

## Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Acne Therapy</b>						
<b>Acne Therapy - Oral</b>						
G	claravis, 10, 20, 40	08/01/11	Class Age edit applies	B	Absorica	01/01/14
G	myorisan	01/01/14		G	amneesteem	08/01/11
				G	claravis 30 mg	01/01/14
				B	Sotret	08/01/11
				B	Zenatane	08/11/11
<b>Acne-Topical Retinoids</b>						
B	Atralin 0.05% Gel	01/01/14	Age edit applies	G	adapalene	01/01/14
B	Avita 0.025% Gel, Cream	01/01/14		B	Differin Cream	01/01/14
B	Differin 0.1% lotion, gel	01/01/14		B	Fabior	01/01/14
B	Retin-A 0.01%, Gel	01/01/14		B	Retin-A (tretinoin) microsphere Gel 0.04%,0.1%	08/01/11
B	Retin-A 0.025%, 0.05%, 0.1%, Cream	01/01/14		G	tretinoin 0.01%, 0.025%,0.05%, 0.1% Gel, crm	01/01/14
B	Tazorac (crm & gel)	01/01/14		G	tretinoin 0.025%, 0.05%, 0.1% Cream	01/01/14
				B	Tretin-X	08/01/11
<b>Acne-Topical Antibiotics &amp; Combinations</b>						
B	Akne-mycin	01/01/13	<a href="#">*Requires Clinical PA</a>	B	Acanya	01/01/13
B	Benzaclin, Gel	01/01/13		B	BenzamycinPAK	08/01/11
B	Benzamycin (benzoyl peroxide-erythromycin)	01/01/13		B	Cleocin T	08/01/11
G	clindamycin, lotion, sol, pad	01/01/13		B	Clindacin Kit	08/01/11
G	erythromycin 2% Gel, Solution	01/01/13		B	Clindagel	08/01/11
B	Evoclin	01/01/14		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
				G	erythromycin-benzoyl Peroxide	01/01/12
			B	Veltin	01/01/13	
<b>Acne Therapy Topical - Miscellaneous</b>						
B	Azelex	01/01/14	Washes Not Covered ** For NP combination products, bill for preferred sepearate ingredient products.	B	Aczone N.P.	04/01/12
B	BP 10-1	01/01/13		B	Avar-ELS, E	01/01/14
G	benzoyl perox, 4-6%, gel, cr, lot	08/01/11		B	Bencort	08/01/11
B	Epiduo	01/01/14		B	Benzac AC	08/01/11
B	Finacea	01/01/14		G	benzepro	01/01/14
B	Klaron	01/01/13		G	clarifoam EF	01/01/13
G	sodium sulfacetamide, cr, liq	08/01/11		G	clenia	01/01/13
G	sodium sulfacetamide/Sulfer 10-5%	01/01/12		B	Dapsone	04/01/12
G	sulfacleanse 8-4%	01/01/13		B	Ovace	01/01/12
B	Sumaxin TS	01/01/13		B	Plexion (crm, lot, sol)	03/26/14
				G	prascion	01/01/14
				G	rosanil	01/01/14
				G	se 10-5, sss 10-5	01/01/14
				B	Seb-Prev	04/01/12
				G	BP Foam	04/28/14
				G	sodium sulfacetamide lotion, wash 10%	01/01/14
				G	virt-sulf	01/01/14

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<b>Alzheimer's Cholinomimetics</b>						
<b>Alzheimer Agents - Oral</b>						
G	donepezil (5mg, 10mg)	10/01/13	*Not PCN or Ntrad	B	Aricept (donepezil), ODT*	01/15/13
B	Exelon (oral formulations)	09/28/09		G	donepezil 23mg & ODT*	10/1/2013
B	Namenda (tablet or solution)	09/28/09		B	Namenda XR	4/30/2013
				B	Razadyne (galatamine), ER, sol	09/28/09
				G	rivastigmine	02/20/12
<b>Alzheimer Agents - Topical</b>						
B	Exelon Patch	09/28/09	Not PCN or Ntrad			
<b>Androgenic Agents</b>						
<b>Androgenic Agents-Topical</b>						
B	Androgel, pump	06/01/12	<a href="#">Class requires PA</a>  *Bill S0189 code **Not PCN or Ntrad	B	Androderm (testosterone patch)**	01/01/13
B	Testim	06/01/12		B	Aveed	03/17/14
				B	Axiron	01/01/13
				B	Fortesta	06/01/12
				B	Testopel*	06/01/12
<b>Androgenic Agents - Other</b>						
B	Depo-Testosterone* compared to tesosterone cypionate	06/01/12	<a href="#">Class requires PA</a>  *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
<b>Antibiotics</b>						
<b>Antibiotics - Cephalosporins, 3rd Generation Oral</b>						
B	Cedax suspension	01/01/13		B	Cedax capsule	02/01/10
G	cefdinir	02/01/10		G	cefpodoxime proxetil tablets	02/01/10
G	cefpodoxime proxetil (susp. Only)	01/01/13		B	Omnicef	02/01/10
B	Suprax (liq, caps, tabs, susp)	02/01/10		B	Spectracef (cefditoren pivoxil)	02/01/10
G	cefditoren compared to Spectracef	02/01/10		B	Vantin (cefpodoxime)	02/01/10
<b>Antibiotics - Quinolones</b>						
B	Cipro suspension	02/01/10		B	Avelox, ABC Pack	01/01/13
G	ciprofloxacin compared to Cipro	02/01/10		B	Cipro XR	02/01/10
B	Levaquin solution	01/01/14		G	ciprofloxacin SR 24HR, XR	02/01/10
G	levofloxacin tablets	01/01/12		B	Factive	02/01/10
				G	levofloxacin solution	01/01/14
				B	Levaquin tabs	01/01/14
				G	moxifloxacin	01/01/14
				B	Noroxin	02/01/10
				G	ofloxacin	02/01/10

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<b>Anticoagulants</b>						
<b>Anticoagulants-Oral</b>						
B	Coumadin	01/01/14	<a href="#">*Requires Clinical PA</a>	G	warfarin compared to Coumadin	01/01/14
B	Eliquis	01/01/14		G	jantoven compared to Coumadin	01/01/14
B	Pradaxa*	01/01/14				
B	Xarelto*	01/01/13				
<b>Anticoagulants-Injectable</b>						
B	Fragmin	10/01/10	<a href="#">Class requires PA for non-traditional</a> 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>Antidiabetic Agents</b>						
<b>DPP- 4 Inhibitors</b>						
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
<b>DPP- 4 Inhibitor Combinations</b>						
B	Janumet	09/28/09	<a href="#">Class requires Clinical PA</a>	B	Kazano	03/01/13
B	Kombiglyze	01/01/14		B	Janumet XR	01/01/13
				B	Jentaduetto	04/30/12
				B	Juvisync	01/01/14
				B	Oseni	03/01/13
<b>GLP-1 Agonists</b>						
B	Byetta	01/01/14	<a href="#">Class requires Clinical PA</a>	B	Bydureon	01/01/14
B	Victoza	01/01/14				
<b>Antiemetics (5 HT-3 Antagonists, Neurokinin-1 Antagonists)</b>						
<b>Antiemetics (5 HT-3 Antagonists, Neurokinin-1 Antagoinsits)</b>						
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	Anzemet (dolasetron)*	09/30/09
G	ondansetron ODT**	01/01/13		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
				G	ondansetron sol., film*, ODT*	01/01/13
				B	Sancuso (granisetron) patch*	04/01/12
				B	Zofran (ondansetron), tabs, ODT*	09/30/09
				B	Zuplenz (ondansetron)	04/01/12
<b>Antifungals</b>						
<b>Antifungals (Oral)</b>						
B	Ancobon	01/01/14	<a href="#">*Requires Clinical PA</a>	B	Diflucan	01/01/13
G	clotrimazole tablets	10/01/11		B	Grifulvin V tablets	10/01/11
G	fluconazole tablets, suspension	10/01/11		G	griseofulvin tablets	10/01/11
G	flucytosine	01/01/13		B	Gris-PEG tablets	10/01/11
G	griseofulvin suspension	01/01/13		G	itraconazole	04/01/13
G	ketoconazole tablets	01/15/12		B	Lamisil*	10/01/11

