Utah Medicaid Preferred Drug List

Effective January 1, 2016

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Allergenic Extracts						
Allergen Immunotherapy						
B	Ragwitek*	01/01/15	*Clinical PA required			
B	Grastek*	01/01/15				
Analgesics						
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)						
COX-2 Inhibitors						
G	Celecoxib	09/15/15		B	Celebrex	09/15/15
Non-Selective						
G	diclofenac potassium	07/01/12	*Not Ntrad or PCN. **NC OTC. ***NC PCN or tradNH	B	Advil	01/01/16
G	diclofenac sodium DR 50mg, 75mg	01/01/12		B	Anaprox, DS	09/28/09
G	diclofenac sodium SR 100mg	01/01/13		B	Cataflam	01/01/13
G	etodolac 200mg, 400mg, 500mg	01/01/12		B	Daypro (oxaprozin)	01/01/14
G	flurbiprofen 50mg, 100mg	01/01/12		G	diclofenac gel	01/01/15
G	ibuprofen	09/28/09		G	diclofenac sodium DR 25mg	01/01/13
B	Indocin Susp 25MG/5ML	01/01/12		G	diclofenac sodium solution 1.5%	05/30/14
G	indomethacin 25mg, 50mg	01/01/12		B	Dyloject inj	08/12/15
G	ketoprofen Caps	01/01/12		G	EC-Naprosyn	01/01/14
G	ketorolac injectable*	09/28/09		G	etodolac, ER all other strengths	05/30/14
G	ketorolac tabs	09/28/09		B	Feldene (piroxicam)	01/01/13
G	meloxicam tablets	09/28/09		G	fenoprofen 600mg	01/01/13
B	Mobic suspension	01/01/13		B	Flector Patch*	04/01/12
G	nabumetone	09/28/09		G	ibuprofen cream 10%	04/30/13
B	Naprelan SR 24HR 375	01/01/13		G	indomethacin CR 75mg	01/01/12
B	Naprosyn susp 125MG/5ML	01/01/12		G	ketoprofen ER	01/01/12
G	naproxen sodium	09/28/09		G	meclofenamate	01/01/13
B	Naproxen tabs, EC, susp 125MG/5ML	09/28/09		G	mefenamic acid	01/01/13
G	oxaprozin	01/01/12		G	meloxicam suspension	01/01/13
G	sulindac	01/01/12		B	Mobic tabs	01/01/13
B	Voltaren Gel	04/01/12		B	Nalfon	01/01/12
				B	Naprelan SR 24HR 500, 750mg	01/01/13
				G	naproxen sodium OTC**	09/28/09
				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

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				B	Tivorbex	05/13/15
				B	Tolmetin	01/01/13
				BG	Voltaren-XR	01/01/14
				B	Zipsor	07/01/12
				B	Zorvolex	11/01/13
Opioids						
Short Acting						
B	Actiq***	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
G	codeine tab, sol	01/01/15		B	Demerol (meperidine)*	01/01/15
B	Dilaudid liq	01/01/15		B	Dilaudid (hydromorphone)*	01/01/15
B	Fentora	01/01/15		G	fentanyl loz***	01/01/15
G	hydromorphone	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		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
Long Acting						
G	fentanyl patch 12-75mcg/HR***	02/01/10	*Clinical PA required Class quantity limits apply. **Cancer diagnosis only. ***Not PCN. ****Not Ntrad or PCN.	B	Avinza (brand & generic formulations)	09/28/09
B	Kadian CR 10, 20,30, 50, 60,80, 100mg	01/01/14		B	Belbuca	01/01/16
G	morphine sulfate ER tabs	01/01/14		B	Butrans****	10/30/14
B	MS Contin	01/01/14		B	Conzip ER (tramadol ER)	08/18/14
B	Opana ER 5, 7.5, 10, 15	01/01/13		BG	Dolophine (methadone)	01/01/16
				B	Duragesic Patch	01/01/11
				B	Embeda	01/20/15
				B	Exalgo ER	05/28/14
				G	fentanyl patch 37.5, 62.5, 87.5, 100mcg/HR**, ***	09/28/09
				G	hydromorphone ER	01/01/15
				B	Hysingla ER	12/15/14
				B	Kadian CR 40, 70, 130, 150, 200mg	01/01/14
				G	morphine sulfate ER caps	01/01/14
				B	Nucynta ER*	01/15/16
				B	Opana ER, 20, 30, 40,	09/28/09
				B	Oxycontin	09/28/09
				G	oxymorphone ER	01/01/13
				BG	Ultram ER (tramadol ER)	01/01/16
				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	B	Bunavail	01/01/15
B	Zubsolv	01/01/14		G	buprenorphine/naloxone	01/01/15

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Androgens						
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
Other						
B	Depo-Testosterone 100mg/ml *	06/01/12	Class requires PA	B	Anadrol-50	06/01/12
B	Oxandrin	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
				B	Testopel**	01/01/15
				B	Testred	01/01/13
Antibiotics						
Aminoglycosides						
Inhaled for CF						
B	Bethkis neb	01/01/15	*Trial of Bethkis or Kitabis Pak required first.	B	Tobi neb	01/01/16
B	Kitabis Pak neb	01/01/16		G	tobramycin neb	01/01/15
B	Tobi Podhaler cap*	01/15/16				
Oral and Injectable						
G	amikacin	01/01/15		G	kanamycin	01/01/15
G	gentamicin	01/01/15				
G	neomycin sulfate tab	01/01/15				
G	streptomycin	01/01/15				
G	tobramycin	01/01/15				

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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	cefditoren	02/01/10		B	Omnicef	02/01/10
G	cefpodoxime proxetil (susp. only)	01/01/13		B	Spectracef (cefditoren pivoxil)	02/01/10
B	Suprax (liq, caps, tabs, susp)	02/01/10		B	Vantin (cefpodoxime)	02/01/10
Quinolones						
B	Cipro suspension	02/01/10		B	Avelox, ABC Pack	01/01/13
G	ciprofloxacin	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
Anticoagulants						
Oral						
B	Coumadin	01/01/14		G	jantoven (warfarin)	01/01/14
B	Eliquis	01/01/14		B	Savaysa	01/20/15
B	Pradaxa	01/01/14		G	warfarin	01/01/14
B	Xarelto	01/01/13				
Injectable						
G	enoxaparin	10/15/15	Class requires PA for non-traditional Injectables Not Covered PCN	B	Arixtra (fondaparinux)	01/01/13
B	Fragmin	10/01/10		B	Lovenox	10/15/15
Antidiabetics						
Insulin						
Rapid Acting						
B	Humalog	09/28/09	All pens require Clinical PA Class Quantity 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						
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

