

Utah Medicaid Preferred Drug List

Effective September 15, 2015

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Acne Therapy				
Acne Therapy - Oral				
G claravis, 10, 20, 40	08/01/11	Class Age edit applies	B Absorica	01/01/14
G myorisan	01/01/14		G amnesteem	08/01/11
			G claravis 30 mg	01/01/14
			B Sotret	08/01/11
			B Zenatane	08/11/11
Acne-Topical Retinoids				
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 & Differin 0.3% gel	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
Acne-Topical Antibiotics & Combinations				
B Akne-mycin	01/01/13	<u>*Requires Clinical PA</u>	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 Clindap-T	02/04/15
			B Clindareach	08/01/11
			B Clinoin crm	01/01/15
			G erythromycin-benzoyl Peroxide	01/01/12
			B Onexton Gel	12/15/14
			B Triseon	02/04/15
		B Veltin	01/01/13	
Acne Therapy Topical - Miscellaneous				
B Azelex	01/01/14	Washes Not Covered ** For NP combination products, bill for preferred separate ingredient products.	B Aczone N.P.	04/01/12
B BP 10-1	01/01/13		B APOP	09/10/14
G benzoyl perox, 4-6%, gel, cr, lot	08/01/11		B Avar-ELS, E	01/01/14
B Epiduo	01/01/14		B Bencort	08/01/11
B Finacea	01/01/14		B Benzac AC	08/01/11
B Klaron	01/01/13		G benzepro	01/01/14
G sodium sulfacetamide, cr, liq	08/01/11		G clarifoam EF	01/01/13
G sodium sulfacetamide/Sulfer 10-5%	01/01/12		G clenia	01/01/13
G sulfacleanse 8-4%	01/01/13		B Dapsone	04/01/12
B Sumaxin TS	01/01/13		B Ovace	01/01/12
			B Plexion (crm, lot, sol)	03/26/14
			G prascion	01/01/14
			G rosanil	01/01/14

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			B Rosula 10-4.5%	02/19/15
			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 virti-sulf	01/01/14
Alzheimer's Cholinomimetics				
Alzheimer Agents - Oral				
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
G memantine 10mg tabs	08/01/15		G memantine 5mg tabs	8/1/2015
B Namenda 5mg, XR (tab or sol)	01/01/15		B Namzaric	4/15/2015
B Razadyne Sol	01/01/15		B Razadyne (galatamine), ER	09/28/09
			G rivastigmine	02/20/12
Alzheimer Agents - Topical				
B Exelon Patch	09/28/09	Not PCN or Ntrad	G rivastigmine patch	9/15/2015
Anaphylaxis Pen Agents				
Anaphylaxis Pen Agents				
B Epipen	01/01/15	72 Hour Emergency Supply Allowed	B Adrenaclick	01/01/15
B Epipen-JR	01/01/15		G epinephrine	01/01/15
B Auvi-Q	01/01/15			
Androgenic Agents				
Androgenic Agents-Topical				
B Androgel 1 %	06/01/12	Class requires PA *Not PCN or Ntrad	B Androderm (testosterone patch)*	01/01/13
B Testim	06/01/12		B Androgel 1.62%	01/01/15
			B Aveed	03/17/14
			B Axiron	01/01/13
			B Fortesta	06/01/12
			B Natesto gel 5.5mg*	03/16/15
			G Testosterone 1% (gel and pump)	06/24/14
			B Vogelxo	06/09/14
Androgenic Agents - Other				
B Depo-Testosterone 100mg/ml * compared to testosterone cypionate	06/01/12	Class requires PA *Not PCN or Ntrad **Bill S0189 code	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 Depo-Testosterone 200mg/ml *	01/01/15
			B Methitest	01/01/13
			G oxandrolone	01/01/13
			G testosterone cypionate*	01/01/13
			G testosterone enanthate*	06/01/12
			B Testopel**	01/01/15
			B Testred	01/01/13

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Antibiotics				
Antibiotics - Cephalosporins, 3rd Generation Oral				
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
Antibiotics - Quinolones				
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
Antibiotics - Aminoglycosides, Oral & Inhaled				
B Tobi neb	01/01/15		B Kitabis	01/01/15
B Bethkis neb	01/01/15		G tobramycin neb	01/01/15
B Tobi Podhaler cap	01/01/15			
G neomycin sulfate tab	01/01/15			
Antibiotics - Aminoglycosides Injectable				
G amikacin	01/01/15		G kanamycin	01/01/15
G gentamicin	01/01/15			
G streptomycin	01/01/15			
G tobramycin	01/01/15			
Anticoagulants				
Anticoagulants-Oral				
B Coumadin	01/01/14	*Requires Clinical PA	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 Savaysa	01/20/15
B Xarelto*	01/01/13		B Zontivity	05/30/14
Anticoagulants-Injectable				
B Fragmin	10/01/10	Class requires PA for non-traditional Injectables Not Covered PCN	B Arixtra (fondaparinux)	01/01/13
B Lovenox compared to enoxaparin	10/01/10		G enoxaparin sodium	01/01/13
Antidiabetic Agents				
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 Glyxambi	02/11/15
B Kombiglyze XR	01/01/14		B Kazano	03/01/13
			B Janumet XR	01/01/13
			B Jentadueto	04/30/12

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				B	Juvisync	01/01/14	
				B	Oseni	03/01/13	
GLP-1 Agonists							
B	Byetta	01/01/14	Class not PCN or NT Class requires Clinical PA	B	Bydureon	01/01/14	
B	Victoza	01/01/14		B	Tanzeum	6/9/2014	
				B	Trulicity	10/8/2014	
Antidiabetic - Sulfonylurea Agents							
B	Diabeta	07/01/14		B	Amaryl compared to glimepiride	07/01/14	
G	glimepiride	07/01/14		B/G	Chlorpropam (chlorpropamide)	07/01/14	
G	glipizide	07/01/14		B	Glucotrol compared to glipizide	07/01/14	
G	glyburide	07/01/14		B	Glynase compared to glyburide mic	07/01/14	
				G	tolazamide	07/01/14	
				G	tolbutamide	07/01/14	
Antidiabetic - Sulfonylurea Combination Agents							
G	glyburide/metformin	07/01/14		B	Glucovance compared to glyburide/metformin	07/01/14	
				B/G	Metaglip (glipizide/metformin)	07/01/14	
Antiemetics (5 HT-3 Antagonists, Neurokinin-1 Antagonists)							
Antiemetics (5 HT-3 Antagonists, Neurokinin-1 Antagoinsits)							
G	ondansetron tabs	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	
G	ondansetron inj*	01/01/13		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	
Antiemetics-Anticholinergics							
G	trimethobenzamide inj**	01/01/15	*Take 2 of 12.5 ** Not covered NT & PCN	G	trimethobenzamide caps	01/01/15	
G	compazine sup	01/01/15		B	Cesamet	01/01/15	
G	meclizine 12.5mg tabs	01/01/15		B	Compazine tab	01/01/15	
G	prochlorperazine tab	01/01/15		B	Compro sup	01/01/15	
G	promethazine inj**	01/01/15		B	Diclegis	01/01/15	
G	promethazine tab, syp, sup	01/01/15		G	dimenhydrinate inj**, tabs	01/01/15	
G	promethazine sup**	01/01/15		G	meclizine 25mg tabs*	01/01/15	
B	Tigan caps compared to trimethobenzamide	01/01/15		G	phenadoz	01/01/15	
B	Transderm-SC dis**	01/01/15		B	Phenergan compared to promethazine	01/01/15	
				G	prochlorperazine sup, inj **	01/01/15	
				B	Tigan inj**	01/01/15	
Antifungals							

