantrolene)	01/01/13
G lioresal 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 Myrbetriq	05/09/13
B Toviaz	09/28/09		G Trospium Chloride ER	10/01/13
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 Ditropan (brand)	04/14/13
			G flavoxate	09/28/09
			B Sanctura	09/01/13
			G tolteradine	04/15/13
			G trospium chloride	10/01/13
			B Urispas	09/28/09

Note: B = Brand, G= Generic, O= Over-the-counter. Drugs not listed are covered via regular pharmacy provider manual policy. Non-preferred Drugs required a Prior Authorization beginning 5/15/2009. Last updated 11/7/13.