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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	Novalog 70/30	02/01/10				
O	Novolin 70/30	02/01/10				
Non-Insulin						
Sulfonylureas						
B	Diabeta (glyburide)	07/01/14		B	Amaryl (glimepiride)	07/01/14
G	glimepiride	07/01/14		BG	Chlorpropam (chlorpropamide)	07/01/14
G	glipizide	07/01/14		B	Glucotrol (glipizide)	07/01/14
G	glyburide	07/01/14		B	Glynase (glyburide miconized)	07/01/14
				G	tolazamide	07/01/14
				G	tolbutamide	07/01/14
Sulfonylurea Combinations						
G	glyburide/metformin	07/01/14		B	Glucovance (glyburide/metformin)	07/01/14
				BG	Metaglip (glipizide/metformin)	07/01/14
GLP-1 Agonists						
B	Tanzeum	01/01/16	Class not PCN or NT	B	Bydureon	01/01/14
B	Victoza	01/01/14	Class requires Clinical PA	B	Byetta	1/1/2016
				B	Trulicity	10/8/2014
DPP- 4 Inhibitors						
B	Januvia	09/28/09	Class requires Clinical PA	B	Nesina	03/01/13
B	Onglyza	01/01/13		B	Tradjenta	02/20/12
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	Janumet XR	01/01/13
				B	Jentadueto	04/30/12
				B	Juvisync	01/01/14
				B	Kazano	03/01/13
				B	Oseni	03/01/13
SGLT-2 Inhibitors						
B	Farxiga	01/01/16	Class requires Clinical PA	B	Invokana	01/01/16
				B	Jardiance	01/01/16
SGLT-2 Inhibitor Combinations						
B	Xigduo XR	01/01/16	Class requires Clinical PA	B	Invokamet	01/01/16

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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*	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
Antihistamines						
1st Generation						
G	Aller-Chlor Syp	07/01/14	*Not covered Ntrad, PCN	BG	Aldexan (doxylamine succinate) chew*	07/01/14
G	cyproheptadine	07/01/14		B	Atarax	07/01/14
BG	diphenhydramine (except oral strip)	07/01/14		BG	carbinoxamine maleate	07/01/14
G	ED-Chlortan	07/01/14		G	chlorpheniramine, CR, liq	07/01/14
G	hydroxyzine HCL, pamoate	07/01/14		B	ED Chlorped liq	07/01/14
				BG	Tavist (clemastine fumarate)	07/01/14
				B	Triaminic oral strip*	07/01/14
				B	Vanahist	07/01/14
				B	Vistaril	07/01/14
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		BG	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
				BG	Xyzal (levocetirizine)	07/01/14
				B	Zyrtec	07/01/14

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Anti-infectives (NOS)						
Amebicide & Antiprotozoal Agents						
B	Flagyl 375mg caps	01/01/15		G	paromomycin	01/01/15
G	metronidazole 250mg, 500 mg tabs	01/01/15		G	metronidazole 375mg cap	01/01/15
B	Tindamax	01/01/15		B	Flagyl 250mg, 500mg tabs	01/01/15
B	Alinia suspension			B	Flagyl ER tabs	01/01/15
				B	Pentam	01/01/15
				B	Nebupent	01/01/15
				B	Alinia tab	01/01/15
				G	tinidazole	01/01/15
Antimalarials						
G	chloroquine	01/01/16		G	atovoquone/proguanil	01/01/16
G	hydroxychloroquine	01/01/16		B	Coartem	01/01/16
B	Malarone	01/01/16		B	Daraprim	01/01/16
B	Primaquine	01/01/16		G	mefloquine	01/01/16
				B	Qualaquin	01/01/16
				G	quinine	01/01/16
Vaginal						
B	AVC	01/01/13	*OTC Not PCN **Cream with applicator	G	clotrimazole 3*,**	10/01/11
G	clotrimazole 1%*,**	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	Metronidazole Vaginal Gel 1.3%	03/06/15
G	miconazole 7*,**	10/01/11		G	miconazole 1-3 kit	10/01/11
G	miconazole cream 4%*	01/01/13		B	Monistat 7	10/01/11
G	Vandazole	01/01/13		B	Terazol 7, Terazole 3	10/01/11
				G	terconazole	10/01/11
				G	tioconazole	01/01/13
				B	Vagistat-1-3* kit	10/01/11
				B	Zazole	10/01/11

Antineoplastics

Enzyme Inhibitors

All products in this class are preferred with generic preferred over brand where applicable.

*Clinical PA required

Mitotic Inhibitors

All products in this class are preferred with generic preferred over brand where applicable.

Urinary Tract Protective Agents

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Antiparkinson Agents						
COMT Inhibitors & Combinations						
G	amantadine caps or tabs	06/01/13	*Not Ntrad or PCN	G	carbidopa/levodopa ODT*	10/01/09
G	carbidopa/levodopa	10/01/09		G	carbidopa/levodopa/entacapone	01/01/14
G	carbidopa/levodopa ER	01/01/14		B	Comtan	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
				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
Non-ergot 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
Antivirals						
Anti-Influenza						
Oral						
G	amantadine caps or tabs	01/01/14		B	Flumadine tablets	01/01/14
G	amantadine syrup	06/01/13		B	Relenza	06/01/13
B	Tamiflu	06/01/13		G	rimantadine	06/01/13
				B	Rimantalist Pack	06/01/13
				B	Virazole	01/01/14
Antiretrovirals						
Protease Inhibitors						
B	Evotaz	01/01/16		B	Aptivus	01/01/16
B	Kaletra	01/01/16		B	Crixivan	01/01/16
B	Norvir	01/01/16		B	Invirase	01/01/16
B	Prezista	01/01/16		B	Lexiva	01/01/16
B	Rayataz	01/01/16		B	Prezcobix	01/01/16
				B	Viracept	01/01/16

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Hepatitis C						
Genotype 1						
B	Harvoni*	01/01/15	*Clinical PA required Sovaldi is indicated and preferred for all genotypes			
B	Olysio*	03/13/14				
B	Sovaldi*	03/13/14				
B	Viekira Pak*	01/01/16				
Genotype 3						
B	Daklinza*	01/01/16	*Clinical PA required Sovaldi is indicated and preferred for all genotypes			
B	Sovaldi*	03/13/14				
Genotype 4						
B	Sovaldi*	03/13/14	*Clinical PA required Sovaldi is indicated and preferred for all genotypes			
B	Technivie*	01/01/16				
Interferons						
B	Pegasys	10/01/09	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
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	ribasphere 200 mg	01/01/14		G	ribasphere 400mg, 600mg	01/01/14
G	ribavirin 200 mg	07/01/12		B	Ribapak	07/01/12
G	ribavirin 40mg/ml soln	07/01/12				
Herpes Simplex, Varicella Zoster, & Cytomegalovirus						
Oral						
G	acyclovir	06/01/13		BG	Famvir (famciclovir)	06/01/13
G	acyclovir suspension	01/01/14		B	Valcyte (valganciclovir)	06/01/13
G	valacyclovir	01/01/14		B	Valtrex (valacyclovir)	01/01/14
				B	Zovirax	06/01/13
Appetite Stimulants						
G	megestrol	01/01/15		BG	Marinol (dronabinol)	01/01/15
				B	Megace sus	01/01/15
Bile Acid Sequestrants						
G	cholestyramine	01/01/15		B	Colestid	01/01/15
G	colestipol	01/01/15		B	Questran	01/01/15
				B	Welchol	01/01/15