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Antifungals (Oral)				
B Ancobon	01/01/14	*Requires Clinical PA	B Cresemba	04/01/15
G clotrimazole tablets	10/01/11		B Diflucan	01/01/13
G fluconazole tablets, suspension	10/01/11		B Grifulvin V tablets	10/01/11
G flucytosine	01/01/13		G griseofulvin tablets	10/01/11
G griseofulvin suspension	01/01/13		B Gris-PEG tablets	10/01/11
G ketoconazole tablets	01/15/12		G itraconazole	04/01/13
G nystatin tablets, suspension	10/01/11		B Lamisil*	10/01/11
G terbinafine* compared to Lamisil	10/01/11		B Noxafil	10/01/11
G Voriconazole tablets	10/01/15		G nystatin oral powder	01/01/13
			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	
Antifungals (Topical)				
G clotrimazole solution	10/01/11	Class not OTC	B Ciclodan	01/01/13
B Ertaczo	01/01/14	*Requires Clinical PA **Not Covered NonTrad/PCN	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
B Naftin (1% cream & gel)	01/01/13		B CNL 8 Nail Kit	10/01/11
G nystatin (oint, crm)	10/01/11		B Desenex cream	10/01/11
B Nystop powder	10/01/11		G econazole nitrate (cream)	04/01/13
B PEDIADERM AF Complete	01/01/13		B Exelderm	01/01/13
G pedi-dry	10/01/11		B Extina	10/01/11
			B Fungoid tincture	01/01/13
			G Gentian Violet sol	06/01/13
		B Jubla	09/15/14	
		B Kerydin sol	09/15/14	
		G ketoconazole (foam, gel)	01/01/13	
		B Ketodan Kit	01/01/13	
		B Lamisil	10/01/11	
		O Lotrimin Ultra (butenafine crm 1%)	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	
		G nyamyc	10/01/11	
		G nystatin powder	01/01/15	
		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	

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			B Vusion	10/01/11
			B Xolegel*	10/01/11
Antifungals (Vaginal)				
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
			B Zazole	10/01/11
			G Metronidazole Vaginal Gel 1.3%	03/06/15
Antifungal - Topical Combinations				
G nystatin/triamcinolone (ointment)	01/01/14		B Lotrisone (cream & lotion)	01/01/13
			B clotrimazole/betamethasone (crm & lotion)	01/01/13
			G dermazene cream	01/01/14
			G nystatin/trimacinolone (cream)	01/01/13
			B Vusion ointment	01/01/14
Antihistamines				
Antihistamines 1st Generation				
G Aller-Chlor Syp	07/01/14	*Not covered Ntrad, PCN	B/G Aldexan (doxylamine succinate) chew*	07/01/14
G cyproheptadine	07/01/14		B Atarax	07/01/14
B/G diphenhydramine, except oral strip	07/01/14		B/G carbinoxamine maleate	07/01/14
G ED-Chlortan	07/01/14		G chlorpheniramine, CR, liq	07/01/14
B Hydroxyzine HCL, pamoate	07/01/14		B ED Chlorped liq	07/01/14
			B/G Tavist (clemastine fumarate)	07/01/14
			B Triaminic oral strip*	07/01/14
			B Vanahist	07/01/14
			B Vistaril	07/01/14
Antihistamines 2nd Generation				
G cetirizine HCL tabs, soln	07/01/14	* Chewable tabs not covered Ntrad and PCN	G cetirizine HCL chew tab*, syp, sol	07/01/14
B Claritin tabs, syp	07/01/14		B/G Clarinex (desloratadin)	07/01/14
G loratadine tablets, syrup	07/01/14		B Claritin Caps, chew tab*	07/01/14
			G fexofenadine	07/01/14
			B/G Xyzal (levocetirizine)	07/01/14
			B Zyrtec	07/01/14
Antihistamine (Nasal) Agents				
B Astepro	01/01/15		B Astelin	01/01/15
B Patanase	10/01/10		G azelastine HCL	10/01/10
			B Dymista	09/04/14

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Antihyperlipidemic Agents					
Fibric Acid & Miscellaneous Derivatives					
B Antara	01/01/12		G fenofibric (35, 45, 105, 135mg)	09/28/09	
G gemfibrozil	09/28/09		G fenofibrate (48, 50, 54, 67, 130, 134mg, 145, 150, 160, 200mg)	09/28/09	
B Lovaza	01/01/12		G fenoglide	07/01/15	
B Niaspan	09/28/09		B Fibricor (fenofibric acid)	01/01/13	
B Niacor	01/01/14		B Lipofen (fenofibrate)	05/14/14	
B Tricor	09/28/09		B Lofibra (fenofibrate)	09/28/09	
B Triglide (fenofibrate)	01/01/14		B Lopid	01/01/13	
B Trilipix	09/28/09				
B Zetia	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 Lipitor	11/01/12	
B Crestor	01/01/14		B Zocor*	01/01/13	
G simvastatin compared to Zocor*	09/28/09				
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	09/28/09		B Livalo compared to pitavastatin	01/01/13	
			B Mevacor compared to lovastatin	01/01/13	
			B Pravachol compared to pravastatin	01/01/13	
Cholesterol-Lowering Combinations					
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	
Antihypertensive Agents					
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	
Antihypertensive Agents - Angiotensin Converting Enzyme (ACE) Inhibitors					
G benazepril compared to Lotensin	09/28/09		B Accupril compared to quinapril	09/28/09	
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 Univasco compare to moexipril	01/01/13		B Zestril	09/28/09	
Antihypertensive Agents - 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 HCT	09/28/09
G enalapril/HCTZ	09/28/09			G moexipril/HCTZ	01/01/13