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G	nystatin tablets, suspension	10/01/11		B	Noxafil	10/01/11
G	terbinafine* compared to Lamisil	10/01/11		G	nystatin oral powder	01/01/13
B	Vfend suspension	10/01/11		B	Onmel	01/01/14
				B	Oravig	01/01/13
				B	Sporanox (itraconazole)	01/01/13
				B	Terbinex	10/01/11
				B	Vfend tablets	01/01/13
				G	voriconazole 50mg	10/01/11
<b>Antifungals (Topical)</b>						
G	clotrimazole solution	10/01/11	Class not OTC <a href="#">*Requires Clinical PA</a> **Not Covered NonTrad/PCN	B	Ciclodan	01/01/13
B	Ertaczo	01/01/14		G	ciclopirox (gel, soln, shampoo, crm)	10/01/11
G	ketoconazole (shampoo, cream)	10/01/11		G	clotrimazole cream, (RX & OTC)	10/01/11
B	Loprox Shmpoo**, compare ciclopirox	01/01/13		B	CNL 8 Nail Kit	10/01/11
O	Lotrimin Ultra (butenafine crm 1%)	10/01/11		B	CNL 8 Nail Kit	10/01/11
B	Naftin (1% cream & gel)	01/01/13		B	Desenex cream	10/01/11
G	nyamyc	10/01/11		G	econazole nitrate (cream)	04/01/13
G	nystatin (powder, oint, crm)	10/01/11		B	Exelderm	01/01/13
B	Nystop powder	10/01/11		B	Extina	10/01/11
B	Pediaderm AF Complete	01/01/13		B	Fungoid tincture	01/01/13
G	pedi-dry	10/01/11		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 (gel)	10/01/11
			B	Luzu	02/26/14	
			B	Mentax	10/01/11	
			G	miconazole	10/01/11	
			B	Naftin 2%	01/01/14	
			B	Nizoral	10/01/11	
			B	Oxistat (Lotion, Cream)	10/01/11	
			B	Pedipirox-4	01/01/14	
			B	Penlac	10/01/11	
			G	selenium sulfide	04/01/12	
			B	Spectazole	10/01/11	
			G	tolnaftate	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	G	clotrimazole 3, cream/applicator*	10/01/11
G	clotrimazole 1%, crm w/ applicator*	10/01/11		B	Gynazole-1	10/01/11
B	Metrogel-Vaginal gel	01/01/13		B	Gyne-Lotrimin	10/01/11
G	metronidazole Vaginal gel	04/18/13		G	miconazole 1-3 kit	10/01/11
G	miconazole 7, (2% crm w/ applicator*)	10/01/11		B	Monistat 7	10/01/11
G	miconazole cream 4%*	01/01/13		B	Terazol 7, Terazole 3	10/01/11
G	Vandazole	01/01/13		G	terconazole	10/01/11
				G	tioconazole	01/01/13
				B	Vagistat-1-3* kit	10/01/11

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			B Zazole	10/01/11
<b>Antifungal - Topical Combinations</b>				
G nystatin/triamcinolone (ointment)	01/01/14		B Lotrisone (cream & lotion)	01/01/13
			B clotrimazole/betamethasone (cream & lotion)	01/01/13
			G dermazene cream	01/01/14
			G nystatin/trimacinolone (cream)	01/01/13
			B Vusion ointment	01/01/14
<b>Antihistamine (Nasal) Agents</b>				
<b>Antihistamine (Nasal) Agents</b>				
B Astelin	10/01/10		B Astepro	10/01/10
B Patanase	10/01/10		G azelastine HCL	10/01/10
<b>Antihyperlipidemic Agents</b>				
<b>Fibric Acid &amp; Miscellaneous Derivatives</b>				
B Antara	01/01/12		G fenofibric (35, 45, 105, 135mg)	09/28/09
G gemfibrozil	09/28/09		G fenofibrate (48, 54, 67, 130, 134, 145mg, 160, 200mg)	09/28/09
B Lovaza	01/01/12		B Fibracor (fenofibric acid)	01/01/13
B Niaspan	09/28/09		B Lofibra (fenofibrate)	09/28/09
B Niacor	01/01/14		B Lipid	01/01/13
B Tricor	09/28/09			
B Triglide (fenofibrate)	01/01/14			
B Trilipix	09/28/09			
B Zetia	09/28/09			
<b>HMG Co-A Reductase Inhibitors ("Statins") – High Potency</b>				
G atorvastatin compared to Lipitor	11/01/12	*Doses > 40mg/day require PA	B Lipitor	11/01/12
B Crestor	01/01/14		B Zocor*	01/01/13
G simvastatin compared to Zocor*	09/28/09			
<b>HMG Co-A Reductase Inhibitors ("Statins") – Lower Potency</b>				
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	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
<b>Cholesterol-Lowering Combinations</b>				
B Vytorin	01/01/13		B Advicor	02/01/10
			G amlodipine/atorvastatin	01/01/14
			B Caduet	01/01/13
			B Liptruzet	01/01/14
			B Simcor	01/01/14
<b>Antihypertensive Agents</b>				
<b>Antihypertensive Agents - Alpha/Beta-Adrenergic Blocking Agents</b>				
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
<b>Antihypertensive Agents - Angiotensin Converting Enzyme (ACE) Inhibitors</b>				
G benazepril compared to Lotensin	09/28/09		B Accupril compared to quinapril	09/28/09