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Bone Density Regulators						
Osteoporosis Agents						
B	Actonel	01/01/16	*Not Ntrad or PCN	B	Actonel + Calcium	10/01/09
G	alendronate 5,10,35,70mg (tab, sol)	10/01/09		G	alendronate 40mg	10/01/09
B	Atelvia	01/01/16		B	Binosto*	01/01/13
				BG	Boniva (ibandronate)(tabs & inj*)	04/15/13
				B	Didronel	10/01/09
				G	etidronate	10/01/09
				BG	Fortical (calcitonin)	01/01/16
				B	Fosamax	10/01/09
				B	Fosamax-D	10/01/09
				G	Miacalcin	01/01/14
				B	Natpara	10/15/15
				G	pamidronate*	10/01/09
				B	Prolia	01/01/14
				B	Reclast*	10/01/09
				G	risedronate	06/24/14
				B	Skelid	10/01/09
				B	Xgeva	10/15/15
				G	zoledronic*	04/15/13
				B	Zometa*	10/01/09
Cardiovascular						
Antianginal Agents						
G	isosorbide dinitrate	01/01/16		B	Dilatrate SR	01/01/16
G	isosorbide mononitrate	01/01/16		B	Isordil	01/01/16
G	isosorbide mononitrate SR	01/01/16		G	isosorbide dinitrale CR	01/01/16
B	Minitran patches	01/01/16		B	Nitro-Bid ointment	01/01/16
G	nitroglycerin CR	01/01/16		B	Nitro-Dur patches	01/01/16
B	Nitrostat	01/01/16		G	nitroglycerin lingual spray	01/01/16
				G	nitroglycerin patches	01/01/16
				B	Nitrolingual	01/01/16
				B	Nitromist	01/01/16
				B	Ranexa	01/01/16
Antihyperlipidemics						
HMG Co-A Reductase Inhibitors ("Statins") – Lower Potency						
B	Lescol, and Lescol XL	01/01/12		B	Altoprev	01/01/13
G	lovastatin	09/28/09		G	fluvastatin	01/01/13
G	pravastatin	09/28/09		B	Livalo (pitavastatin)	01/01/13
				B	Mevacor (lovastatin)	01/01/13
				B	Pravachol (pravastatin)	01/01/13

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HMG Co-A Reductase Inhibitors ("Statins") – High Potency						
G	atorvastatin	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*	09/28/09				
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
Fibrates						
G	gemfibrozil	09/28/09		B	Antara	01/01/12
B	Lovaza	01/01/12		G	fenofibrate	09/28/09
B	Tricor	09/28/09		G	fenofibric acid	09/28/09
B	Triglide (fenofibrate)	01/01/14		G	fenoglide	07/01/15
B	Trilipix	09/28/09		B	Fibricor (fenofibric acid)	01/01/13
				B	Lipofen (fenofibrate)	05/14/14
				B	Lofibra (fenofibrate)	09/28/09
				B	Lopid	01/01/13
Nicotinic Acid Derivatives						
B	Niaspan	09/28/09		G	niacin, niacin ER	01/01/16
				B	Niacor	01/01/16
Miscellaneous						
B	Lovaza	01/01/12		G	omega-3 acid ethyl esters	01/01/16
B	Zetia	09/28/09		B	Vascepa	11/01/15
Antihypertensives						
Alpha/Beta-Adrenergic Blocking Agents						
G	carvedilol	09/28/09		B	Coreg, CR	09/28/09
G	labetalol	09/28/09		B	Trandate	09/28/09
Angiotensin Converting Enzyme (ACE) Inhibitors						
G	benazepril	09/28/09		B	Accupril (quinapril)	09/28/09
G	captopril	09/28/09		B	Altace (ramipril)	09/28/09
G	enalapril	09/28/09		B	Epaned	04/18/14
G	fosinopril	09/28/09		B	Lotensin	09/28/09
G	lisinopril	09/28/09		B	Mavik	10/15/15
G	quinapril	09/28/09		G	moexipril	01/01/13
G	ramipril	09/28/09		G	moexipril	01/01/13
G	trandolapril	01/01/14		G	perindopril	01/01/14
B	Univasc (moexipril)	01/01/13		B	Prinivil	09/28/09
				B	Vasotec	09/28/09
				B	Zestril	09/28/09

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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 (moexipril/HCT)	01/01/13		B	Zestoretic	09/28/09
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	10/15/15		G	candesartan	06/01/13
G	losartan	04/01/12		B	Cozaar (losartan)	09/28/09
B	Micardis	01/01/12		B	Edarbi	04/01/12
				G	irbesartan	11/01/12
				G	telmisartan	01/01/14
				B	Teveten (eprosartan)	09/28/09
				G	valsartan	09/28/09
Angiotensin Receptor Blocker (ARB) + Thiazide Combinations						
B	Benicar HCT	09/28/09		B	Atacand HCT	01/01/14
G	irbesartan/HCTZ	01/01/14		B	Avalide (irbesartan/HCT)	01/01/14
G	losartan/HCTZ	09/28/09		G	candesartan HCT	01/01/14
B	Micardis HCT	01/01/12		B	Diovan HCT (valsartan HCT)	10/15/15
G	valsartan HCT	10/15/15		B	Edarbyclor	01/01/13
				B	Hyzaar (Losartan HCT)	09/28/09
				G	telmisartan/HCTZ	01/01/14
				B	Teveten HCT	09/28/09
Angiotensin Receptor Blocker (ARB) Combinations - Other						
B	Azor	01/01/14		G	amlodipine/valsartan	10/08/14
B	Exforge (amlodipine/valsartan)	09/28/09		B	Entresto	11/01/15
B	Exforge HCT	09/28/09		B	Twynsta	01/01/12
B	Tribenzor	01/01/14				
Beta-Adrenergic Blocking Agents - Cardio Selective						
G	atenolol	09/28/09		G	acebutolol	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 (acebutolol)	01/01/13		B	Bystolic	09/28/09
				B	Lopressor	09/28/09
				B	Tenormin (atenolol)	09/28/09
				B	Toprol XL (metoprolol XL)	10/15/15
				B	Zebeta bisoprolol	01/01/14