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G	fosinopril/HCTZ	09/28/09		B	Prestalia	08/01/15
G	lisinopril/HCTZ	09/28/09		B	Prinzide	09/28/09
G	quinapril/HCTZ	09/28/09		B	Vaseretic	09/28/09
B	Uniretic compared to moexipril/HCT	01/01/13		B	Zestoretic	09/28/09
Antihypertensive Agents - Angiotensin Receptor Blockers (ARBs)						
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	telmisartan	01/01/14
B	Micardis	01/01/12		B	Teveten (eprosartan)	09/28/09
				G	valsartan (compare Diovan)	09/28/09
Antihypertensive Agents - Angiotensin Receptor Blocker (ARB) + Thiazide Combinations						
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	Telmisartan/HCTZ	01/01/14
				B	Teveten HCT	09/28/09
				G	valsartan HCT compare Diovan HCT	09/28/09
Antihypertensive Agents - Angiotensin Receptor Blocker (ARB) + Calcium Channel Blocker Combinations						
B	Azor	01/01/14		B	Twynsta	01/01/12
B	Exforge compared to amlod/valsar	09/28/09		G	amlodipine/valsartan	10/08/14
B	Exforge HCT	09/28/09				
B	Tribenzor	01/01/14				
Antihypertensive Agents - Beta-Adrenergic Blocking Agents - Cardio Selective						
G	atenolol compared to Tenormin	09/28/09		G	acebutolol compared to Sactal	01/01/13
G	metoprolol tartrate	01/01/13		G	betaxolol	01/01/14
B	Sactal 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
Antihypertensive Agents - Beta-Adrenergic Blocking Agents - Cardio Nonselective						
B	Levatol	09/28/09		B	Betapace compared to sotalol	09/28/09
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	Hemangeol sol	05/07/14
G	propranolol (10, 20, 40, 80mg) tablets and solution	04/01/13		B	Innopran XL	09/28/09
G	sorine	01/01/14		G	propranolol 60mg	04/01/13

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G	sotalol HCL	01/01/14		G	propranolol SR, ER (compare to Inderal LA)	01/01/14
G	timolol	09/28/09		B	Sotylize Solution	02/19/15
Antihypertensive Agents - Beta-Adrenergic Blocking Agent Combinations						
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
Antihypertensive Agents - Calcium Channel Blocking Agents						
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				
Antihypertensive Agents - Direct Renin Inhibitors/Combinations						
B	Amturnide	01/01/14				
B	Tekamlo	01/01/12				
B	Tekturna, HCT	09/28/09				
Antiprotozoal & Amebicide Anti-infective Agents						
Antiprotozoal & Amebicide Anti-infective Agents						
B	Flagyl 375mg cap	01/01/15		G	paromomycin	01/01/15
G	metronidazol 250mg, 500mg tabs	01/01/15		G	metronidazole 375mg cap	01/01/15
B	Tindamax compared to tinidazole	01/01/15		B	Flagyl 250mg, 500mg tabs	01/01/15
B	Alinia sus	01/01/15		B	Flagyl ER tab	01/01/15
				B	Pentam	01/01/15
				B	Nebupent	01/01/15
				B	Alinia tab	01/01/15

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			G tinidazole compared to Tindamax	01/01/15
Antivirals				
Anti-Influenza Oral Agents				
G amantadine capsules or tablets	01/01/14		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
Herpes Simplex, Varicella Zoster, & Cytomegalovirus Oral Agents				
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
Topical & Combination Agents				
B Lidovir	06/01/13	*Requires Clinical PA and limited to one treatment per lifetime	B Denavir	01/01/14
B Zovirax cream	06/01/13		B Sitavig	08/14/14
			B Xerese	06/01/13
			B Zovirax (acyclovir) ointment*	01/01/14
Appetite Stimulants				
Appetite Stimulants				
G megestrol	01/01/15		B Megace sus	01/01/15
			BG Marinol (dronabinol)	01/01/15
Asthma & COPD Medications				
Asthma Medications - Beta Agonists (Long Acting) – Solutions for Nebulizer				
B Brovana	09/28/09			
B Perforomist	09/28/09			
Asthma Medications - Beta Agonists (Long Acting) – Metered Dose Inhalers				
B Serevent Diskus	09/28/09		B Foradil	09/28/09
			B Striverdi	04/30/15
Asthma Medications - 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			
Asthma Medications - Beta Agonists (Short Acting) – Metered Dose Inhalers				
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			
Asthma Medications - LABA Inhalers / Combination				
B Advair Diskus, HFA	09/28/09		B Anoro Ellipta	01/01/14
B Dulera	05/23/11			

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B	Symbicort	01/01/13				
Asthma Medications - Corticosteroids – Metered Dose Inhalers						
B	Asmanex	01/01/14		B	Alvesco	01/01/14
B	Flovent Discus, HFA	06/28/11		B	Aerospan	09/05/14
B	Pulmicort Flexhaler	01/01/13		B	Arnuity Ellipta	01/01/15
B	Qvar	09/28/09		B	Asmanex 220	01/01/15
Asthma Medications - 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
Asthma Medications - 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
Asthma Medications - 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				
Asthma Medications - Bronchodilator (Inhaled Anticholinergics)						
B	Atrovent, HFA (ipratropium)	01/01/11	Dosage limit	B	Tudorza Pressair	01/01/13
B	Spiriva	01/01/11		B	Incruse Ellipta	01/01/15
G	ipratropium	4/1/2012				
Asthma Medications - Bronchodilator Beta Agonist Combinations						
G	ipratropium/albuterol	01/01/14		B	Combivent, Respimat	04/01/13
				B	Breo Ellipta	01/01/14
Asthma Medications - Selective Phosphodiesterase 4 Inhibitors						
B	Daliresp	01/01/14				
Benign Prostatic Hyperplasia (BPH)						
Benign Prostatic Hyperplasia (BPH)						
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
Bile Acid Sequestrant Agents						
Bile Acid Sequestrant Agents						
G	Cholestyramine	01/01/15		B	Questran	01/01/15
G	Colestipol	01/01/15		B	Welchol	01/01/15
				B	Colestid	01/01/15
Contraceptives						
Contraceptives - Low Dose and Mono-phasic						
G	altavera	01/01/12		G	balziva	01/01/13

