Utah Medicaid Preferred Drug List

Effective November 4, 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	*Requires Clinical PA	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 sepearate 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 (gel)	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	Finacea (foam)	10/01/15
				B	Mirvaso	10/01/15
				B	Ovace	01/01/12
				B	Plexion (crm, lot, sol)	03/26/14

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				G	prascion	01/01/14
				G	rosanil	01/01/14
				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 % (gel packets)	06/01/12	Class requires PA	B	Androderm (testosterone patch)*	01/01/13
B	Testim	06/01/12		B	Androgel 1.62%	01/01/15
G	testosterone 1% (gel packets)	10/01/15		B	Androgel all strengths (pump)	10/01/15
				B	Aveed	03/17/14
			*Not PCN or Ntrad	B	Axiron	01/01/13
				B	Fortesta	06/01/12
				B	Natesto gel 5.5mg*	03/16/15
				G	testosterone 1% (pump)	06/24/14
				B	Vogelxo	06/09/14
Androgenic Agents - Other						
B	Depo-Testosterone 100mg/ml * compared to tesosterone cypionate	06/01/12	Class requires PA	B	Anadrol-50	06/01/12
B	Oxandrin compared to oxandrolone	01/01/13	*Not PCN or Ntrad **Bill S0189 code	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	tesosterone cypionate*	01/01/13
				G	tesosterone enanthate*	06/01/12

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				B	Testopel**	01/01/15
				B	Testred	01/01/13

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
G	enoxaparin	10/15/15		B	Lovenox	10/15/15

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	B	Glyxambi	02/11/15

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B	Kombiglyze XR	01/01/14	Clinical PA	B	Kazano	03/01/13
				B	Janumet XR	01/01/13
				B	Jentadueto	04/30/12
				B	Juvisync	01/01/14
				B	Oseni	03/01/13
GLP-1 Agonists						
B	Byetta	01/01/14	Class not PCN or NT	B	Bydureon	01/01/14
B	Victoza	01/01/14	Class requires Clinical PA	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	Akynzeo	10/15/15
G	ondansetron ODT**	01/01/13		B	Anzemet (dolasetron)*	09/30/09
G	ondansetron inj*	01/01/13		B	Emend (aprepitant)	09/30/09
				B	Emend (fosaprepitant)	09/30/09
				G	granisetron HCL inj*	01/01/13
				G	ganisetron 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	Varubi	10/15/15
				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

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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

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	G	ciclopirox (gel, soln, shampoo, crm)	10/01/11
G	ketoconazole (shampoo, cream)	10/01/11	**Not Covered NonTrad/PCN	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	Jublia	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

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				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
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

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				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

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	Vascepa	11/04/15
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		B	Mavik	10/15/15
G	quinapril compared to Accupril	09/28/09		G	moexipril	01/01/13
G	ramipril compared to Altace	09/28/09		G	moexipril	01/01/13
G	trandolapril compared to Mavik	01/01/14		G	perindopril	01/01/14

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				B	Vasotec	09/28/09
				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
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	Benicar	09/28/09		B	Atacand	10/15/15
B	Diovan	09/28/09		B	Avapro	10/15/15
G	irbesartan compared to Avapro	10/15/15		G	candesartan	06/01/13
G	losartan compared to Cozaar	04/01/12		B	Cozaar compared to losartan	09/28/09
B	Micardis	01/01/12		B	Edarbi	04/01/12
				G	irbesartan compared to Avapro	11/01/12
				G	telmisartan	01/01/14
				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
G	irbesartan/HCTZ compared to Avalide	01/01/14		B	Avalide compared to irbesartan/HCT	01/01/14
G	losartan/HCTZ compared to Hyzaar	09/28/09		G	candesartan HCT	01/01/14
B	Micardis HCT	01/01/12		B	Diovan HCT compared to valsartan HCT	10/15/15
G	valsartan HCT compare Diovan HCT	10/15/15		B	Edarbyclor	01/01/13
				B	Hyzaar compared to Losartan HCT	09/28/09
				G	Telmisartan/HCTZ	01/01/14
				B	Teveten 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/valsartan	09/28/09		G	amlodipine/valsartan	10/08/14
B	Exforge HCT	09/28/09		B	Entresto	11/04/15
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 Sectral	01/01/13
G	metoprolol succinate	10/15/15		G	betaxolol	01/01/14
G	metoprolol tartrate	01/01/13		G	bisoprolol	01/01/14
B	Sectral compared to acebutolol	01/01/13		B	Bystolic	09/28/09
				B	Lopressor	09/28/09
				B	Tenormin compared to atenolol	09/28/09
				B	Toprol XL compare to metoprolol XL	10/15/15
				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