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Beta-Adrenergic Blocking Agents - Cardio Nonselective						
B	Inderal LA (propranolol SR)	01/01/14		G	Betapace AF (sotalol AFIB/AFL)	01/01/14
B	Levatol	09/28/09		B	Betapace (sotalol)	09/28/09
G	nadolol	10/15/15		B	Corgard (nadolol)	10/15/15
G	pindolol	09/28/09		B	Hemangeol sol	05/07/14
G	propranolol (10, 20, 40, 80mg) tabs and sol	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	01/01/14
G	timolol	09/28/09		B	Sotylize Solution	02/19/15
Beta-Adrenergic Blocking Agent Combinations						
G	atenolol/chlorthalidone	09/28/09		B	Corzide (nadolol/bendroflumethizide)	10/15/15
G	bisoprolol/HCTZ	09/28/09		B	Dutoprol	09/28/09
G	nadolol/bendroflumethiazide	10/15/15		B	Lopressor HCT	01/01/14
G	propranolol HCT	01/01/14		G	metoprolol/HCTZ	01/01/13
				G	propranolol HCT	01/01/13
				B	Tenoretic	09/28/09
				B	Ziac (bisoprolol HCT)	09/28/09
Calcium Channel Blocking Agents						
G	afeditab CR	09/28/09		B	Adalat CC	01/01/13
G	amlodipine	09/28/09		B	Calan, SR	09/28/09
B	Cardene SR	01/01/13		B	Cardizem, CD	09/28/09
B	Cardizem LA	01/01/13		G	diltiazem ER	06/01/13
B	Cartia XT	01/01/13		G	diltzac	01/01/13
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	nimodipine	09/28/09
G	isradipine	09/28/09		G	nisoldipine	04/01/13
G	nicardipine	09/28/09		B	Norvasc	09/28/09
G	nifedical XL	01/01/13		B	Nymalize susp	07/08/13
G	nifedipine	01/01/14		B	Procardia (nifedipine)	01/01/14
G	nifedipine ER	01/01/14		B	Procardia XL	01/01/14
B	Tiazac	01/01/13		B	Sular (nisolpidine)	09/28/09
G	verapamil 40, 80, 120mg	04/01/13		G	taztia XT	01/01/13
G	verapamil ER tabs	09/28/09		G	verapamil SR	01/01/14
B	Verelan PM caps	04/01/13				
B	Verelan SR caps	04/01/13				
Direct Renin Inhibitors/Combinations						
B	Amturnide	01/01/14				
B	Tekamlo	01/01/12				
B	Tekturna, HCT	09/28/09				

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Diuretics						
Loop						
G	furosemide	01/01/16		G	bumetanide	01/01/16
G	torsemide	01/01/16		B	Demadex	01/01/16
				B	Edecrin	01/01/16
				B	Lasix	01/01/16
Thiazide						
B	Diuril oral suspension	01/01/16		G	chlorothiazide	01/01/16
G	hydrochlorothiazide	01/01/16		G	chlorthalidone	01/01/16
G	indapamide	01/01/16		G	methyclothiazide	01/01/16
				G	metolazone	01/01/16
				B	Microzide	01/01/16
Potassium Sparing & Combination						
G	amiloride/HCTZ	01/01/16		B	Aldactone	01/01/16
G	spironolactone	01/01/16		G	amiloride	01/01/16
G	spironolactone/HCTZ	01/01/16		B	Dyazide	01/01/16
G	triamterene/HCTZ (except 50/25mg)	01/01/16		BG	Inspra (eplerenone)	01/01/16
				B	Maxzide	01/01/16
				G	triamterene/HCTZ (50/25mg)	01/01/16
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 (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. [6]Indications: Treatment of intermittent claudication. [7]Indications: Symptomatic management of peripheral vascular disease. [8]Indications: Treatment of intermittent claudication.	B	Agrylin[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 (dipyrimadole)[1]	06/01/12				
B	Trental [8]	07/01/12				

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Central Nervous System						
Antidementia 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		BG	Razadyne (galatamine), ER	09/28/09
				G	rivastigmine	02/20/12
Topical						
B	Exelon Patch	09/28/09	Not PCN or Ntrad	G	rivastigmine patch	9/15/2015
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	06/01/13		B	Halcion (triazolam)	06/01/13
				B	Restoril (temazepam)	06/01/13
				G	temazepam 7.5mg, 22.5mg	06/01/13
				G	triazolam	06/01/13
Non Benzodiazepines, Non Barbiturates						
G	zaleplon	10/15/15	Class quantity limit of 30 per 30 days apply.	B	Ambien	06/01/13
G	zolpidem	06/01/13		B	Ambien CR	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	06/01/13
				G	zolpidem ER	06/01/13
				B	Zolpimist	06/01/13
Barbiturates, Miscellanous						
G	phenobarbital 100mg	06/01/13		B	Donnatal	02/24/15
G	phenobarbital 15mg	06/01/13		G	phenobarbital 16.2mg	06/01/13
G	phenobarbital 30mg	06/01/13		G	phenobarbital 32.4mg	06/01/13
G	phenobarbital 60mg	06/01/13		G	phenobarbital 64.8mg	06/01/13
G	phenobarbital elixir	06/01/13		G	phenobarbital 97.2mg	06/01/13
				B	Seconal	06/01/13

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Contraceptives						
Oral						
Low Dose and Mono-phasic						
G	altavera	01/01/12		G	amethyst	01/01/16
G	alyacen 1/35	01/01/13		G	balziva	01/01/13
G	apri	01/01/14		B	Brevicon	01/01/16
G	aubra	05/05/15		G	briellyn	01/01/13
B	Beyaz	01/01/16		G	Desogestrel/Ethinyl Estradiol	01/01/16
G	chateal	01/01/14		G	Drospirenone/Ethinyl Estradiol	01/01/16
G	cryselle	10/01/11		B	Falessa	01/01/16
G	cycla fem 1/35	01/01/13		B	Generess FE	10/01/11
G	cyred	01/01/16		G	gianvi	01/01/13
G	dasetta 1/35	01/01/13		G	gildagia	01/01/14
G	delyla	07/21/14		G	gildess 1.5/30	10/01/11
G	elinest	04/30/13		G	gildess 24 FE 1/20	01/01/16
G	emoquette	01/01/14		G	junel 1.5/30	10/01/11
G	enskyce	01/01/14		G	junel FE 24 1/20	01/01/16
G	estarylla	01/01/14		G	larin 1.5/30	07/21/14
G	falmina	01/01/13		G	larin 24 FE 1/20	01/01/16
B	Femcon FE	10/01/11		G	layolis FE	01/01/16
G	gildess FE 1.5/30	01/01/16		G	levonorgestrel-ethinyl estradiol	01/01/16
G	gildess, FE 1/20	01/01/14		B	Loestrin	01/01/16
G	junel FE 1.5/30	01/01/16		G	Lomedia 24 FE	01/01/16
G	junel, FE 1/20	01/01/16		G	loryna	10/01/14
G	kelnor	01/01/13		G	Microgestin 1.5/30	01/01/12
G	kurvelo	01/01/14		B	Minastrin 24 Chw FE	01/01/14
G	larin FE 1.5/30	01/01/16		G	nikki	08/04/14
G	larin, FE 1/20	01/01/16		G	Norethindrone/Ethinyl Estradiol FE	01/01/16
G	lessina	10/01/11		G	ocella	01/01/13
G	levonorgestrel/ethinyl estradiol	01/01/16		B	Ogestrel	01/01/13
G	low-ogestrel	10/01/11		B	Ortho-Cept	01/01/16
G	lutera	10/01/11		B	Ortho-Cyclen	01/01/13
G	marlissa	01/01/13		B	Ovcon-35	10/01/11
G	microgestin FE 1/20, 1.5/30	10/01/11		G	philith	01/01/13
B	Modicon	01/01/12		G	syeda	10/01/11
G	mono-linyah	04/01/13		G	vestura	01/01/13
G	necon	11/15/11		G	Vy Femla	01/01/16
G	Norethindrone/Ethinyl Estradiol 1/20	01/01/16		G	wymzya	01/01/13
G	norgestimate/ethinyl estradiol	01/01/13		B	Yasmin	01/01/16
B	Norinyl	01/01/12		B	Yaz	01/01/16
G	nortrel	11/15/11		G	zarah	11/15/11
G	orsythia	01/01/13		G	zenchent	01/01/13
B	Ortho-Novum	10/01/11		G	zeosa	01/01/16