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G	alyacen 1/35	01/01/13		B	Beyaz	01/01/13
G	apri	01/01/14		G	briellyn	01/01/13
G	aubra	05/05/15		G	briellyn	01/01/13
G	aviane	10/01/11		G	Cyred	09/15/15
B	Brevicon	01/01/13		B	Generess FE	10/01/11
G	chateal	01/01/14		G	gianvi	01/01/13
G	cryselle-28	10/01/11		G	gildess 1.5/30	10/01/11
G	cyclafem 1/35	01/01/13		G	gildess FE 1.5/30	10/01/11
G	dasetta 1/35	01/01/13		G	gildagia	01/01/14
G	delyla	07/21/14		G	junel 1/20, 1.5/30	10/01/11
B	Desogen	01/01/12		G	junel FE 1.5/30	01/01/14
G	elinest	04/30/13		G	larin 1/20	03/26/14
G	emoquette	01/01/14		G	larin 1.5/30	07/21/14
G	enskyce	01/01/14		B	Lo Minastrin	01/01/14
G	estarylla	01/01/14		G	loryna	10/01/11
G	falmina	01/01/13		B	Minastrin 24 FE	01/01/14
B	Femcon FE	10/01/11		G	microgestin 1/20, 1.5/30	01/01/12
G	gildess FE 1/20	01/01/14		G	nikki	08/04/14
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
G	lutera	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-lynyah	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	reclipsen	01/01/14				
G	sprintec	10/01/11				
G	sronyx	10/01/11				

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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					
Contraceptives - Bi-phasic							
B	Mircette	01/01/12		G	azurette	01/01/13	
G	necon 10/11-28	01/01/12		G	kariva	01/01/12	
				B	Lo Loestrin FE	01/01/12	
				G	viorele	01/01/13	
Contraceptives - Tri-phasic/Multi-phasic							
G	alyacen 7/7/7	01/01/13		G	aranelle	10/01/11	
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-estaryll	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					
G	trivora-28	10/01/11					
Contraceptives - Progestin Only							
G	camila	01/01/14		*Bill J7307 **Bill J7301 ***Requires a clinical PA for Non-Traditional and PCN plans	G	Deblitane	09/10/14
B	Depo-Provera***	10/01/11	B		Depo-SUBQ Provera***	10/01/11	
G	errin	01/01/14	G		heather	01/01/14	
G	jolivette	01/01/14	B		Implanon*	10/01/11	
G	medroxyprogesterone***	10/01/11	G		jencycla	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	G		norlyroc	07/21/14	
B	Ortho Miconor	01/01/13	G		Sharobel	09/10/14	
G	lyza	05/05/14	B		Skyla**	04/01/13	
			B		Norlyroc	08/15/14	
Contraceptives - Emergency							
B	Ella 30mg	10/01/11			G	Aftera	03/02/15
G	levonorgestrel 0.75mg	01/01/13			G	Econtra EZ	03/01/15

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B	Plan B One-Step 1.5mg	10/01/11		G	My Way	08/20/14
G	Take Action 1.5mg	05/14/14		B	Next Choice One Dose 1.5mg	01/01/13
				B	Plan B 0.75mg	04/01/13
Contraceptive - Patch						
B	Ortho Evra*	01/01/13	*Not Ntrad or PCN	G	Xulane	04/30/13
Contraceptive - Vaginal						
B	Nuvaring*	01/01/13	*Not Ntrad or PCN			
Contraceptives - Extended Cycle						
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
Corticosteroids (Topical)						
Corticosteroids - Topical - Very Potent						
G	betamethasone dip 0.05% aug crm, lotn	10/01/13	*Clinical PA required	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, foam*	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	
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 0.1% oint	10/01/13		G	desoximetasone 0.25% crm, oint	10/01/13
				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
Corticosteroids - Topical - Midstrength						
G	betamethasone val. 0.1% crm, foam, ointment	10/01/13	*Clinical PA required	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

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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		BG	Dermatop (prednicarbate)	01/01/15	
G	triamcinolone 0.1% oint, crm, lotn	10/01/13					
B	Westcort 0.2% oint	10/01/13					
Corticosteroids - Topical - Mild strength							
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, oil	10/01/13	
G	desonide 0.05% crm, lot, oint	10/01/13		G	hydrocortisone but 0.1% cream	10/01/13	
G	hydrocortisone But 0.1% sol, oint	10/01/13		B	Pediaderm HC kit	10/01/13	
G	hydrocortisone 0.5% crm, oint	10/01/13		B	Texacort 2.5% sol	10/01/13	
G	hydrocortisone 1% crm, lot, oint	10/01/13		B	Trianex 0.05% oint	10/01/13	
G	hydrocortisone 2.5% crm, lot, oint	10/01/13		B	Verdeso Aero 0.05% foam	10/01/13	
G	triamcinolone 0.025% oint, lot, crm	10/01/13		G	triamcinolone 0.05%	03/01/15	
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		
Erythropoiesis Stimulating Agents (ESAs)							
Erythropoiesis Stimulating Agents (ESAs)							
B	Epogen 1000mg/ml	07/01/14		B	Aranesp	07/01/14	
B	Procrit, except for 1000mg/ml & 400	07/01/14		B	Epogen, except 1000mg/ml	07/01/14	
				B	Procrit 1000mg/ml & 4000mg/ml	07/01/14	
Estrogens							
Estrogens (Oral)							
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					
B	Menest	10/01/11					
Estrogens (Combinations)							
B	Activella	01/01/13		B	Angeliq	10/01/11	
B	Femhrt	01/01/14		B	Climara Pro	10/01/11	

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Utah Medicaid Preferred Drug List

Effective September 15, 2015

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
B	Prempro	10/01/11		G	estradiol-norethindrone	10/01/11
				B	Jevantique	10/01/11
				B	Jinteli	10/01/11
				G	mimvey, mimvey lo	10/01/11
				B	Prefest	10/01/11
				B	Premphase	10/01/11
Estrogens (Topical & Miscellaneous)						
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
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
GI-H2-Antagonists						
H2 Antagonists						
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 Zantac	06/01/13		B	Zantac (ranitidine)	06/01/13
Growth Hormones						
Growth Hormones						
B	Genotropin	10/01/10	Class requires Clinical PA Class not Ntrad and PCN	B	Humatrope	01/01/15
B	Norditropin	01/01/14		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						
Hepatitis C-nterferons						
B	Pegasys	10/01/09	Class requires Clinical PA 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
Hepatitis C-Nucleoside Analogues						
B	Rebetol solution	01/01/14		B	Copegus	07/01/12