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G	pindolol	09/28/09		G	Betapace AF (sotalol AFIB/AFL)	01/01/14
B	Inderal LA compare propranolol SR	01/01/14		G	Corgard compared to nadolol	10/15/15
G	nadolol	10/15/15		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
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	Corzide compared to nadolol/bendroflumethizide	10/15/15
B	nadolol/bendroflumethiazide	10/15/15		B	Lopressor HCT	01/01/14
G	propranolol HCT	01/01/14		G	metoprolol/HCTZ	01/01/13
				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

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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
				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	Arcapta	10/01/15
				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				

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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		B	Breo Ellipta	01/01/14
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
				G	zafirlukast	01/01/13
				B	Zyflo, CR	10/15/15
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 - Broncholdilator (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 - Broncholdilator Beta Agonist Combinations						
G	ipratropium/albuterol	01/01/14		B	Combivent, Respimat	04/01/13
				B	Stiolto	10/01/15
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/G	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

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Bile Acid Sequestrant Agents

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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
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-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				

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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				
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	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	***Requires a clinical PA for Non-Traditional and PCN plans	B	Implanon*	10/01/11
G	medroxyprogesterone***	10/01/11		G	jencycla	01/01/14

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G	nora-BE	01/01/14		B	Mirena*	10/01/11
G	norethindrone	01/01/00		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
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	Clodan	10/01/15
B	Olux foam 0.05%*	10/01/13		B	Cordran tape	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	Ultravate	10/01/15
				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

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				G	fluocinonide 0.05% solution	10/01/13
				B	Halog 0.1% crm, oint	10/01/13
				B	Topicort 0.25% spray, crm, oint	10/01/13
	Corticosteroids - Topical - Midstrength					
G	betamethasone val. 0.1% crm, foam, oint	10/01/13	*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
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		B	Desowen	10/01/15
G	desonide 0.05% crm, lot, oint	10/01/13		G	fluocinolone ace 0.01% sol, crm, oil	10/01/13
G	hydrocortisone But 0.1% sol, oint	10/01/13		G	hydrocortisone but 0.1% cream	10/01/13
G	hydrocortisone 0.5% crm, oint	10/01/13		B	Pediaderm HC kit	10/01/13
G	hydrocortisone 1% crm, lot, oint	10/01/13		B	Texacort 2.5% sol	10/01/13
G	hydrocortisone 2.5% crm, lot, oint	10/01/13		B	Trianex 0.05% oint	10/01/13
G	triamcinolone 0.025% oint, lot, crm	10/01/13		B	Verdeso Aero 0.05% foam	10/01/13
				G	triamcinolone 0.05%	03/01/15

Diabetic Test Supplies

	Diabetic Test Supplies					
O	Abbott Products*	01/01/11	*Abbott meters, use: RxBIN: 610020 Group number: 99992432 ID: ERXUTMED Free For Medicaid. *Bayer meters, use: RxBIN: 015251 PCN: PRX2000 Group number: MGDCARE ID: CNMC7246982 Expiration: 1/30/2016 or 1/30/2017 Diabetic test supplies are not covered for Nursing Home clients. ***Bill through DME	O	Accuchek Products***	09/28/09
O	Freestyle Products*	01/01/11		O	AgaMatrix***	01/01/11
O	Precision Products*	01/01/11		O	GE 100***	01/01/11
O	Bayer Products**	09/28/09		O	Glucocard***	01/01/11
O	Breeze 2**	09/28/09		O	Ketone test strips***	01/01/11
O	Contour**	09/28/09		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)

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Utah Medicaid Preferred Drug List

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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Erythropoiesis Stimulating Agents (ESAs)						
B	Epogen 1000mg/ml	07/01/14		B	Aranesp	07/01/14
B	Procrit, except for 1000mg/ml & 4000mg/ml	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
G	Lopreeza	10/15/15		G	estradiol-norethindrone	10/01/11
B	Prempro	10/1/2011		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	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	B	Humatrope	01/01/15