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G	pirmella	07/08/13				
G	portia	01/01/12				
G	previ fem	01/01/13				
G	reclipsen	01/01/14				
B	Safyral	01/01/16				
G	sprintec	10/01/11				
G	sronyx	10/01/11				
G	tarina	01/01/16				
G	wera	01/01/13				
G	zovia	10/01/11				
	Bi-phasic					
B	Necon 10/11-28	01/01/12		G	azurette	01/01/13
				G	desogestr/ethinyl estradiol	01/01/16
				G	kariva	01/01/12
				G	kimidess	01/01/16
				B	Lo Loestrin	01/01/12
				B	Mircette	01/01/16
				G	pimtrea	01/01/16
				G	viorele	01/01/13
	Tri-phasic/Multi-phasic					
G	alyacen 7/7/7	1/1/2013		G	aranelle	10/01/11
G	caziant	01/01/16		B	Cyclessa	01/01/16
G	cycla fem 7/7/7	1/1/2013		B	Estrostep FE	01/01/16
G	dasetta 7/7/7	1/1/2013		G	leena	01/01/11
G	enpresse	01/01/11		B	Ortho Tri-Cyclen	01/01/16
G	levonest	1/1/2013		B	Ortho-Novum 7/7/7	01/01/16
G	myzilra	1/1/2013		B	Quartette	01/01/16
B	Natazia	1/1/2016		G	tilia FE	01/01/11
G	necon 7/7/7	11/15/2011		G	tri-legest FE	01/01/11
G	norgestimate/ethinyl estradiol	1/1/2016				
G	nortrel 7/7/7	11/15/11				
B	Ortho Tri-Cyclen Lo	1/1/2011				
G	pirmella 7/7/7	07/08/13				
G	tri-estaryll	4/1/2013				
G	tri-linyah	4/1/2013				
B	Tri-Norinyl	1/1/2013				
G	tri-previfem	1/1/2013				
G	trivora	1/1/2011				
G	velivet	01/01/16				

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Utah Medicaid Preferred Drug List

Effective January 1, 2016

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Extended Cycle						
G	introvale	01/01/16		G	amethia, Lo	01/01/13
G	jolessa	01/01/16		G	amethyst	01/01/13
B	Loseasonique	01/01/13		G	camrese, Lo	01/01/13
G	quasense	01/01/16		G	daysee	01/01/13
B	Seasonique	01/01/13		G	levonorgestrel/ethinyl estradiol	01/01/13
				B	Quartette	01/01/14
Emergency						
G	aftera	01/01/16		G	econtra EZ	03/01/15
G	levonorgestrel 0.75mg	01/01/13		B	Ella	01/01/16
G	opcicon	01/01/16		G	fallback	01/01/16
B	Plan B	101/1/11		G	levonorgestrel 1.5mg	01/01/16
G	take action	05/14/14		G	my way	08/20/14
				B	Next Choice	01/01/13
Progestin Only						
All generic products in this class are preferred.						
Dermal						
B	Ortho Evra*	01/01/13	*Not Ntrad or PCN	G	Xulane	04/30/13
Vaginal						
B	Nuvaring*	01/01/13	*Not Ntrad or PCN			

Cytokine Modulators

Immunomodulators						
B	Enbrel*	02/01/10	*Injectables not PCN	B	Actemra**	01/01/16
B	Humira*	02/01/10	* Requires Clinical PA	B	Arcalyst**	01/01/16
			**Must fail a preferred agent before using	B	Cimzia*	01/01/13
				B	Cosentyx*	01/01/16
				B	Entyvio*	01/01/16
			Bill J1745	B	Ilaris*	01/01/14
				B	Kineret*	01/01/16
				B	Neumega**	01/01/16
				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

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	Dermatological					
	Acne Products					
	Antibiotics & Combinations (topical)					
B	Acanya	01/01/16	*Requires Clinical PA	B	Benzamycin	08/01/11
B	Akne-mycin	01/01/13	BP=Benzoyl Peroxide	B	Cleocin T	08/01/11
B	Benzaclin, Gel	01/01/13		B	Aczone N.P.	04/01/12
B	Benzamycin (BP/erythromycin)	01/01/13		B	Clindacin Kit	08/01/11
G	clindamycin, lotion, sol, pad	01/01/13		B	Clindagel	08/01/11
B	Epiduo	01/01/14		B	Clindamax	04/01/13
G	erythromycin 2% Gel, Solution	01/01/13		G	clindamycin gel	04/01/13
G	erythromycin/BP	01/01/16		G	clindamycin/BP Gel	04/01/13
B	Evoclin	01/01/14		B	Clindap-T	02/04/15
B	Onexton Gel	01/01/16		B	Clindareach	08/01/11
B	Ziana*	01/01/13		B	Clinoin crm	01/01/15
				G	dapsone	04/01/12
				B	Duac (clindamycin/BP)	01/01/16
				B	EryGel	01/01/16
				B	EryPad	01/01/16
				G	erythromycin pad	01/01/16
				G	erythromycin/BP	01/01/12
				G	neuac	01/01/16
				B	Triseon	02/04/15
				B	Veltin	01/01/13
	Retinoids (topical)					
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% Crea	01/01/14
				B	Tretin-X	08/01/11
	Miscellaneous (topical)					
B	Azelex	01/01/14	Washes Not Covered	B	APOP	09/10/14
B	BP 10-1	01/01/13	** For NP combination products, bill for preferred sepearate ingredient products.	B	Avar-ELS, E	01/01/14
G	BP, 4-6%, gel, cr, lot	08/01/11		B	Bencort	08/01/11
B	Finacea (gel)	01/01/14	BP=Benzoyl Peroxide	B	Benzac AC	08/01/11
B	Klaron	01/01/13	SS=sodium sulfacetamide	G	benzepro	01/01/14
G	SS, cr, liq	08/01/11		G	BP Foam	04/28/14
G	SS/Sulfer 10-5%	01/01/12		G	clarifoam EF	01/01/13
G	sulfacleanse 8-4%	01/01/13		G	clenia	01/01/13
B	Sumaxin TS	01/01/13		B	Finacea (foam)	10/01/15

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				B	Mirvaso	10/01/15
				B	Ovace	01/01/12
				B	Plexion (crm, lot, sol)	03/26/14
				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	SS lotion, wash 10%	01/01/14
				G	virti-sulf	01/01/14
	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
	Antifungals					
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 Shampoo**	01/01/13		B	CNL 8 Nail Kit	10/01/11
B	Naftin (1% cream & gel)	01/01/13		B	Desenex cream	10/01/11
G	nystatin (oint, crm)	10/01/11		G	econazole nitrate (cream)	04/01/13
B	Nystop powder	10/01/11		B	Exelderm	01/01/13
B	Pediaderm AF Complete	01/01/13		B	Extina	10/01/11
G	pedi-dry	10/01/11		B	Fungoid tincture	01/01/13
				G	gentian violet sol	06/01/13
				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
				B	Loprox (gel)	10/01/11
				O	Lotrimin Ultra (butenafine crm 1%)	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