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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				
Hepatitis C-Protease/Polymerase Inhibitors						
B	Victrelis	06/01/12	* Requires Clinical PA			
B	Olysio*	03/13/14				
B	Sovaldi*	03/13/14				
Hepatitis C-Combination Products						
B	Harvoni*	01/01/15	* Requires Clinical PA			
Immunomodulators						
Immunomodulators						
B	Enbrel*	02/01/10	*Injectables not PCN * Requires Clinical PA **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	Xeljanz	09/15/14	
Immunotherapy						
Ragweed Immunotherapy						
B	Ragwitek*	01/01/15	* Requires Clinical PA			
Grass Pollen Immunotherapy						
B	Grastek*	01/01/15	* Requires Clinical PA			
Inflammatory Bowel Agents						
Inflammatory Bowel Oral Agents						
B	Apriso	01/01/15		B	Asacol, HD	01/01/15
G	balsalazide compared to Colazal	07/01/14		B	Azulfidine compare sulfasalazine	07/01/14
B	Lialda	07/01/14		B	Colazal	07/01/14
B	Pentasa 250mg CR	01/01/15		B	Delzicol	01/01/15
G	sulfasalazine	07/01/14		B	Dipentum	07/01/14
				B	Giazo	07/01/14
				B	Pentasa 500mg CR	01/01/15
Inflammatory Bowel Rectal Agents						
B	Canasa sup	07/01/14		G	mesalamine kit	07/01/14
G	mesalamine enema	07/01/14		B	Rowasa kit	07/01/14
				B	Sfrowasa enema	07/01/14
Insulins						
Rapid Acting Insulins						
B	Humalog	09/28/09	All pens require Clinical PA ClassQuantity limits	B	Apidra	09/28/09
B	Humulin-R	09/28/09				

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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			
B	Novolin-N	02/01/10	Class Quantity limits			
Long Acting						
B	Lantus	09/28/09	All pens require Clinical PA	B	Lantus Solostar	09/28/09
B	Levemir	09/28/09	Class Quantity limits	G	Toujeo Solostar	03/09/15
Insulin Mixtures						
O	Humalog 50/50	09/28/09	All pens require Clinical PA 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				
Migraine Agents						
Migraine Agents						
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
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, except for 40mg*	09/28/09	**Clinical PA required	B	Aubagio	01/01/13
B	Extavia	01/01/15		B	Betaseron*	01/01/13
				B	Copaxone 40mg	05/30/14
				G	Glatopa	07/01/15
				B	Gilenya	01/01/13
				B	Rebif*	01/01/15
				B	Tecfidera	01/01/14
				B	Tysabri	01/01/13
Non-Steroidal Anti-Inflammatory Drugs						
Non-Steroidal Anti-Inflammatory Drug - Cox-2 Inhibitors						

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Utah Medicaid Preferred Drug List

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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
G	Celecoxib	09/15/15		B	Celebrex	09/15/15
Non-Selective Non-Steroidal Anti-Inflammatory Drugs						
B	Advil	09/28/09	*Not Ntrad or PCN. **NC OTC. ***NC PCN or tradNH	B	Anaprox, DS	09/28/09
G	diclofenac potassium	07/01/12		B	Cataflam	01/01/13
G	diclofenac sodium DR 50mg, 75mg	01/01/12		B	Daypro compared to 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	diclofenac sodium solution 1.5%	05/30/14
G	flurbiprofen 50mg, 100mg	01/01/12		B	Dyloject inj	08/12/15
G	ibuprofen	09/28/09		G	EC-Naprosyn	01/01/14
B	Indocin Susp 25MG/5ML	01/01/12		G	etodolac 300mg, 400mg ER, 500mg ER, 600mg ER	05/30/14
G	indomethacin 25mg, 50mg	01/01/12		B	Feldene (piroxicam)	01/01/13
G	ketoprofen Caps	01/01/12		G	fenoprofen 600mg	01/01/13
G	ketorolac injectable*	09/28/09		B	Flector Patch*	04/01/12
G	ketorolac tabs	09/28/09		G	ibuprofen cream 10%	04/30/13
G	meloxicam tablets	09/28/09		G	indomethacin CR 75mg	01/01/12
B	Mobic suspension	01/01/13		G	ketoprofen ER	01/01/12
G	nabumetone	09/28/09		G	ketorolac inj 30mg/ml*	09/28/09
B	Naprelan SR 24HR 375	01/01/13		G	meclofenamate	01/01/13
B	Naprosyn susp 125MG/5ML	01/01/12		G	mefenamic acid	01/01/13
B	Naproxen tabs, EC, susp 125MG/5ML	09/28/09		B	Mobic tabs	01/01/13
G	naproxen sodium	09/28/09		G	meloxicam suspension	01/01/13
G	oxaprozin	01/01/12		B	Naprelan SR 24HR 500, 750mg	01/01/13
G	sulindac	01/01/12	G	naproxen sodium OTC**	09/28/09	
B	Voltaren Gel	04/01/12	B	Nalfon	01/01/12	
				G	oxaprozin	01/01/14
				B	Pennsaid	04/01/12
				G	piroxicam	01/01/13
				B	Ponstel	01/01/13
				B	Prastera	05/15/15
				B	Rexaphenac cre 1%	10/20/14
				B	Solaraze gel	01/01/14
				G	sprix nasal spray*	09/28/09
				B	Tivorbex	05/13/15
				B	Tolmetin	01/01/13
				B/G	Voltaren-XR	01/01/14
				G	diclofenac gel	01/01/15
				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

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			B Zetonna	01/01/14
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 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	*Clinical PA required		
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 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			
Ophthalmics				
Ophthalmic - Alpha Adrenergics & Combination				
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	06/30/14			
Ophthalmic - Antihistamines				
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

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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	Pazeo (olopatadine)	02/24/15
				B	Zaditor (ketotifen)	10/01/10
Ophthalmic - Quinolones 4th generation						
B	Vigamox	06/01/12		B	Besivance	06/01/12
B	Moxeza	01/01/13		B	Zymaxid	06/01/12
Ophthalmic - Antibiotics						
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/gram	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
Ophthalmic - Prostaglandin						
G	Iatanoprost	12/02/11		G	bimatoprost	05/06/15
B	Rescula	01/01/14		B	Lumigan	01/01/12
B	Travatan Z	01/01/12		G	travoprost	04/30/13
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	Lotemax (ointment, gel)	06/01/12
B	Lotemax (drops)	06/01/12		B	Omnipred	06/01/12
B	Maxidex	06/01/12		B	Osurdex*	06/01/12
B	Pred Mild	06/01/12		G	Prednisolone Sod Phosphate 1%	06/01/12
G	prednisolone acetate	06/01/12		B	Pred Forte	01/01/13
				B	Retisert*	06/01/12
				B	Vexol	06/01/12
Ophthalmic - Anti-Inflammatory NSAID Agents						
B	Acuvail	06/01/12		B	Acular, Acular LS	06/01/12