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B	Norditropin	01/01/14	Clinical PA	B	Nutropin	01/01/13
				B	Omnitrope	01/01/13
			Class not Ntrad and PCN	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-Interferons					
B	Pegasys	10/01/09	Class requires Clinical PA	B	Infergen	01/01/13
B	Peg-Intron	01/01/14		B	Intron-A	01/01/14
			Class Not PCN	B	Sylatron	01/01/14
	Hepatitis C-Nucleoside Analogues					
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				
	Hepatitis C-Protease/Polymerase Inhibitors					
B	Victrelis	06/01/12				
B	Olysio*	03/13/14	* Requires Clinical PA			
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	B	Cimzia*	01/01/13
B	Humira*	02/01/10	* Requires Clinical PA	B	Ilaris*	01/01/14
B	Kineret*	01/01/14		B	Orencia*	01/01/14
			**Bill J1745	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

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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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				
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 Class Quantity limits			
B	Novolin-N	02/01/10				
Long Acting						
B	Lantus	09/28/09	All pens require Clinical PA Class Quantity limits	B	Lantus Solostar	09/28/09
B	Levemir	09/28/09		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

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Utah Medicaid Preferred Drug List

Effective November 4, 2015

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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						
G	Celecoxib	09/15/15		B	Celebrex	09/15/15
Non-Selective Non-Steroidal Anti-Inflamatory 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	meclofenamate	01/01/13
B	Naprelan SR 24HR 375	01/01/13		G	mefenamic acid	01/01/13
B	Naprosyn susp 125MG/5ML	01/01/12		B	Mobic tabs	01/01/13
B	Naproxen tabs, EC, susp 125MG/5ML	09/28/09		G	meloxicam suspension	01/01/13
G	naproxen sodium	09/28/09		B	Naprelan SR 24HR 500, 750mg	01/01/13
G	oxaprozin	01/01/12		G	naproxen sodium OTC**	09/28/09
G	sulindac	01/01/12		B	Nalfon	01/01/12
B	Voltaren Gel	04/01/12		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

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				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
				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				

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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	Iopidine	01/01/14
G	Simbrinza	06/30/14				
Opthalmic - 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
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
Opthalmic - Quinolones 4th generation						
B	Vigamox	06/01/12		B	Besivance	06/01/12
B	Moxeza	01/01/13		B	Zymaxid	06/01/12
Opthalmic - 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	latanoprost	12/02/11		G	bimatoprost	05/06/15
B	Travatan Z	01/01/12		B	Lumigan	01/01/12
B	Zioptan	04/18/13		G	travoprost	04/30/13
				B	Xalatan	12/02/11

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Opthalmic - 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
Opthalmic - Anti-Inflammatory NSAID Agents						
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	Ilevro	01/01/14
				B	Nevanac	06/01/12
				B	Ocufen	06/01/12
				B	Prolensa	04/16/13
Opthalmic 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.	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	****Clinical PA required	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

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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 sulfate 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
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						
B	Actiq***	01/01/15	Class quantity limits apply. *Not covered Ntrad or PCN **Cancer diagnosis only. ***Not PCN.	B	Abstral*	01/01/15
G	codeine tab, sol	01/01/15		B	Demerol compared to meperidine*	01/01/15
B	Dilaudid liq	01/01/15		B	Dilaudid compared to hydromorphone*	01/01/15
B	Fentora	01/01/15		G	fentanyl loz***	01/01/15
G	hydromorphone compared to Dilaudid	01/01/15		B	Ionsys	10/15/15
G	meperidine tab, sol	01/01/15		B	Lazanda*	01/01/15
G	morphine tab, sol	01/01/15	****Clinical PA required	G	levorphanol	01/01/15
B	Opana	01/01/15		G	meperitab	01/01/15
G	oxycodone tab, sol, con	01/01/15		G	morphine sup*	01/01/15
G	Tramadol	01/01/15		B	Nucynta	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	Miacalcin	01/01/14
				B	Natpara	10/15/15
				G	pamidronate*	10/01/09
				B	Prolia	01/01/14

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				B	Reclast*	10/01/09
				G	risedronate sodium 150 MG	06/24/14
				B	Skelid	10/01/09
				B	Xgeva	10/15/15
				G	zoledronic*	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
	Otic Corticosteroids					
B	DermOtic	11/04/15		B	Acetasol HC SOL 1-2%	10/01/13
				G	Fluocinonide oil 0.01%	10/01/13
				G	hydrocortisone-acetic acid 1-2%	10/01/13
	Otic Combinations					
B	AuroDex	10/01/13		B	Cortisporin sus - TC	11/04/15
B	Cipro HC	10/01/13		B	Myoxin Sus	10/01/13
B	CiproDex sus 0.3-0.1%	01/01/14		G	neomycin-polymyxin-HC soln 1%	11/04/15
B	Coly-Mycin sus	11/04/15		B	Otozin	01/01/14
B	Cortisporin Sol 1%	10/01/13		B	Pinnacaine drops 20%	10/01/13
G	neomycin-polymyxin-HC sus 1%	11/04/15				