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				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
				B	Vusion	10/01/11
				B	Xolegel*	10/01/11
Antivirals						
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
Corticosteroids						
Very Potent						
G	betamethasone dip 0.05% aug crm, lotn	10/01/13	*Clinical PA required	B	Apexicon 0.05% crm	10/01/13
G	clobetasol 0.05% cream, gel, solution, ointment	01/01/16		G	betamethasone dip 0.05% crm, gel, aug lotn, oint, aug oint	10/01/13
B	Clobex 0.05% spray	01/01/16		G	clobetasol 0.05% lotion, shampoo, spray, foam*	01/01/16
B	Clobex lotion, shampoo	10/01/13		B	Clobex 0.05% spray	10/01/13
B	Cormax Scalp 0.05% sol	10/01/13		B	Clodan	10/01/15
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	fluocinonide 0.1% cream	01/01/14
				G	halobetasol 0.05% crm, oint	10/01/13
				B	temovate oint, gel, crm	10/01/13
				B	Ultravate	10/01/15
				B	Vanos 0.1% cream	10/01/13
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
				G	triamcinolone 0.5%	01/01/16

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	Midstrength					
G	betamethasone val. 0.1% crm, foam, oint	10/01/13	*Clinical PA required HC=hydrocortisone	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
G	fluocinolone 0.025% crm, oint	10/01/13		B	Cloderm Cream 0.1%	10/01/13
G	fluticasone lotn, oint	10/01/13		B	Cutivate 0.05% crm, lotn	10/01/13
B	Kenalog spray	10/01/13		BG	Dermatop (prednicarbate)	01/01/15
B	Luxiq Foam 0.12%*	10/01/13		G	desoximetasone 0.05% crm, oint, gel	10/01/13
G	mometasone 0.1% crm, sol	10/01/13		B	Elocon 0.1% crm, lotn	01/01/16
B	Pandel Cream 0.1%	10/01/13		G	fluocinolone 0.025% crm, oint	10/01/13
G	triamcinolone 0.1% oint, crm, lotn	10/01/13		G	fluticasone cream	10/01/13
				G	fluticasone lotn	01/01/16
				G	HC val 0.2% crm, oint	01/01/16
				G	prednicarbate 0.1% crm, oint	10/01/13
				B	Synalar 0.025% crm, oint	10/01/13
				B	Topicort 0.5% crm, oint, gel	10/01/13
				B	Westcort 0.2% oint	01/01/16
	Mild strength					
G	alclometasone dip 0.05% cream	01/01/16	HC=hydrocortisone	G	desonide 0.05% gel	10/01/13
B	Capex Shampoo 0.01%	10/01/13		B	Desowen	10/01/15
B	Corticool Gel 1%	10/01/13		G	fluocinolone ace 0.01% sol, oil	10/01/13
B	Derma-Smooth Oil	10/01/13		G	HC but 0.1% oint	01/01/16
G	desonide 0.05% crm, lot, oint	10/01/13		B	Pediaderm HC kit	10/01/13
G	fluocinolone ace 0.01% crm	01/01/16		B	Texacort 2.5% sol	10/01/13
G	HC 0.5% crm, oint	10/01/13		G	triamcinolone 0.05%	03/01/15
G	HC 1% crm, lot, oint	10/01/13		B	Trianex 0.05% oint	10/01/13
G	HC 2.5% crm, lot, oint	10/01/13		B	U-Cort	01/01/16
G	HC but 0.1% cream	01/01/16		B	Verdeso Aero 0.05% foam	10/01/13
G	HC But 0.1% sol	10/01/13				
G	triamcinolone 0.025% oint, lot, crm	10/01/13				
	Steroid/Antifungal Combinations					
G	nystatin/triamcinolone (ointment)	01/01/14		B	clotrimazole/betamethasone (crm & lotion)	01/01/13
				G	dermazene cream	01/01/14
				B	Lotrisone (cream & lotion)	01/01/13
				G	nystatin/trimacinolone (cream)	01/01/13
				B	Vusion ointment	01/01/14
	Immunomodulating Agents					
B	Elidel	01/01/15	*Class requires Clinical PA	B	Protopic	01/01/15

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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		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	Lidovin Cream 3.95%	04/15/15
				B	Lidozol Cream 3.75%	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
				BG	Prolida (lidocain) patch*	03/01/15
				B	Qutenza	01/01/15
				B	Synera Patch*	01/01/15
Scabicides/Pediculocides						
B	Natroba	01/01/15		B	Elimite	01/01/15
G	permethrin	01/01/15		B	Eurax	01/01/16
B	Sklice	01/01/15		G	lindane	01/01/16
G	SM Lice	01/01/15		G	malathion	01/01/15
B	Ulesfia	01/01/15		B	Ovide	01/01/15
				G	Spinosad	01/01/15

Diagnostic Products

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

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Epinephrine						
Autoinjectors						
B	Epipen	01/01/15	72 Hour Emergency Supply Allowed	B	Adrenaclick	01/01/15
B	Epipen-JR	01/01/15		B	Auvi-Q	01/01/16
				G	epinephrine	01/01/15
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				
Combinations						
B	Activella	01/01/13		B	Angeliq	10/01/11
B	Climara Pro	1/1/2016		G	estradiol-norethindrone	10/01/11
B	Femhrt	01/01/14		B	Jevantique	10/01/11
G	lopreeza	10/15/15		B	Jinteli	10/01/11
B	Prempro	10/1/2011		G	mimvey, mimvey lo	10/01/11
				B	Prefest	10/01/11
				B	Premphase	10/01/11
Topical & Miscellaneous						
B	Alora* patch	01/01/14	*Not covered Ntrad or PCN, non traditional dosage forms not covered.	B	Climara* patch	01/01/16
B	Combipatch* patch	01/01/14		B	Elestrin gel*	10/01/11
B	Divigel*	01/01/16		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	Menostar*	10/01/11
				B	Minivelle* patch	01/01/14
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