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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	Ilevro	01/01/14	
				B	Nevanac	06/01/12	
				B	Ocufen	06/01/12	
			B	Prolensa	04/16/13		
Ophthalmic Anti-Inflammatory Combination Agents							
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	
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 (brand & generic formulations)	09/28/09	
B	Kadian CR (morphine suplfate SR) 10, 20,30, 50, 60,80, 100mg	01/01/14		B	Butrans****	10/30/14	
G	methadone tabs, solution	09/28/09		B	Conzip ER (compare tramadol ER)	08/18/14	
B	Methadose, con	01/01/14		B	Dolophine (compared to methadone)	09/28/09	
G	morphine sulfate ER tabs 30, 50, 60, 80, 100, 200mg	01/01/14		B	Duragesic Patch	01/01/11	
B	MS Contin (morphine sulfate ER tabs)	01/01/14		B	Embeda	01/20/15	
B	Opana ER 5, 7.5, 10, 15	01/01/13		B	Exalgo ER	05/28/14	
B	Ryzolt (compared to tramadol ER)	01/01/13		G	fentanyl patch 37.5, 62.5, 87.5, 100mcg/HR**, ***	09/28/09	
G	tramadol SR 24HR 300mg	01/01/14		G	hydromorphone ER	01/01/15	
B	Ultram ER (compared to tramadol ER)	01/01/13		B	Hysingla ER	12/15/14	
				B	Kadian CR 40, 70, 130, 150, 200mg	01/01/14	
				G	morphine slufate ER caps (10, 20, 45, 75, 90, 120mg)	01/01/14	
				B	Nucynta ER****	09/28/09	
				B	Opana ER, 20, 30, 40,	09/28/09	
				B	Oxycontin CR (oxycodone SR 12HR)	09/28/09	
				G	oxymorphone ER	01/01/13	
				G	tramadol ER	01/01/13	
			B	Xartemis XR	03/26/14		
			B	Zohydro ER	01/01/14		

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Utah Medicaid Preferred Drug List

Effective September 15, 2015

	Preferred Drugs	Date	Comments	Non Preferred Drugs	Date	
Opioid Agonist Antagonist Combination for Substance Abuse						
B	Suboxone	01/01/12	Clinical PA required Quantity limits	G	buprenorphine/naloxone	01/01/15
B	Zubsolv	01/01/14		B	Bunavail	01/01/15
Short Acting Opioid Narcotics						
G	codeine tab, sol	01/01/15	Class quantity limits apply. *Not covered Ntrad or PCN **Cancer diagnosis only. ***Not PCN. ****Clinical PA required	B	Abstral*	01/01/15
B	Fentora	01/01/15		B	Demerol compared to meperidine*	01/01/15
B	Actiq***	01/01/15		B	Dilaudid compared to hydromorphone*	01/01/15
G	hydromorphone compared to Dilaudid	01/01/15		G	fentanyl loz***	01/01/15
B	Dilaudid liq	01/01/15		B	Lazanda*	01/01/15
G	meperidine tab, sol	01/01/15		G	levorphanol	01/01/15
G	morphine tab, sol	01/01/15		G	meperitab	01/01/15
G	oxycodone tab, sol, con	01/01/15		G	morphine sup*	01/01/15
B	Opana	01/01/15		B	Nucynta	01/01/15
G	Tramadol	01/01/15		B	Oxaydo	10/01/15
				B	Oxecta	01/01/15
				G	oxymorphone	01/01/15
				B	Rybix ODT*	01/01/15
				B	Subsys*	01/01/15
			B	Ultram	01/01/15	
Osteoporosis Agents						
Osteoporosis Agents						
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	risedronate sodium 150 MG	06/24/14
				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
Otic Agents						
Otic Antibiotic						
G	Ofloxacin Soln 0.3%	10/01/13		G	Ciprofloxacin HCl Otic Soln 0.2%	10/01/13

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Utah Medicaid Preferred Drug List

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Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Otic Corticosteroids				
			G Fluocinonide oil 0.01%	10/01/13
Otic Combinations				
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			
Pancreatic Enzymes				
Pancreatic Enzymes				
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
Parathyroid Agents				
Parathyroid Agents				
B Rocaltrol compared to calcitriol	01/01/15		G calcitriol	01/01/15
B Hectorol compared to doxercalcif	01/01/15		G doxercalcif	01/01/15
BG Drisdol (vitamin D)	01/01/15		B Hectorol 4mcg/2ml inj	01/01/15
	01/01/15		BG Zemplar (paricalcitol)	01/01/15
Parkinson's Agents				
COMT Inhibitors & Combinations				
G amantadine caps or tabs	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
			B Duopa	02/11/15
G carbidopa/levodopa ER	01/01/14		G entacapone	01/01/14
			B Northera	08/15/14
			B Parcopa	10/01/09
			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
MAO Inhibitors				
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
Nonergot-Derived Dopamine Receptor Agonists				
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

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Utah Medicaid Preferred Drug List

Effective September 15, 2015

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
			B Requip XL	10/01/09
			B Mirapex, Mirapex ER	01/01/13
			G ropinerole ER	10/01/09
Pediculoside Agents				
Peduculoside Agents				
B Eurax	01/01/15		B Elimate	01/01/15
G lindane	01/01/15		G malathion	01/01/15
B Natroba	01/01/15		B Ovide	01/01/15
G permethrin	01/01/15		G Spinosad	01/01/15
B Sklice	01/01/15			01/01/15
G SM Lice	01/01/15			01/01/15
B Ulesfia	01/01/15			01/01/15
Phosphate Binding Agents				
Phosphate Binding Agents				
G calcium acetate cap	07/01/14		G calcium acetate tab	07/01/14
B Eliphos	07/01/14		B Fosrenol	07/01/14
B Renagel	07/01/14		B Velphoro	07/01/14
B Phoslyra soln	07/01/14		B Renvela	07/01/14
Platelet Aggregation Inhibitors				
Platelet Aggregation Inhibitors				
G clopidogrel 75mg 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
B Persantine compare dipyrimadole ¹	06/01/12		G clopidogrel 300mg ²	01/01/14
			B Effient (prasugrel)	06/01/12
			B Plavix 75mg ²	01/01/13
			B Plavix 300mg ²	06/01/12
			B 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		G dipyrimadole	06/01/12
G cilostazol ⁷	11/01/12		B Pletal ⁷	01/01/13
G pentoxifylline ⁶	07/01/12			
B Persantine compare dipyrimadole ¹	06/01/12			
B Trental ⁸	07/01/12			
Prenatal Vitamins				
Prenatal Vitamins				
B Citranatal Cap Harmony*	01/01/15	* Indicates products that may have at least 600 mcg of folic acid, and 27mg of iron (or the absorption equivalent), and	B Active Ob Cap*	01/01/15
B Citranatal Mis 90 DHA*	01/01/15		B Bal-Care DHA Mis Esntial*	07/01/14