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G captopril	09/28/09		B Altace compared to ramipril	09/28/09
G enalapril compared to Vasotec	09/28/09		B Epaned	04/18/14
G fosinopril	09/28/09		B Lotensin	09/28/09
G lisinopril compared to Zestril/Prinivil	09/28/09		G moexipril	01/01/13
B Mavik compared to trandolapril	01/01/13		G moexipril	01/01/13
G quinapril compared to Accupril	09/28/09		G perindopril	01/01/14
G ramipril compared to Altace	09/28/09		B Prinivil	09/28/09
G trandolapril compared to Mavik	01/01/14		B Vasotec	09/28/09
B Univaso compare to moexipril	01/01/13		B Zestril	09/28/09
<b>Antihypertensive Agents - Angiotensin Converting Enzyme (ACE) Inhibitor Combinations</b>				
G benazepril/HCTZ	09/28/09		B Accuretic	09/28/09
G captopril/HCTZ	09/28/09		B Lotensin HCT	09/28/09
G enalapril/HCTZ	09/28/09		G moexipril/HCTZ	01/01/13
G fosinopril/HCTZ	09/28/09		B Prinzide	09/28/09
G lisinopril/HCTZ	09/28/09		B Vaseretic	09/28/09
G quinapril/HCTZ	09/28/09		B Zestoretic	09/28/09
B Uniretic compared to moexipril/HCT	01/01/13			
<b>Antihypertensive Agents - Angiotensin Receptor Blockers (ARBs)</b>				
B Atacand compared to candesartan	01/01/14		G candesartan	06/01/13
B Avapro compared to irbesartan	09/28/09		B Cozaar compared to losartan	09/28/09
B Benicar	09/28/09		B Edarbi	04/01/12
B Diovan	09/28/09		G irbesartan compared to Avapro	11/01/12
G losartan compared to Cozaar	04/01/12		G telmesartan	01/01/14
B Micardis	01/01/12		B Teveten (eprosartan)	09/28/09
<b>Antihypertensive Agents - Angiotensin Receptor Blocker (ARB) + Thiazide Combinations</b>				
B Benicar HCT	09/28/09		B Atacand HCT	01/01/14
B Diovan HCT compared to valsartan HCT	09/28/09		B Avalide compared to irbesartan/HCT	01/01/14
G irbesartan/HCTZ compare Avalide	01/01/14		G candesartan HCT	01/01/14
G losartan/HCTZ compared to Hyzaar	09/28/09		B Edarbyclor	01/01/13
B Micardis HCT	01/01/12		B Hyzaar compared to Losartan HCT	09/28/09
			G Telmesartan/HCTZ	01/01/14
			B Teveten HCT	09/28/09
			G valsartan HCT compare Diovan HCT	09/28/09
<b>Antihypertensive Agents - Angiotensin Receptor Blocker (ARB) + Calcium Channel Blocker Combinations</b>				
B Azor	01/01/14		B Twynsta	01/01/12
B Exforge	09/28/09			
B Exforge HCT	09/28/09			
B Tribenzor	01/01/14			
<b>Antihypertensive Agents - Beta-Adrenergic Blocking Agents - Cardio Selective</b>				
G atenolol compared to Tenormin	09/28/09		G acebutolol compared to Sectral	01/01/13
G metoprolol tartrate	01/01/13		G betaxolol	01/01/14
B Sectral compared to acebutolol	01/01/13		G bisoprolol	01/01/14
B Toprol XL compare to metoprolol XL	01/01/13		B Bystolic	09/28/09
			B Lopressor	09/28/09
			G metoprolol XL compare to Toprol XL, ER	01/01/13
			B Tenormin compared to atenolol	09/28/09
			B Zebeta bisoprolol	01/01/14
<b>Antihypertensive Agents - Beta-Adrenergic Blocking Agents - Cardio Nonselective</b>				
B Levatol	09/28/09		B Betapace compared to sotalol	09/28/09

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B	Corgard compared to nadolol	01/30/13		G Betapace AF (sotalol AFIB/AFL)	01/01/14
G	pindolol	09/28/09		G nadolol	01/30/13
B	Inderal LA compare propranolol SR	01/01/14		B Innopran XL	09/28/09
G	propranolol (10, 20, 40, 80mg)	04/01/13		G propranolol 60mg	04/01/13
G	sorine	01/01/14		G propranolol SR (compare to Inderal LA)	01/01/14
G	sotalol HCL	01/01/14			
G	timolol	09/28/09			
<b>Antihypertensive Agents - Beta-Adrenergic Blocking Agent Combinations</b>					
G	atenolol/chlorthalidone	09/28/09		B Dutoprol	09/28/09
G	bisoprolol/HCTZ	09/28/09		B Lopressor HCT	01/01/14
B	Corzide compared to nadolol/bendroflumethizide	01/01/13		G metoprolol/HCTZ	01/01/13
G	propranolol HCT	01/01/14		G nadolol/bendroflumethiazide	09/28/09
				G propranolol HCT	01/01/13
				B Tenoretic	09/28/09
				B Ziac compared to bisoprolol HCT	09/28/09
<b>Antihypertensive Agents - Calcium Channel Blocking Agents</b>					
G	afeditab CR	09/28/09		B Adalat CC compared to nifediac CC	01/01/13
G	amlodipine compared to Norvasc	09/28/09		B Calan, SR	09/28/09
B	Cardene SR	01/01/13		B Cardizem, CD	09/28/09
B	Cartia XT (120, 180, 240, 300, 360mg)	01/01/13		G diltzac	01/01/13
B	Cardizem 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 matzim LA	01/01/13
G	isradipine	09/28/09		G nimodipine	09/28/09
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	01/01/14		B Nymalize susp	07/08/13
G	nifedipine ER	01/01/14		B Procardia compared to nifedipine	01/01/14
B	Tiazac (120, 180, 240, 300, 360, 420mg)	01/01/13		B Procardia XL	01/01/14
B	Verelan SR (120, 180, 240, 360mg capsules) (compare verapamil SR)	04/01/13		B Sular (nisolpidine)	09/28/09
B	Verelan PM (100, 200, 300mg capsules) (compare verapamil SR)	04/01/13		G taztia XT compare diltiazem SR	01/01/13
G	verapamil ER (120, 180, 240, 360mg tablets) (compare Calan SR)	09/28/09		G verapamil SR (100, 200, 300mg capsules) (compare Verelan PM)	01/01/14
G	verapamil 40, 80, 120mg (compare Calan)	04/01/13			
<b>Antihypertensive Agents - Direct Renin Inhibitors/Combinations</b>					
B	Amturide	01/01/14			
B	Tekamlo	01/01/12			
B	Tekturna, HCT	09/28/09			
<b>Antivirals</b>					
<b>Anti-Influenza Oral Agents</b>					
G	amantadine capsules or tablets	01/01/14	<a href="#">Clinical PA required</a>	B Flumadine tablets	01/01/14
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
				B Virazole	01/01/14

## Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<b>Herpes Simplex, Varicella Zoster, &amp; Cytomegalovirus Oral Agents</b>				
G acyclovir compare to Zovirax	06/01/13		B Famvir compared to famciclovir	06/01/13
G acyclovir suspension	01/01/14		G famciclovir	06/01/13
G valacyclovir	01/01/14		B Valcyte (valganciclovir)	06/01/13
			B Zovirax	06/01/13
			B Valtrex compared to valacyclovir	01/01/14
<b>Topical &amp; Combination Agents</b>				
B Lidovir	06/01/13	<a href="#">*Requires Clinical PA and limited to one treatment per lifetime</a>	B Zovirax (acyclovir) ointment*	01/01/14
B Zovirax cream	06/01/13		B Denavir	01/01/14
			B Xerese	06/01/13
<b>Asthma &amp; COPD Medications</b>				
<b>Asthma Medications - Beta Agonists (Long Acting) – Solutions for Nebulizer</b>				
B Brovana	09/28/09			
B Perforomist	09/28/09			
<b>Asthma Medications - Beta Agonists (Long Acting) – Metered Dose Inhalers</b>				
B Serevent Diskus	09/28/09		B Foradil	09/28/09
<b>Asthma Medications - Beta Agonists (Short Acting) – Solution for Nebulizer</b>				
G albuterol (2.5 mg/3ml) (5 mg/ml)	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			
<b>Asthma Medications - Beta Agonists (Short Acting) – Metered Dose Inhalers</b>				
B ProAir HFA	09/28/09		B Maxair	09/28/09
B Proventil HFA	01/01/13			
B Ventolin HFA	09/28/09			
B Xopenex HFA	01/01/12			
<b>Asthma Medications - LABA Inhalers / Combination</b>				
B Advair Diskus, HFA	09/28/09		B Anoro Ellipta	01/01/14
B Dulera	05/23/11		B Breo Ellipta	01/01/14
B Symbicort	01/01/13			
<b>Asthma Medications - Corticosteroids – Metered Dose Inhalers</b>				
B Asmanex	01/01/14		B Alvesco	01/01/14
B Flovent Discus, HFA	06/28/11			
B Pulmicort Flexhaler	01/01/13			
B Qvar	09/28/09			
<b>Asthma Medications - Corticosteroids – Solution for Nebulizer</b>				
B Pulmicort 0.25/2ml, 0.5/2ml	01/01/13		G budesonide ampules	01/01/13
			B Pulmicort 1mg/2ml	09/28/09
<b>Asthma Medications - Leukotriene Medications</b>				
B Accolate	01/01/13		B Singulair compared to montelukast	01/01/13
G montelukast tabs, chew tabs	01/01/13		G montelukast granules	01/01/13
B Zyflo, CR	02/01/10		G zafirlukast	01/01/13
<b>Asthma Medications - Beta Agonists - Oral Medications</b>				
G albuterol tab, syrup	01/01/13		G metaproterenol tabs 10mg, 20mg	01/01/13



## Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
G	metaproterenol syrup	01/01/13		B	Vospire ER	01/01/13
G	terbutaline	01/01/13				
<b>Asthma Medications - Bronchodilator (Inhaled Anticholinergics)</b>						
B	Atrovent, HFA (ipratropium)	01/01/11	Dosage limit	B	Tudorza Pressair	01/01/13
B	Spiriva	01/01/11				
G	ipratropium	4/1/2012				
<b>Asthma Medications - Bronchodilator Beta Agonist Combinations</b>						
B	Duoneb (ipratropium/albuterol)	04/01/13		B	Combivent, Respimat	04/01/13
G	ipratropium/albuterol	01/01/14				
<b>Asthma Medications - Selective Phosphodiesterase 4 Inhibitors</b>						
B	Daliresp	01/01/14				
<b>Benign Prostatic Hyperplasia (BPH)</b>						
<b>Benign Prostatic Hyperplasia (BPH)</b>						
G	alfuzosin	01/01/14		B	Avodart	01/01/13
G	doxazosin	10/01/11		B	Cardura, Cardura XL	4/1/2012
G	finasteride 5mg	10/01/11		B	Flomax	10/01/11
G	prazosin	10/01/11		B	Jalyn	10/01/11
G	tamsulosin	01/01/12		B	Minipress	10/01/11
G	terazosin	10/01/11		B	Proscar	10/01/11
				B	Rapaflo	10/01/11
				B	Uroxatral	01/01/13
<b>Contraceptives</b>						
<b>Contraceptives - Low Dose and Mono-phasic</b>						
G	altavera	01/01/12		G	aubra	03/12/14
G	alyacen 1/35	01/01/13		G	balziva	01/01/13
G	apri	01/01/14		B	Beyaz	01/01/13
G	aviane	10/01/11		G	briellyn	01/01/13
B	Brevicon	01/01/13		G	briellyn	01/01/13
G	chateal	01/01/14		B	Generess FE	10/01/11
G	cryselle-28	10/01/11		G	gianvi	01/01/13
G	cyclafem 1/35	01/01/13		G	gildess 1.5/30	10/01/11
G	dasetta 1/35	01/01/13		G	gildess FE 1.5/30	10/01/11
B	Desogen	01/01/12		G	gildagia	01/01/14
G	elinest	04/30/13		G	junel 1/20, 1.5/30	10/01/11
G	emoquette	01/01/14		G	junel FE 1.5/30	01/01/14
G	enskyce	01/01/14		G	larin 1/20	03/26/14
G	estarylla	01/01/14		B	Lo Minastrin	01/01/14
G	falmina	01/01/13		G	loryna	10/01/11
B	Femcon FE	10/01/11		B	Minastrin 24 FE	01/01/14
G	gildess FE 1/20	01/01/14		G	microgestin 1/20, 1.5/30	01/01/12
G	junel FE 1/20	01/01/14		G	ocella	01/01/13
G	kelnor 1-35	01/01/13		G	ogestrel	10/01/11
G	kurvelo	01/01/14		G	ortho-cyclen	01/01/13
G	larin FE 1/20	01/01/14		G	ovcon-35	10/01/11
G	lessina	10/01/11		G	philith	01/01/13
B	Levora-28	10/01/11		G	safyral	01/01/13
B	Loestrin 21	01/01/14		G	syeda	10/01/11
G	loestrin FE 1/20, 1.5/30	01/01/12		G	vestura	01/01/13
G	low-ogestrel	10/01/11		G	wymzya FE	01/01/13

May 1, 2014 effective date

## Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
G luteru	10/01/11		G zarah	11/15/11
G marlissa	01/01/13		G zenchent, FE	01/01/13
G microgestin FE 1/20, 1.5/30	10/01/11			
B Modicon	01/01/12			
G mono-linyah	04/01/13			
G mononessa	11/15/11			
G necon	11/15/11			
G nordette-28	10/01/11			
G norgestimate & ethinyl estradiol tab	01/01/13			
G norinyl 1+35, 1+50	01/01/12			
G nortrel	11/15/11			
G orsythia	01/01/13			
B Ortho-Cept 28	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 reclipen	01/01/14			
G sprintec	10/01/11			
G sronyx	10/01/11			
G vyfemla	01/01/14			
G wera	01/01/13			
B Yasmin 28	10/01/11			
B Yaz	10/01/11			
G zovia	10/01/11			
<b>Contraceptives - Bi-phasic</b>				
B Mircette	01/01/12		G azurette	01/01/13
G necon 10/11-28	01/01/12		G kariva	01/01/12
			B Lo Loestrin FE	01/01/12
			G viorele	01/01/13
<b>Contraceptives - Tri-phasic/Multi-phasic</b>				
G alyacen 7/7/7	01/01/13		G aranelle	10/01/11
B Cyclessa	01/01/14		G caziant	01/01/14
G cyclafem 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 tilia FE	10/01/11
B Estrostep FE	01/01/12		G tri-legest FE	10/01/11
G levonest	01/01/13		G velivet	01/01/14
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-estaryl	04/01/13			
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			

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 5/1/14.

## Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
G	trivora-28	10/01/11				
<b>Contraceptives - Progestin Only</b>						
G	camila	01/01/14	*Bill J7307	B	Depo-SUBQ Provera**	10/01/11
B	Depo-Provera**	10/01/11	**Requires a clinical PA for Non-Traditional and PCN plans	G	heather	01/01/14
G	errin	01/01/14		B	Implanon*	10/01/11
G	jolivette	01/01/14		G	jencycla	01/01/14
G	medroxyprogesterone**	10/01/11		G	lyza	01/01/14
G	nora-BE	01/01/14		B	Mirena*	10/01/11
G	norethindrone	01/01/14		B	Nexplanon*	10/01/11
G	nor-Q-D	01/01/12		B	Skyla*	04/01/13
B	Ortho Miconor	01/01/13				
<b>Contraceptives - Emergency</b>						
B	Ella 30mg	10/01/11		B	Next Choice One Dose 1.5mg	01/01/13
G	levonorgestrel 0.75mg	01/01/13		B	Plan B 0.75mg	04/01/13
G	My Way	01/01/14				
B	Plan B One-Step 1.5mg	10/01/11				
<b>Contraceptive - Patch</b>						
B	Ortho Evra*	01/01/13	*Not Ntrad or PCN	G	Xulane	04/30/13
<b>Contraceptive - Vaginal</b>						
B	Nuvaring*	01/01/13	*Not Ntrad or PCN			
<b>Contraceptives - Extended Cycle</b>						
B	Loseasonique	01/01/13		G	amethia, amethia Lo	01/01/13
B	Seasonique	01/01/13		B	Amethyst	01/01/13
				G	camrese, camrese Lo	01/01/13
				G	daysee	01/01/13
				G	introvale	01/01/13
				G	jolessa	01/01/13
				G	levonorgestrel	01/01/13
				B	Quartette	01/01/14
				G	quasense	01/01/13
<b>Corticosteroids (Topical)</b>						
<b>Corticosteroids - Topical - Very Potent</b>						
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 0.05% crm	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 0.05% sol	10/01/13		B	Clobex 0.05% spray	10/01/13
B	Diprolene 0.05% cream, lotion	10/01/13		B	Cordran tape	10/01/13
B	Olux foam 0.05%	10/01/13		G	diflorasone 0.05% crm, oint	10/01/13
				B	Diprolene oint	10/01/13
				G	halobetasol 0.05% crm, oint	10/01/13
				G	fluocinonide 0.1% cream	01/01/14
				B	temovate oint, gel, crm	10/01/13
				B	Vanos 0.1% cream	10/01/13
<b>Corticosteroids - Topical - Potent</b>						
G	fluocinonide 0.05% crm, gel, oint	10/01/13		G	amcinonide 0.1% crm, lot, oint	10/01/13
G	mometasone 0.1% oint	10/01/13		G	desoximetasone 0.25% crm, oint	10/01/13

**Utah Medicaid Preferred Drug List**

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
				B	Elocon 0.1% oint	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
<b>Corticosteroids - Topical - Midstrength</b>						
G	betamethasone val. 0.1% crm, foam, oint	10/01/13		G	betamethasone val. 0.1% lotion, foam	10/01/13
B	Celestone 0.6mg/5ml sol	10/01/13		G	clocortolone pivalate Cream 0.1%	01/01/14
B	Elocon 0.1% crm, lotn	10/01/13		B	Cloderm Cream 0.1%	10/01/13
G	fluocinolone 0.025% crm, oint	10/01/13		B	Cutivate 0.05% crm, lotn	10/01/13
G	fluticasone lotn, oint	10/01/13		G	desoximetasone 0.05% crm, oint, gel	10/01/13
G	hydrocortisone val 0.2% crm, oint	10/01/13		G	fluticasone cream	10/01/13
B	Kenalog spray	10/01/13		G	prednicarbate 0.1% crm, oint	10/01/13
B	Luxiq Foam 0.12%	10/01/13		B	Synalar 0.025% crm, oint	10/01/13
G	mometasone 0.1% crm, sol	10/01/13		B	Topicort 0.5% crm, oint, gel	10/01/13
B	Pandel Cream 0.1%	10/01/13				
G	triamcinolone 0.1% oint, crm, lotn	10/01/13				
B	Westcort 0.2% oint	10/01/13				
<b>Corticosteroids - Topical - Mild strength</b>						
B	Capex Shampoo 0.01%	10/01/13		G	alclometasone dip 0.05% cream	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 0.01% oil	10/01/13		B	Pediaderm HC kit	10/01/13
G	hydrocortisone But 0.1% sol, oint	10/01/13		B	Texacort 2.5% sol	10/01/13
G	hydrocortisone 0.5% crm, oint	10/01/13		B	Trianex 0.05% oint	10/01/13
G	hydrocortisone 1% crm, lot, oint	10/01/13		B	Verdeso Aero 0.05% foam	10/01/13
G	hydrocortisone 2.5% crm, lot, oint	10/01/13				
G	triamcinolone 0.025% oint, lot, crm	10/01/13				
<b>Diabetic Test Supplies</b>						
<b>Diabetic Test Supplies</b>						
O	Abbott Products*	01/01/11	*Abbott meters, call 1-866-224-8892 Free For Medicaid Only.	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
			Diabetic test supplies are not covered for Nursing Home clients. ***Bill through DME	O	One Touch Products	01/01/11
				O	Surestep	01/01/11
				O	Truetrack	01/01/11
<b>Estrogens</b>						
<b>Estrogens (Oral)</b>						
B	Cenestin	10/01/11		B	Estrace	10/01/11
B	Enjuvia	01/01/14		B	Femtrace	10/01/11
G	estradiol	10/01/11		B	Premarin	10/01/11
G	estropipate	04/01/13				

## Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
B	Menest	10/01/11				
<b>Estrogens (Combinations)</b>						
B	Activella	01/01/13		B	Angeliq	10/01/11
B	Femhrt	01/01/14		B	Climara Pro	10/01/11
B	Prempro	10/01/11		G	estradiol-norethindrone	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 &amp; Miscellaneous)</b>						
B	Alora* patch	01/01/14	*Not covered Ntrad or PCN, non traditional dosage forms not covered.	B	Divigel*	10/01/11
B	Climara* patch	01/01/13		B	Elestrin gel*	10/01/11
B	Combipatch* patch	01/01/14		B	Estraderm*	10/01/11
B	Vivelle-DOT* patch	01/01/14		G	estradiol patch*	10/01/11
				B	Estrasorb*	10/01/11
				B	Estrogel*	10/01/11
				B	Evamist spray*	10/01/11
			B	Minivelle* patch	01/01/14	
			B	Menostar*	10/01/11	
<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
<b>GI-H2-Antagonists</b>						
<b>H2 Antagonists</b>						
G	cimetidine compared to Tagamet	06/01/13	OTC not covered PCN	B	Axid capsules & solution	06/01/13
G	cimetidine solution	06/01/13		G	nizatidine (solution, capsules)	06/01/13
G	famotidine compared to Pepcid	06/01/13		B	Pepcid	06/01/13
G	ranitidine syrup	06/01/13		B	Tagamet	06/01/13
G	ranitidine tablets compare to Zantac	06/01/13		B	Zantac (ranitidine)	06/01/13
<b>Growth Hormones</b>						
<b>Growth Hormones</b>						
B	Genotropin	10/01/10	<a href="#">Class requires Clinical PA</a> Class not Ntrad and PCN	B	Nutropin	01/01/13
B	Humatrope	01/01/14		B	Norditropin	01/01/14
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
<b>Hepatitis C</b>						
<b>Hepatitis C Interferons</b>						
B	Pegasys	10/01/09	<a href="#">Class requires Clinical PA</a> Class Not PCN	B	Infergen	01/01/13
B	Peg-Intron	01/01/14		B	Intron-A	01/01/14
				B	Sylatron	01/01/14
<b>Nucleoside Analogues</b>						

## Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
B	Rebetol solution	01/01/14		B	Copegus	07/01/12
G	ribasphere	07/01/12		B	Rebetol 200mg capsules	07/01/12
G	ribavirin 40mg/ml soln	07/01/12		G	ribasphere 400mg, 600mg	01/01/14
G	ribasphere 200 mg	01/01/14		B	Ribapak	07/01/12
G	ribavirin 200 mg	07/01/12				
<b>Protease Inhibitors (First Generation)</b>						
B	Incivek	06/01/12				
B	Victrelis	06/01/12				
<b>Protease Inhibitors (Second Generation)</b>						
B	Olysio	03/13/14				
<b>Polymerase Inhibitors</b>						
B	Sovaldi	03/13/14				
<b>Immunomodulators</b>						
<b>Immunomodulators</b>						
B	Enbrel*	02/01/10	Class not PCN <a href="#">* Requires Clinical PA</a> **Bill J1745	B	Cimzia*	01/01/13
B	Humira*	02/01/10		B	Ilaris	01/01/14
B	Kineret*	01/01/14		B	Orencia*	01/01/14
				B	Otezla	04/02/14
				B	Remicade**	01/01/14
				B	Simponi*	02/01/10
				B	Stelara	10/01/11
<b>Insulins</b>						
<b>Rapid Acting Insulins</b>						
B	Humalog	09/28/09	<a href="#">All pens require Clinical PA</a> ClassQuantity limits	B	Apidra	09/28/09
B	Humulin-R	09/28/09				
B	Novolin-R	02/01/10				
B	Novolog	02/01/10				
<b>Intermediate Acting Insulins</b>						
B	Humulin-N	09/28/09	<a href="#">All pens require Clinical PA</a> Class Quantity limits			
B	Novolin-N	02/01/10				
<b>Long Acting</b>						
B	Lantus	09/28/09	<a href="#">All pens require Clinical PA</a> Class Quantity limits	B	Lantus Solostar	09/28/09
B	Levemir	09/28/09				
<b>Insulin Mixtures</b>						
O	Humalog 50/50	09/28/09	<a href="#">All pens require Clinical PA</a> Class 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				
<b>Migraine Agents</b>						
<b>Migraine Agents</b>						
B	Imitrex, spray, pen, inj*	01/01/14	*injection not covered Ntrad or PCN, non traditional dosage forms not covered.	B	Aksyna	01/01/14
B	Relpax	01/01/13		B	Alsuma	03/24/14

## Utah Medicaid Preferred Drug List

	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
G	sumatriptan tabs	01/01/13		B Amerge (naratriptan)	01/01/13
				B Axert	01/01/13
				B Frova	01/01/14
				B Imitrex tablets	01/01/12
				B Maxalt (all dosage forms)*	01/01/14
				G naratriptan	04/01/13
				G rizatriptan	07/08/13
				G sumatriptan spray, inj*	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	<a href="#">**Clinical PA required</a>	B Aubagio	01/01/13
B	Rebif*	01/01/14		B Betaseron*	01/01/13
				B Extavia	03/01/10
				B Gilenya**	01/01/13
				B Tecfidera	01/01/14
				B Tysabri**	01/01/13

### Non-Steroidal Anti-Inflammatory Drugs

Non-Steroidal Anti-Inflammatory Drug - Cox-2 Inhibitors					
B	Celebrex	09/28/09			
Non-Selective Non-Steroidal Anti-Inflammatory Drugs					
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 (oxaprozin)	01/01/14
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 EC-Naprosyn	01/01/14
G	flurbiprofen 50mg, 100mg	01/01/12		G etodolac 300mg, 600mg ER	10/01/13
G	ibuprofen	09/28/09		B Feldene (piroxicam)	01/01/13
B	Indocin Susp 25MG/5ML	01/01/12		G fenoprofen 600mg	01/01/13
G	indomethacin 25mg, 50mg	01/01/12		B Flector Patch	04/01/12
G	ketoprofen Caps	01/01/12		G ibuprofen cream 10%	04/30/13
G	ketorolac injectable*	09/28/09		G indomethacin CR 75mg	01/01/12
G	ketorolac tabs	09/28/09		G ketoprofen ER	01/01/12
G	meloxicam tablets	09/28/09		G ketorolac inj 30mg/ml*	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 susp 125MG/5ML	01/01/12		G meloxicam suspension	01/01/13
B	Naproxen tabs, EC, susp 125MG/5ML	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

## Utah Medicaid Preferred Drug List

	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
G	oxaprozin	01/01/12		B Nalfon	01/01/12
G	sulindac	01/01/12		G oxaprozin	01/01/14
B	Voltaren Gel	04/01/12		B Painsaid	04/01/12
				G piroxicam	01/01/13
				B Ponstel	01/01/13
				B Solaraze gel	01/01/14
				G sprix nasal spray*	09/28/09
				B Tolmetin	01/01/13
				B Voltaren-XR	01/01/14
				B Zipsor	07/01/12
				B Zorvolex	11/01/13

### Nasal Corticosteroids

Nasal Corticosteroids					
B	Beconase AQ	01/01/13		B Flonase	01/01/14
G	fluticasone propionate (Flonase)	10/01/09		B Nasarel	10/01/09
G	flunisolide	01/01/13		B Nasacort AQ	01/01/14
B	Nasonex	10/01/09		B Qnasl	01/01/13
B	Omnaris	01/01/13		B Rhinocort AQ	10/01/09
B	Veramyst	10/01/09		G triamcinolone spray	01/01/13
				B Zetonna	01/01/14

### Oncology

#### Oncology - Urinary Tract Protective Agents

G	amifostine	08/01/13	All drugs in this class are preferred		
B	Ethylol (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	Docetaxel (docetaxel)	08/01/13			
G	docetaxel	08/01/13			
B	Emcyt (estramustine)	08/01/13			
B	Ixempra (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	<a href="#">Clinical PA required</a>		
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			



## Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
B	Tykerb (lapatinib)*	08/01/13				
B	Tasigna (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				
<b>Ophthalmics</b>						
<b>Ophthalmic - Alpha Adrenergics &amp; Combination</b>						
B	Alphagan P 0.15%	01/01/13		G	apraclonidine HCL	10/01/10
B	Alphagan P 0.1%	01/01/14		G	brimonidine 0.15%	10/01/10
G	brimonidine 0.2%	10/01/10		G	lopidine	01/01/14
				G	Simbrinza	01/01/14
<b>Ophthalmic - Antihistamines</b>						
B	Alomide	01/01/14		O	Alaway	10/01/10
B	Cromolyn	01/01/14		B	Alocril	01/01/14
B	Pataday (olopatadine)	01/01/13		G	azelastine HCL	10/01/10
B	Patanol (olopatadine)	10/01/10		B	Bepreve	10/01/10
				B	Elestat (epinastine)	10/01/10
				B	Emadine	01/01/13
				G	epinastine	01/01/14
				B	Lastacaft	01/01/13
				B	Optivar	10/01/10
				B	Zaditor (ketotifen)	10/01/10
<b>Ophthalmic - Quinolones 4th generation</b>						
B	Vigamox	06/01/12		B	Besivance	06/01/12
B	Moxeza	01/01/13		B	Zymaxid	06/01/12
<b>Ophthalmic - Antibiotics</b>						
B	Ciloxan, drops	06/01/12		G	AK-POLY-BAC	01/01/13
G	ciprofloxacin	06/01/12		B	Azasite	06/01/12
G	erythromycin ointment	06/01/12		G	bacitracin	06/01/12
B	Garamycin oint.	06/01/12		G	bacitracin/polymyxin B	01/01/13
B	Gentak	01/01/13		B	Ciloxan ointment	06/01/13
G	gentamicin (drops, ointment)	06/01/12		B	Garamycin solution	06/01/12
B	Ilotycin	01/01/13		G	levofloxacin	06/01/12
G	neomycin/polymyxin/gramicidin	01/01/13		B	Natacyn	06/01/12
G	neomycin-polymyxn B/Gramicidin	06/01/12		G	neomycin/bacitracin/polymyxin	01/01/13
B	Neosporin solution	06/01/12		G	neomycin-polymyxin-HC Susp	01/01/13
G	polymyxin B/trimethoprim	06/01/12		B	Ocuflox	06/01/12
G	trimethoprim/polymyxin B	06/01/12		G	ofloxacin	06/01/12
				B	Polytrim	01/01/13
				G	polycin	01/01/13
				B	Tobrex drops	06/01/12
				G	tobramycin drops	01/01/13
				B	Tobrex ointment	01/01/13
<b>Ophthalmic - Prostaglandin</b>						
G	latanoprost	12/02/11		B	Lumigan	01/01/12
B	Rescula	01/01/14		G	travoprost	04/30/13
B	Travatan Z	01/01/12		B	Xalatan	12/02/11
B	Zioptan	04/18/13				

## Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date	
<b>Ophthalmic - Anti-Inflammatory Corticosteroid Agents</b>							
B	Alrex	06/01/12	*Bill J code	G	dexamethasone sodium	01/01/13	
B	FML Forte	06/01/12		B	Durezol	06/01/12	
B	Flarex	06/01/12		B	FML liquifilm, oint	01/01/13	
G	fluorometholone	06/01/12		B	Omnipred	06/01/12	
B	Lotemax	06/01/12		B	Osurdex*	06/01/12	
B	Maxidex	06/01/12		B	Pred Forte	01/01/13	
B	Pred Mild	06/01/12		B	Retisert*	06/01/12	
G	prednisolone acetate	06/01/12		B	Vexol	06/01/12	
<b>Ophthalmic - Anti-Inflammatory NSAID Agents</b>							
B	Acuvail	06/01/12			B	Acular, Acular LS	06/01/12
G	diclofenac sodium drops	06/01/12	B		Bromday	06/01/12	
G	flurbiprofen sodium	06/01/12	B		Bromfenac	01/01/13	
G	ketorolac tromethamine	06/01/12	B		Cystaran	01/01/14	
			G		fluorescerin/benoxinate	01/01/14	
			B		llevro	01/01/14	
			B		Nevanac	06/01/12	
			B		Ocufen	06/01/12	
			B		Prolensa	04/16/13	
<b>Ophthalmic Anti-Inflammatory Combination Agents</b>							
B	Blephamide S.O.P. ointment	06/01/12		B	Bleph-10	01/01/13	
B	Blephamide drops	06/01/12		B	Cortomycin	06/01/12	
B	Maxitrol	06/01/12		G	neomycin/bacitracin/polymyxin-HC	06/01/12	
G	neomycin/polymyxin/dexamethasone	06/01/12		G	neomycin-polymyxin-HC	06/01/12	
G	sulfacetamide sodium drops	01/01/13		B	Pred-G	01/01/13	
B	Tobradex (0.3/0.1% drops)	01/01/13		B	Pred-G S.O.P.	06/01/12	
G	trimethoprim/polymyxin B	06/01/12		G	sulfacetamide sodium ointment	01/01/13	
				B	Tobradex ointment	01/01/13	
				B	Tobradex ST (0.3/0.05% drops)	06/01/12	
				G	tobramycin-dexamethasone	06/01/12	
			B	Zylet	06/01/12		
<b>Opioid Narcotics</b>							
<b>Long Acting Opioid Narcotics</b>							
G	fentanyl patch 12-75mcg/HR***	02/01/10	Class quantity limits apply. **Cancer diagnosis only. ***Not PCN.  <a href="#">***Clinical PA required</a>	B	Avinza (brand & generic formulations)	09/28/09	
B	Kadian CR (morphine sulfate SR) 10, 20,30, 50, 60,80, 100mg	01/01/14		B	Dolophine (compared to methadone)	09/28/09	
G	methadone tabs, solution	09/28/09		B	Duragesic Patch	01/01/11	
B	Methadose, con	01/01/14		G	fentanyl patch 100mcg/HR**, ***	09/28/09	
G	morphine sulfate ER caps 30, 50, 60, 80, 100, 200mg	01/01/14		B	Kadian CR 40, 70, 130, 150, 200mg	01/01/14	
B	MS Contin (morphine sulfate ER tabs)	01/01/14		G	morphine sulfate ER caps (10, 20, 45, 75, 90, 120mg)	01/01/14	
B	Opana ER 5, 7.5, 10, 15	01/01/13		B	Nucynta ER****	09/28/09	
B	Ryzolt (compared to tramadol ER)	01/01/13		B	Opana ER, 20, 30, 40,	09/28/09	
G	tramadol SR 24HR 300mg	01/01/14		B	Oxycontin CR (oxycodone SR 12HR)	09/28/09	
B	Ultram ER (compared to tramadol ER)	01/01/13		G	oxymorphone ER	01/01/13	
				G	tramadol ER	01/01/13	
				B	Xartemis XR	03/26/14	
				B	Zohydro	01/01/14	
<b>Opioid Agonist Antagonist Combination for Substance Abuse</b>							
B	Suboxone	01/01/12	<a href="#">Clinical PA required</a> Quantity limits	G	buprenorphine/naltrexone	06/06/13	
B	Zubsolv	01/01/14		G	buprenorphine	01/01/12	

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 5/1/14.

Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<b>Osteoporosis Agents</b>				
<b>Osteoporosis Agents</b>				
G alendronate 5,10,35,70mg (tab, sol)	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) (tabs & inj*)	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 Miacalcin	01/01/14
			G pamidronate*	10/01/09
			B Prolia	01/01/14
			B Reclast*	10/01/09
			B Skelid	10/01/09
			G zolendronic*	04/15/13
			B Zometa*	10/01/09
<b>Otic Agents</b>				
<b>Otic Antibiotic</b>				
G Ofloxacin Soln 0.3%	10/01/13		G Ciprofloxacin HCl Otic Soln 0.2%	10/01/13
<b>Otic Corticosteroids</b>				
			G Fluocinonide oil 0.01%	10/01/13
<b>Otic Combinations</b>				
G acetic acid 2%	01/01/14		B Acetasol HC SOL 1-2%	10/01/13
G antipyrine-benzocaine otic soln	10/01/13		B Coly-Mycin sus	10/01/13
B AuroDex	10/01/13		G hydrocortisone-acetic acid 1-2%	10/01/13
B Cipro HC	10/01/13		B Myoxin Sus	10/01/13
B CiproDex sus 0.3-0.1%	01/01/14		B Otozin	01/01/14
B Cortisporin Sol 1%	10/01/13		B Pinnacaine drops 20%	10/01/13
B Cortisporin sus - TC	01/01/14			
G neomycin-polymyxin-HC soln 1%	10/01/13			
B Vosol HC 1-2%	10/01/13			
<b>Pancreatic Enzymes</b>				
<b>Pancreatic Enzymes</b>				
B Creon	08/01/11		B Pertzye	01/01/14
B Zenpep	08/01/11		B Pancreaze	01/01/12
			B Pancrelipase	08/01/11
			B Ultrase	08/01/11
			B Viokase	08/01/11
<b>Parkinson's Agents</b>				
<b>COMT Inhibitors &amp; Combinations</b>				
G amantadine capsules or tablets	06/01/13	*Not Ntrad or PCN	B Comtan	10/01/09
G carbidopa/levodopa	10/01/09		G carbidopa/levodopa ODT*	10/01/09
G carbidopa/levodopa ER	01/01/14		G entacapone	01/01/14
			B Parcopa	10/01/09

## Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
			G carbidopa-levodopa-entacapone	01/01/14
			B Sinemet, Sinemet CR	01/01/14
			B Stalevo	01/01/14
			B Tasmar (tolcapone)	10/01/09
<b>MAO Inhibitors</b>				
G selegiline	02/01/10		B Azilect	10/01/09
B Lodosyn	01/01/14		B Eldepryl	10/01/09
			B Zelapar	10/01/09
<b>Nonergot-Derived Dopamine Receptor Agonists</b>				
G pramipexole	12/02/11	*Not Ntrad or PCN	B Requip	10/01/09
G ropinirole	10/01/09		B Neupro Patch*	10/01/09
			B Requip XL	10/01/09
			B Mirapex, Mirapex ER	01/01/13
			G ropinerole ER	10/01/09
<b>Platelet Aggregation Inhibitors</b>				
<b>Platelet Aggregation Inhibitors</b>				
G clopidogrel 75mg <sup>2</sup>	06/01/12	<sup>1</sup> Indications: Used with warfarin to decrease thrombosis in patients after artificial heart valve replacement. <sup>2</sup> Indications: Reduces rate of atherothrombotic events in patients with recent MI, stroke, or peripheral arterial disease.	B Brilinta	01/01/13
B Persantine compare dipyrimadole <sup>1</sup>	06/01/12		G clopidogrel 300mg <sup>2</sup>	01/01/14
			B Effient (prasugrel)	06/01/12
			B Plavix 75mg <sup>2</sup>	01/01/13
			B Plavix 300mg <sup>2</sup>	06/01/12
			B Ticlid (ticlopidine)	06/01/12
<b>Platelet Aggregation Inhibitors-Miscellaneous, Combinations</b>				
B Aggrenox <sup>3</sup>	07/01/12	<sup>3</sup> Indications: Reduces risk of stroke in patients who have had transient ischemia or ischemic stroke due to thrombosis. <sup>4</sup> Indications: Treatment of thrombocytopenia associated with myeloproliferative disorders. <sup>5</sup> Indications: Treatment of thrombocytopenia associated with myeloproliferative disorders. <sup>6</sup> Indications: Treatment of intermittent claudication. <sup>7</sup> Indications: Symptomatic management of peripheral vascular disease. <sup>8</sup> Indications: Treatment of intermittent claudication.	B Agrylin compared to anagrelide <sup>4</sup>	07/01/12
G anagrelide <sup>5</sup>	07/01/12		G dipyrimadole	06/01/12
G cilostazol <sup>7</sup>	11/01/12		B Pletal <sup>7</sup>	01/01/13
G pentoxifylline <sup>6</sup>	07/01/12			
B Persantine compare dipyrimadole <sup>1</sup>	06/01/12			
B Trental <sup>8</sup>	07/01/12			
<b>Prenatal Vitamins</b>				
<b>Prenatal Vitamins Plus (Contains at least 600mcg of folic acid, 27mg of iron, and 200mg of DHA)</b>				
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 Vitafole-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

## Utah Medicaid Preferred Drug List

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date	
			B PR Natal 400, 430	10/01/13	
<b>Prenatal Vitamins Other</b>					
B Citranatal Tab	10/01/13	Not all non-preferred prenats 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 PNV Prenatal Plus	04/28/14		B Taron	10/01/13	
B Tricare Pre 27-1-500	10/01/13		B Zatean-PN	10/01/13	
B C-Nate DHA 28-1-200	10/01/13		B Vol-Plus	10/01/13	
B Prenatal Plus	10/01/13				
<b>Proton Pump Inhibitors</b>					
<b>Proton Pump Inhibitors</b>					
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.	G lansoprazole, suspension	01/01/13	
B Dexilant*	01/01/14		B Nexium capsules & susp	01/01/14	
G omeprazole capsules 20mg**	01/01/13		B omeprazole 10mg, 40mg, susp, tabs	01/01/13	
G pantoprazole*	01/01/13		G omeprazole OTC	01/01/13	
B Protonix susp. Packet*	01/01/13		B Prevacid (lansoprazole)	02/01/10	
			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	
			G rabeprazole	11/13/13	
			B Zegerid	01/01/14	
<b>Pulmonary Antihypertensives</b>					
<b>Pulmonary Antihypertensives-Endothelin Antagonists</b>					
B Letairis	01/01/12		B Opsumit	10/01/13	
B Tracleer	01/01/12				
<b>Pulmonary Antihypertensives-Phosphodiesterase-5 Enzyme Inhibitors</b>					
G sildenafil	09/01/13	*Tablet only for Ntrad/PCN	B Adcirca	01/01/14	
			B Revatio*	09/01/13	
<b>Pulmonary Antihypertensives-Prostacyclines</b>					
G epoprostenol inj*	06/01/12	*Traditional only.	B Flolan inj*	06/01/12	
			B Orenitram	04/02/14	
			B Remodulin inj*	06/01/12	
			B Tyvaso	06/01/12	
			B Veletri*	06/01/12	
			B Ventavis	01/01/14	
<b>Sedative Hypnotics</b>					

May 1, 2014 effective date

## Utah Medicaid Preferred Drug List

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Benzodiazepines</b>						
G	flurazepam	06/01/13	Class quantity limit of 30 per 30 days apply. Bill Medicare for Medicare part D dual eligibles	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	Helitoz	03/17/14
				B	Intermezzo	06/01/13
				B	Lunesta (eszopiclone)	04/28/14
				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</b>						
G	chlorzoxazone 500mg	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 5mg, 10mg	09/28/09		G	cyclobenzaprine 7.5mg	01/01/14
B	Skelaxin	04/01/12		B	cyclobenzaprine cream 20mg/gm	04/30/13
				B	Feximid	04/01/12
				B	Lorzone	01/01/14
				G	metaxalone	04/01/12
				G	methocarbamol	04/01/13
				G	orphenadrine	09/28/09
				B	Robaxin (methocarbamol)	01/01/13
			B	Soma 250mg & 350mg	01/01/14	
<b>Agents for Long Term Treatment</b>						
G	baclofen	09/28/09	*Quantity limits apply	B	Dantrium (dantrolene)	01/01/13
				G	tizanidine	09/28/09
				B	Zanaflex	09/28/09
<b>Combination Agents for Short Term Use</b>						
				G	carisoprodol/aspirin	09/28/09
				G	carisoprodol/aspirin/codeine	09/28/09
				G	Orphenadrine/aspirin/caffeine	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 5/1/14.

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Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
			B Therabenzaprine	01/01/14
<b>Smoking Deterrents</b>				
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O Nicorette	01/01/11	Class not Ntrad or PCN Bill Medicare for Medicare part D dual eligibles	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 Lozenges	01/01/14			
O Nicotine Gum	01/01/11			
O Nicotine Sys Kit	01/01/14			
O Nicotine Patch	01/01/11			
<b>Urinary Antispasmodics</b>				
<b>Long Acting Agents</b>				
B Gelnique	09/28/09	Behavior modification recommended prior to treatment *Not PCN or nontrad	B Detrol LA	02/01/10
G oxybutynin ER	02/01/10		B Ditropan XL (brand)	01/01/12
B Oxytrol OTC Patch*	01/01/14		B Enablex	01/01/14
B Sanctura XR	01/01/13		B Myrbetriq	05/09/13
B Toviaz	09/28/09		B Oxytrol RX Patch*	01/01/14
B Vesicare	09/28/09		G tolteradine ER	01/01/14
			G trospium chloride ER	10/01/13
<b>Short Acting Agents</b>				
G bethanechol 10mg, 25mg	01/01/14	Behavior modification recommended prior to treatment	G bethanechol 5mg, 50mg	01/01/14
G oxybutynin tablets, syrup	09/28/09		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 Urecholine	01/01/14