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Gastrointestinal (GI)						
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 sup**	01/01/15		G	dimenhydrinate inj**, tabs	01/01/15
G	promethazine tab, syp, sup	01/01/15		G	meclizine 25mg tabs*	01/01/15
B	Tigan caps (trimethobenzamide)	01/01/15		G	phenadoz	01/01/15
B	Transderm-SC dis**	01/01/15		B	Phenergan (promethazine)	01/01/15
				G	prochlorperazine sup, inj **	01/01/15
				B	Tigan inj**	01/01/15
Miscellaneous newer classes						
G	ondansetron inj*	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 tabs	01/01/13		B	Emend (aprepitant)	09/30/09
				B	Emend (fosaprepitant)	09/30/09
				G	ganisetron HCL tab	01/01/13
				B	Ganisol Sol*	01/01/13
				G	granisetron HCL inj*	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
Bowel Evancuant Combinations						
G	gavilyte-c	01/01/16		B	Colyte	01/01/16
G	gavilyte-g	01/01/16		G	gavilyte-h	01/01/16
G	gavilyte-n	01/01/16		G	PEG-3350/electrolytes	01/01/16
B	Golytely	01/01/16		B	Prepopik	01/01/16
B	Moviprep	01/01/16		B	Suclear	01/01/16
B	Nulytely	01/01/16		B	Suprep	01/01/16
Inflammatory Bowel Agents						
Oral						
B	Apriso	01/01/15		B	Asacol, HD	01/01/15
G	balsalazide	07/01/14		B	Azulfidine (sulfasalazine)	07/01/14
B	Delzicol	01/01/16		B	Colazal	07/01/14
B	Pentasa 250mg CR	01/01/15		B	Dipentum	07/01/14
G	sulfasalazine	07/01/14		B	Giazo	07/01/14
				B	Lialda	01/01/16
				B	Pentasa 500mg CR	01/01/15
Rectal						
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

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Utah Medicaid Preferred Drug List

Effective January 1, 2016

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Irritable Bowel Syndrome Agents						
B	Linzess	01/01/16	*Clinical PA required	G	alosetron	01/01/16
				B	Amitiza*	01/01/16
				B	Lotronex	01/01/16
				B	Viberzi	01/01/16
Pancreatic Enzymes						
B	Creon	08/01/11		B	Pancreaze	01/01/12
G	pancrelipase	10/15/15		B	Pertzye	01/01/14
B	Zenpep	08/01/11		B	Ultrase	08/01/11
				B	Viokase	08/01/11
Phosphate Binders						
G	calcium acetate	10/15/15	**Clinical PA required	B	Auryxia	10/15/15
B	Eliphos	07/01/14	*Ntrad PA, Not PCN.	B	Fosrenol	07/01/14
B	Phoslyra soln	07/01/14		B	Renvela	07/01/14
B	Renagel	07/01/14		B	Velphoro	07/01/14
Ulcer Drugs						
H2 Antagonists						
G	cimetidine	06/01/13	OTC not covered PCN	B	Axid capsules & solution	06/01/13
G	cimetidine solution	06/01/13		G	nizatidine	06/01/13
G	famotidine	06/01/13		B	Pepcid	06/01/13
G	ranitidine syrup	06/01/13		B	Tagamet	06/01/13
G	ranitidine tablets	06/01/13		B	Zantac (ranitidine)	06/01/13
Proton Pump Inhibitors						
B	Nexium caps	01/01/16	*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.	B	Aciphex	01/01/16
G	omeprazole capsules 20mg**	01/01/13		B	Dexilant*	01/01/16
G	pantoprazole*	01/01/13		G	esomeprazole*	03/01/15
B	Protonix susp. Packet*	01/01/13		G	lansoprazole, suspension	01/01/13
				B	Nexium susp	01/01/14
				B	omeprazole 10mg, 40mg, susp, tabs	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

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	Growth Hormone					
B	Genotropin	10/01/10	Class requires Clinical PA	B	Humatrope	01/01/15
B	Norditropin	01/01/14		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
	Hematopoietics					
	Erythropoiesis Stimulating Agents (ESAs)					
B	Epogen 1000 mg/ml	07/01/14	Class requires Clinical PA	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
	Immune Globulin					
B	Gamastan S/D	01/01/16		B	Bivigam	01/01/16
B	Gammagard	01/01/16		B	Carimune	01/01/16
B	Gammagard SD	01/01/16		B	Flebogamma	01/01/16
B	Gamunex-C	01/01/16		B	Gammaked	01/01/16
				B	Hizentra	01/01/16
				B	Hyqvia	01/01/16
				B	Octagam	01/01/16
				B	Privigen	01/01/16
	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
				BG	Cafergot (Ergotamine/Caffeine)	01/01/16
				B	Cambia	01/01/16
				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

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	Multiple Sclerosis Agents					
B	Avonex*	02/01/10	*Ntrad PA, Not PCN.	B	Ampyra**	01/01/13
B	Betaseron*	01/01/16	**Clinical PA required	B	Aubagio	01/01/13
B	Copaxone 20mg*	09/28/09		B	Copaxone 40mg	05/30/14
B	Tecfidera	01/01/16		B	Extavia	01/01/16
				B	Gilenya	01/01/13
				G	Glatopa	07/01/15
				B	Lemtrada	01/01/16
				B	Rebif*	01/01/15
				B	Tysabri	01/01/13
	Multivitamins					
	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.	B	Active OB Cap	01/01/15
B	Citranatal MIS 90 DHA*	01/01/15		B	Enbrace HR Cap	01/01/16
B	Concept DHA Cap*,**	01/01/15		B	Focalgin 90 MIS DHA	01/01/15
B	Prenate Cap Enhance*	01/01/15	**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	Focalgin CA MIS	01/01/15
B	Prenate DHA Cap (FeFum)*	01/01/16		B	Infanate Cap Plus	01/01/15
B	Select-OB+ Pak DHA*	01/01/16		B	Nestabs Abc MIS	01/01/15
B	Vitafol-OB Pak +DHA*,**	01/01/16		BG	NON-DHA/Folate products	01/01/16
B	Vitafol-One Cap*	01/01/16		B	PreferaOb MIS +DHA	01/01/15
				B	Prenate Cap Essent	01/01/15
BG	ALL OTHERS with DHA/Folate***	01/01/16	***All rebate eligible prescription prenatal vitamins not listed here should be considered PREFERRED if they contain folic acid and DHA.	B	Prenate Cap Pixie	01/01/15
				B	Prenate DHA Cap (FeAsp)	01/01/15
				B	Prenate Mini Cap	01/01/16
				B	Provida DHA Cap	01/01/15
				B	Tristart DHA Cap	01/01/15
				B	Vinate DHA Cap 27-1.13	01/01/15
				B	Vitafol Cap Ultra	01/01/15
				B	VP CH Ultra Cap	01/01/15

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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	cyclobenzaprine 5mg, 10mg	09/28/09		G	carisoprodol	01/01/16
				G	carisoprodol/aspirin	09/28/09
				G	carisoprodol/aspirin/codeine	09/28/09
				G	cyclobenzaprine 7.5mg	01/01/14
				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
				G	orphenadrine/aspirin/caffeine	09/28/09
				B	Parafon Forte	01/01/16
				B	Robaxin (methocarbamol)	01/01/13
				BG	Skelaxin (metaxalone)	01/01/16
				B	Soma 250mg & 350mg	01/01/14
				B	Therabenzaprine	01/01/14
Agents for Long Term Treatment						
G	baclofen	09/28/09	*Class 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
Nasal						
Antihistamines						
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
				G	olapatadine	01/01/16
Corticosteroids						
B	Beconase AQ	01/01/13		B	Flonase	01/01/14
G	flunisolide	01/01/13		B	Nasacort AQ	01/01/14
G	fluticasone propionate (Flonase)	10/01/09		B	Nasarel	10/01/09
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