Utah Medicaid Preferred Drug List

Effective September 15, 2015

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
B	Citranatal Pak Assure*	01/01/15	200mg of DHA. **Indicates products that may have ingredients above the Tolerable Upper Intake Levels for Vitamins as listed by the Food & Nutrition Board, Institute of Medicine, National Academies	B	Bal-Care Mis DHA*	07/01/14
B	Citranatal Pak DHA*	01/01/15		B	Calcium Pnv Cap*	01/01/15
B	O-Cal Tab Prenatal	01/01/15		B	Choice-Ob+Pak DHA*	07/01/14
B	Prenate Cap Enhance*	01/01/15		B	Citranatal Mis B-Calm	01/01/15
B	Prenate Cap Restore*	01/01/15		B	Citranatal Tab Rx	01/01/15
B	Prenate Chw 0.6-0.4	01/01/15		B	C-Nate DHA Cap 28-1-200*	01/01/15
B	Prenate DHA Cap*	01/01/15		B	Complete Nat Pak DHA*	07/01/14
B	Prenate Mini*	01/15/15		B	Completenate Chw	01/01/15
				B	Concept DHA Cap***	01/01/15
				B	Concept Ob Cap**	01/01/15
			B	Elite-Ob Tab**	01/01/15	
			B	Extra-Virt Cap Plus DHA*	07/01/14	
			B	Folcal DHA Cap*	07/01/14	
			B	Folcaps Cap Omega 3*	07/01/14	
			B	Folivane-Ob Cap**	01/01/15	
			B	Folivane-Prx Cap DHA Nf*	07/01/14	
			B	Gesticare Pak DHA*	07/01/14	
			B	Hemenatal Ob Mis + DHA*	07/01/14	
			B	Hemenatal Ob Tab 28-6-1Mg*	07/01/14	
			B	Inatal Adv Tab**	01/01/15	
			B	Inatal Ultra Tab**	01/01/15	
			B	Infanate Cap Balance*	07/01/14	
			B	Infanate Cap Plus*	07/01/14	
			B	Marnatal-F Cap	07/01/14	
			B	Moms Choice Mis Rx	01/01/15	
			B	Natafort Tab	01/01/15	
			B	Natal-V Rx Tab 29-1Mg	07/01/14	
			B	Natalvirt Ca Pak*	07/01/14	
			B	Natalvirt Mis 90 DHA*	07/01/14	
			B	Natelle One Cap*	01/01/15	
			B	Nestabs Tab	01/01/15	
			B	Nestabs Abc Mis	07/01/14	
			B	Nestabs DHA Pak	01/01/15	
			B	Newgen Tab 32-1Mg	01/01/15	
			B	Nexa Plus Cap*	07/01/14	
			B	Ob Complete Cap 400*,**	01/01/15	
			B	Ob Complete Cap One*,**	01/01/15	
			B	Ob Complete Cap Petite*	01/01/15	
			B	Ob Complete Tab	01/01/15	
			B	Ob Complete Tab Premier**	01/01/15	
			B	Ob Complete/ Cap DHA*	01/01/15	
			B	Paire Ob Mis*	01/01/15	
			B	Pnv Fe Fum Tab Doc/Fa	07/01/14	
			B	Pnv Folic Ac Tab + Iron	07/01/14	
			B	Pnv Ob+DHA Pak*	07/01/14	
			B	Pnv Prenatal Tab Plus	07/01/14	
			B	Pnv Tabs Tab 29-1Mg	07/01/14	

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Utah Medicaid Preferred Drug List

Effective September 15, 2015

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
			B Pnv-DHA Cap*	07/01/14
			B Pnv-First Cap*	07/01/14
			B Pnv-Ob/DHA Pak*	07/01/14
			B Pnv-Select Tab	01/01/15
			B Pr Natal 400 Pak Ec	01/01/15
			B Pr Natal 400 Pak*	07/01/14
			B Pr Natal 430 Pak Ec*	07/01/14
			B Pr Natal 430 Pak*	07/01/14
			B Prefera Ob Mis + DHA*	07/01/14
			B Prefera Ob Tab*	01/01/15
			B Preferaob Cap One*	01/01/15
			B Prenaissance Mis Harmony	07/01/14
			B Prenaissance Pak 90 DHA*	07/01/14
			B Prenaissance Pak Promise*	07/01/14
			B Prenaissance Tab Next	07/01/14
			B Prenat Plus Tab 27-1Mg	07/01/14
			B Prenata Chw 29-1Mg	01/01/15
			B Prenatal Tab Plus Fe	01/01/15
			B Prenatal Mis Compleat	01/01/15
			B Prenatal Vit Tab Plus	01/01/15
			B Prenate Cap Essent	01/01/15
			B Prenate Cap Pixie	01/01/15
			B Prenate Tab Elite	01/01/15
			B Prenate Am Tab 1Mg	07/01/14
			B Prenate Cap Essentia	01/01/15
			B Prenate Mini Cap	01/01/15
			B Prenate Star Tab 20-1Mg	01/01/15
			B Preplus Tab 27-1Mg	07/01/14
			B Preque 10 Tab*	01/01/15
			B Pretab Tab 29-1Mg	01/01/15
			B Reaphirm Cap*	07/01/14
			B Relnate DHA Cap*	01/01/15
			B Select-Ob Chw	07/01/14
			B Select-Ob+Pak DHA*	01/01/15
			B Se-Natal 19 Chw	01/01/15
			B Se-Natal 19 Tab	01/01/15
			B Se-Tan DHA Cap*	07/01/14
			B Taron-Bc Mis*	07/01/14
			B Taron-C DHA Cap*	07/01/14
			B Taron-Prex Cap*	07/01/14
			B TI-Care DHA Cap 27-1-500*	07/01/14
			B TI-Select Cap DHA*	07/01/14
			B TI-Select Cap*	07/01/14
			B Triadvance Tab**	01/01/15
			B Tricare Tab Prenatal	01/01/15
			B Tricare Pre Cap 27-1-500*	01/01/15
			B Tricare Pre Cap 27-1-500*	01/01/15