Pancreatic Enzymes

	Pancreatic Enzymes					
B	Creon	08/01/11		B	Pertzye	01/01/14
G	Pancrelipase	10/15/15		B	Pancreaze	01/01/12
B	Zenpep	08/01/11		B	Ultrase	08/01/11
				B	Viokase	08/01/11

Parathyroid Agents

	Parathyroid Agents					
BG	Drisdol (vitamin D)	01/01/15		G	doxercalcif	01/01/15
B	Hectorol compared to doxercalcif	01/01/15		B	Hectorol 4mcg/2ml inj	01/01/15
BG	Rocaltrol (calcitriol)	11/04/15		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/entacapone	01/01/14
G	carbidopa/levodopa ER	01/01/14		G	carbidopa/levodopa ODT*	10/01/09
				B	Duopa	02/11/15
				G	entacapone	01/01/14
				B	Lodosyn	10/15/15
				B	Northera	08/15/14
				B	Parcopa	10/01/09
				B	Rytary	10/01/15
				B	Stalevo	01/01/14

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				B	Tasmar (tolcapone)	10/01/09
	MAO Inhibitors					
G	selegiline	02/01/10		B	Azilect	10/01/09
				B	Eldepryl	10/01/09
				B	Zelapar	10/01/09
	Nonergot-Derived Dopamine Receptor Agonists					
G	pramipexole	12/02/11	*Not Ntrad or PCN	B	Mirapex, Mirapex ER	01/01/13
G	ropinirole	10/01/09		B	Neupro Patch*	10/01/09
				B	Requip	10/01/09
				B	Requip XL	10/01/09
				G	ropinerole ER	10/01/09

Pediculoside Agents

	Peduculoside Agents					
B	Eurax	01/01/15		B	Elimite	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	10/15/15		B	Auryxia	10/15/15
B	Eliphos	07/01/14		B	Fosrenol	07/01/14
B	Phoslyra soln	07/01/14		B	Renvela	07/01/14
B	Renagel	07/01/14		G	sevelamer	10/15/15
				B	Velphoro	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
				G	dipyridamole	06/01/12
				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
				B	Zontivity	10/01/15
	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 thrombocythemia associated with myeloproliferative disorders. [5]Indications: Treatment of thrombocythemia associated with myeloproliferative disorders.	B	Agrylin compared to anagrelide [4]	07/01/12
G	anagrelide [5]	07/01/12		G	ASA/dipyridamole	10/15/15
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				

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			[6]Indications: Treatment of intermittent claudication. [7]Indications: Symptomatic management of peripheral vascular disease. [8]Indications: Treatment of intermittent claudication			

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 equivelent), and 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	Active Ob Cap*	01/01/15
B	Citranatal Mis 90 DHA*	01/01/15		B	Bal-Care DHA Mis Essntial*	07/01/14
B	Citranatal Pak Assure*	01/01/15		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

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				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
				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

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				B	Taron-C DHA Cap*	07/01/14
				B	Taron-Prex Cap*	07/01/14
				B	Tl-Care DHA Cap 27-1-500*	07/01/14
				B	Tl-Select Cap DHA*	07/01/14
				B	Tl-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
				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

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				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						
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

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Barbiturates, Miscellanous						
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
G	zaleplon	10/15/15		B	Ambien	06/01/13
				B	Belsomra	12/10/14
				B	Edluar	06/01/13
				G	eszopiclone	04/28/14
				B	Heltioz	03/17/14
				B	Intermezzo	06/01/13
				B	Lunesta	06/01/13
				B	Rozerem	06/01/13
				B	Silenor	10/01/15
				B	Sonata(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
G	tizanidine tabs	10/15/15		B	Ryanodex	08/04/14
				G	tizanidine caps	10/15/15
				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

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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				

Topical Immunomodulators

Topical Immunomodulators						
B	Elidel	01/01/15	Class clinical prior authoriazation	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	Dermacinrx	10/15/15
				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
				B	Pliaglis	10/15/15
				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

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				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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