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Ophthalmics						
Anti-Glaucoma Agents						
Alpha Adrenergics						
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				
Prostaglandins						
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
Antibiotics						
Quinolones						
B	Vigamox	06/01/12		B	Besivance	06/01/12
B	Moxeza	01/01/13		B	Zymaxid	06/01/12
Non-Quinolones						
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
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
				G	olapatadine	01/01/16
				B	Optivar	10/01/10
				B	Pazeo (olopatadine)	02/24/15
				B	Zaditor (ketotifen)	10/01/10

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Anti-Inflammatory						
Corticosteroids						
B	Alrex	06/01/12	*Bill J code	G	dexamethasone sodium	01/01/13
B	Flarex	06/01/12		B	Durezol	06/01/12
G	fluorometholone	06/01/12		B	FML liquifilm, oint	01/01/13
B	FML Forte	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		B	Pred Forte	01/01/13
G	prednisolone acetate	06/01/12		G	prednisolone sod phosphate 1%	06/01/12
				B	Retisert*	06/01/12
				B	Vexol	06/01/12
NSAIDs						
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
Combinations						
B	Blephamide drops	06/01/12		B	Bleph-10	01/01/13
B	Maxitrol	06/01/12		B	Blephamide S.O.P. ointment	01/01/16
G	neomycin/polymyxin/dexamethasone	06/01/12		B	Cortomycin	06/01/12
G	sulfacetamide sodium drops	01/01/13		B	Maxitrol	01/01/16
B	Tobradex (0.3/0.1% drops)	01/01/13		G	neomycin/bacitracin/polymyxin-HC	06/01/12
B	Tobradex ointment	01/01/16		G	neomycin-polymyxin-HC	06/01/12
B	Tobradex ST (0.3/0.05% drops)	01/01/16		B	Pred-G	01/01/13
G	trimethoprim/polymyxin B	06/01/12		B	Pred-G S.O.P.	06/01/12
				G	sulfacetamide sodium ointment	01/01/13
				G	tobramycin-dexamethasone	06/01/12
				B	Zylet	06/01/12
Otic Agents						
Antibiotics						
G	ciprofloxacin HCl Otic Soln 0.2%	01/01/16				
G	ofloxacin Soln 0.3%	10/01/13				
Corticosteroids						
B	DermOtic	11/01/15		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

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Combinations						
B	AuroDex	10/01/13		B	Cortisporin sus - TC	11/01/15
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%	11/01/15
B	Coly-Mycin sus	11/01/15		B	Otozin	01/01/14
G	neomycin-polymyxin-HC sus 1%	11/01/15		B	Pinnacaine drops 20%	10/01/13
Platelet Aggregation Inhibitors			**Clinical PA required			
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 (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 300mg [2]	06/01/12
				B	Plavix 75mg [2]	01/01/13
				B	Ticlid (ticlopidine)	06/01/12
				B	Zontivity	10/01/15
Prostatic Hypertrophy Agents						
G	alfuzosin	01/01/14		BG	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
Pulmonary Hypertension						
Endothelin Antagonists						
B	Letairis	01/01/12		B	Opsumit	10/01/13
B	Tracleer	01/01/12				
Phosphodiesterase-5 Enzyme (PDE-5) Inhibitors						
G	sildenafil	09/01/13	*Tablet only for Ntrad/PCN	B	Adcirca	01/01/14
				B	Revatio*	09/01/13
Prostacyclins						
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	Uptravi	01/15/16
				B	Veletri*	06/01/12
				B	Ventavis	01/01/14

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Respiratory						
Asthma & COPD						
Antiholinergics						
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				
Short Acting Beta Agonists (SABA)						
B	Accuneb (albuterol)	04/01/13		G	levalbuterol	01/01/13
G	albuterol (.63mg/3ml) (1.25mg/3ml)	04/01/13		B	Maxair	09/28/09
G	albuterol (2.5 mg/3ml) (5 mg/ml)	01/01/13				
B	ProAir HFA	09/28/09				
B	Proventil HFA	01/01/13				
B	Ventolin HFA	09/28/09				
B	Xopenex	01/01/12				
B	Xopenex HFA	01/01/12				
Long Acting Beta Agonists (LABA)						
B	Foradil	01/01/16		B	Arcapta	10/01/15
B	Perforomist	09/28/09		B	Brovana	01/01/16
B	Serevent Diskus	09/28/09		B	Striverdi	04/30/15
Corticosteroids						
B	Aerospan	01/01/16		B	Alvesco	01/01/14
B	Flovent Discus, HFA	06/28/11		B	Arnuity Ellipta	01/01/15
B	Pulmicort 0.25/2ml, 0.5/2ml	01/01/13		B	Asmanex	01/01/16
B	Pulmicort Flexhaler	01/01/13		B	Asmanex 220	01/01/15
B	Qvar	09/28/09		G	budesonide ampules	01/01/13
				B	Pulmicort 1mg/2ml	09/28/09
Leukotriene Receptor Antagonists						
G	montelukast tabs, chew tabs	01/01/13		B	Accolate	01/01/16
G	zafirlukast	01/01/16		G	montelukast granules	01/01/13
				B	Singulair (montelukast)	01/01/13
				B	Zyflo, CR	10/15/15
Oral Beta Agonists						
G	albuterol tab, syrup	01/01/13		G	albuterol ER	01/01/16
G	metaproterenol syrup	01/01/13		G	metaproterenol tabs 10mg, 20mg	01/01/13
G	terbutaline	01/01/13		B	Vospire ER	01/01/13
Phosphodiesterase 4 (PDE-4) Inhibitors						
B	Daliresp	01/01/14				
Combinations						
B	Advair Diskus	09/28/09		B	Advair HFA	01/01/16
B	Breo Ellipta	01/01/16		B	Anoro Ellipta	01/01/14
B	Dulera	05/23/11		B	Combivent, Respimat	04/01/13
G	ipratropium/albuterol	01/01/14		B	Stiolto	10/01/15
B	Symbicort	01/01/13				

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Smoking Deterrents						
Nicotine Replacement Products						
O	Commit	01/01/11	Class not Ntrad or PCN Bill Medicare for Medicare part D dual eligibles	B	Nicotrol Inhaler	04/01/13
O	Nicoderm	01/01/11		B	Nicotrol NS	01/01/11
O	Nicorelief	01/01/11				
O	Nicorette	01/01/11				
O	Nicotine Gum	01/01/11				
O	Nicotine Lozenges	01/01/14				
O	Nicotine Patch	01/01/11				
O	Nicotine Sys Kit	01/01/14				
Urinary						
Antispasmodics						
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
Long Acting						
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 Rx Patch*	01/01/16		B	Enablex	01/01/14
B	Toviaz	09/28/09		B	Myrbetriq	05/09/13
B	Vesicare	09/28/09		G	tolteradine ER	01/01/14
				G	trospium chloride ER	10/01/13
Vitamin D Analogs						
BG	Drisdol (vitamin D)	01/01/15		G	doxercalcif	01/01/15
B	Hectorol	01/01/15		B	Hectorol 4mcg/2ml inj	01/01/15
BG	Rocaltrol (calcitriol)	11/01/15		BG	Zemplar (paricalcitol)	01/01/15

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.