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			B Trinatal Gt Tab	01/01/15
			B Trinatal Rx Tab 1	01/01/15
			B Tri-Tabs DHA Mis	07/01/14
			B Triveen-Duo Pak DHA*	07/01/14
			B Triveen-Prx Cap Rnf*	07/01/14
			B Ultimatecare Cap One Nf*	07/01/14
			B Ultimatecare Cap One*	07/01/14
			B Vemavite-Cap Prx 2*	07/01/14
			B Vena-Bal Mis DHA*	07/01/14
			B Vinacal B Mis	07/01/14
			B Vinate DHA Cap 27-1.13	07/01/14
			B Vinate Gt Tab	01/01/15
			B Virt Nate Tab 28-1Mg	07/01/14
			B Virt-Advance Tab 90-1Mg**	01/01/15
			B Virt-Bal DHA Mis	07/01/14
			B Virt-C DHA Cap*	07/01/14
			B Virt-Care Cap One*	07/01/14
			B Virt-Pn Tab	01/01/15
			B Virt-Pn DHA Cap*	07/01/14
			B Virtprex Cap*	07/01/14
			B Virt-Select Cap*	01/01/15
			B Virt-Vite Gt Tab 90-1Mg	01/01/15
			B Vitafol Cap Ultra*	01/01/15
			B Vitafol-Nano Tab	07/01/14
			B Vitafol-Ob Tab 65-1Mg**	01/01/15
			B Vitafol-One Cap*	01/01/15
			B Vitafol-Plus Cap*	07/01/14
			B Vol-Nate Tab	01/01/15
			B Vol-Plus Tab	01/01/15
			B Vol-Tab Rx Tab	01/01/15
			B Vp Ch Ultra Cap*	07/01/14
			B Vp-Ch Plus Cap*	07/01/14
			B Vp-Ch-Pnv Cap*	07/01/14
			B Vp-Ggr-B6 Tab Prenatal	01/01/15
			B Vp-Heme Ob Mis + DHA*	07/01/14
			B Vp-Heme One Cap*	01/01/15
			B Vp-Heme-Ob Tab 28-6-1Mg*	07/01/14
			B Vp-Pnv-DHA Cap*	07/01/14
			B Zatean-Ch Cap*	07/01/14
			B Zatean-Pn Cap Plus*	07/01/14
			B Zatean-Pn Tab	01/01/15
			B Zatean-Pn Cap DHA*	07/01/14
			B Zingiber Tab	07/01/14
			B Zingiber Tab	07/01/14

Proton Pump Inhibitors

Proton Pump Inhibitors

Utah Medicaid Preferred Drug List

Effective September 15, 2015

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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. ****Zegerid OTC is not covered.	G	esomeprazole*	03/01/15
B	Dexilant*	01/01/14		G	lansoprazole, suspension	01/01/13
G	omeprazole capsules 20mg**	01/01/13		B	Nexium capsules & susp	01/01/14
G	pantoprazole*	01/01/13		B	omeprazole 10mg, 40mg, susp, tabs	01/01/13
B	Protonix susp. Packet*	01/01/13		G	omeprazole OTC	01/01/13
				B	Prevacid	02/01/10
				B	Prevacid (lansoprazole)	02/01/10
				B	Prevacid Solutabs***	02/01/10
				B	Prevacid Solution	02/01/10
				O	Prilosec OTC	01/01/13
				B	Protonix tab 20, 40mg	09/28/09
				G	rabeprazole	11/13/13
				B	Zegerid, OTC ****	01/01/14

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	sildenafil	09/01/13	*Tablet only for Ntrad/PCN	B	Adcirca	01/01/14
				B	Revatio*	09/01/13

Pulmonary Antihypertensives-Prostacyclines

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

Sedative Hypnotics

Benzodiazepines

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	midazolam	06/01/13		G	estazolam	06/01/13
G	temazepam 15mg, 30mg, (compared to Restoril)	06/01/13		B	Halcion (triazolam)	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, Miscellaneous

G	phenobarbital 15mg	06/01/13		B	Donnatal	02/24/15
G	phenobarbital 30mg	06/01/13		G	phenobarbital 16.2mg	06/01/13
G	phenobarbital 60mg	06/01/13		G	phenobarbital 32.4mg	06/01/13
G	phenobarbital 100mg	06/01/13		G	phenobarbital 64.8mg	06/01/13
G	phenobarbital elixir	06/01/13		G	phenobarbital 97.2mg	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
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Utah Medicaid Preferred Drug List

Effective September 15, 2015

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date	
		30 days apply.	B Ambien	06/01/13	
			B Belsomra	12/10/14	
			B Edluar	06/01/13	
			G eszopiclone	04/28/14	
			B Helitoz	03/17/14	
			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	
Skeletal Muscle Relaxants					
Agents for Acute Injury Treatment					
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	
Agents for Long Term Treatment					
G baclofen	09/28/09		*Quantity limits apply	B Dantrium (dantrolene)	01/01/13
		B Ryanodex		08/04/14	
		G tizanidine		09/28/09	
		B Zanaflex		09/28/09	
Combination Agents for Short Term Use					
			G carisoprodol/aspirin	09/28/09	
			G carisoprodol/aspirin/codeine	09/28/09	
			G Orphenadrine/aspirin/caffeine	09/28/09	
			B Therabenzaprine	01/01/14	
Smoking Deterrents					
Smoking Deterrents					
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		B Nicotrol Inhaler	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				

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.

Utah Medicaid Preferred Drug List

Effective September 15, 2015

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Topical Immunomodulators				
Topical Immunomodulators				
B Elidel	01/01/15	Class clinical prior authorization required	B Protopic	01/01/15
Topical local Anesthetic Agents				
Topical Local Anesthetic Agents				
G lidocain oint, sol, gel, cre, lot,	01/01/15	*Not covered Ntrad or PCN	B Ana-lex kit	01/01/15
G lidocaine HC rectal, cre, gel non-kit	01/01/15		B Capsiderm pad	03/01/15
B Lidoderm patch*	01/01/15		B Captracin pad*	01/15/15
			B Epifoam	01/01/15
			G HC-pramoxine Emol cre	01/01/15
			G lidocaine HC rectal, cre, gel kits	01/01/15
			G lidocaine HC rectal, cre, gel,	01/01/15
			G Lidocin	03/02/15
			B Lidozol Cream 3.75%	04/15/15
			B Lidovin Cream 3.95%	04/15/15
			G Pramcort cre	01/01/15
			B Procore cre	01/01/15
			B Proctofoam aer	01/01/15
			B/G Prolida (lidocain) patch*	03/01/15
			B Qutenza	01/01/15
		B Synera Patch*	01/01/15	
Urinary Antispasmodics				
Long Acting Agents				
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
Short Acting Agents				
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

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