

Utah Medicaid Preferred Drug List

Effective February 1, 2016

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Allergenic Extracts						
Allergen Immunotherapy						
B	Grastek*	01/01/15	*Clinical PA required			
B	Ragwitek*	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. **OTC not covered. ***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	01/01/13		BG	Daypro (oxaprozin)	02/01/16
G	etodolac 200mg, 400mg, 500mg	01/01/12		G	diclofenac gel	01/01/15
G	flurbiprofen	01/01/12		G	diclofenac sodium DR 25mg	01/01/13
G	ibuprofen	09/28/09		G	diclofenac solution	05/30/14
B	Indocin susp	01/01/12		B	Dyloject inj	08/12/15
G	indomethacin tabs	01/01/12		B	EC-Naprosyn	01/01/14
G	ketoprofen	01/01/12		G	etodolac 300mg	05/30/14
G	ketorolac injectable*	09/28/09		G	etodolac ER	05/30/14
G	ketorolac tabs	09/28/09		BG	Feldene (piroxicam)	01/01/13
G	meloxicam tabs	09/28/09		B	Flector Patch*	04/01/12
B	Mobic susp	01/01/13		G	ibuprofen cream 10%	04/30/13
G	nabumetone	09/28/09		G	indomethacin CR	01/01/12
B	Naprelan SR	01/01/13		G	ketoprofen ER	01/01/12
G	naproxen sodium**	09/28/09	G	meclofenamate	01/01/13	
G	naproxen tabs, EC, susp	09/28/09	G	meloxicam susp	01/01/13	
G	sulindac	01/01/12	B	Mobic tabs	01/01/13	
B	Voltaren gel	04/01/12	BG	Nalfon (fenoprofen)	01/01/13	
				B	Naprosyn	01/01/14
				B	Pennsaid	04/01/12
				BG	Ponstel (mefenamic acid)	01/01/13
				B	Prastera	05/15/15
				B	Rexaphenac cre 1%	10/20/14
				B	Solaraze gel	01/01/14
				G	sprix nasal spray*	09/28/09
				B	Tivorbex	05/13/15
				B	Tolmetin	01/01/13
				B	Vivlodex	02/01/16
				BG	Voltaren-XR	01/01/14
				B	Zipsor	07/01/12
				B	Zorvolex	11/01/13

B = Brand
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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.

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Opioids						
Short Acting						
B	Actiq** ,***	01/01/15	*Clinical PA required Class quantity limits apply. **Not covered Ntrad or PCN ***Terminal cancer diagnosis only.	B	Abstral** ,***	01/01/15
G	codeine	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	morphine sup**	01/01/15
G	oxycodone tab, sol	01/01/15		B	Nucynta*	01/01/15
G	tramadol	01/01/15		B	Oxaydo	10/01/15
				B	Oxecta	01/01/15
				G	oxycodone con	02/01/16
				G	oxymorphone	01/01/15
			B	Subsys** ,***	01/01/15	
			B	Ultram	01/01/15	
Long Acting						
G	fentanyl patch (12, 25, 50, 75)**	02/01/10	*Clinical PA required Class quantity limits apply. **Not covered Ntrad or PCN ***Terminal cancer diagnosis only.	BG	Avinza (morphine sulfate beads)	09/28/09
G	fentanyl patch (100)** ,***	02/01/16		B	Belbuca**	01/01/16
B	Kadian (10, 20, 30, 50, 60, 80, 100)	01/01/14		B	Butrans**	10/30/14
G	morphine sulfate ER tabs	01/01/14		B	Conzip ER (tramadol ER)	08/18/14
B	MS Contin	01/01/14		BG	Dolophine (methadone)	01/01/16
B	Opana ER (5, 7.5, 10, 15)	01/01/13		B	Duragesic Patch**	01/01/11
				B	Embeda	01/20/15
				BG	Exalgo (hydromorphone ER)	01/01/15
				G	fentanyl patch (37.5, 62.5, 87.5)**	09/28/09
				B	Hysingla ER	12/15/14
				B	Kadian (40, 70, 130, 150, 200)	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	
			G	oxycodone ER	02/01/16	
			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 *Not PCN or Ntrad	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
				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 *Not PCN or Ntrad **Bill S0189 code	B	Anadrol-50	06/01/12
B	Oxandrin	01/01/13		B	Android	01/01/13
				B	Androxy	01/01/13
				B	Delatestryl	01/01/13
				B	Depo-Testosterone 200mg/ml *	01/01/15
				B	Methitest	01/01/13
				G	oxandrolone	01/01/13
				G	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	cefepodoxime proxetil tablets	02/01/10
G	cefditoren	02/01/10		B	Omnicef	02/01/10
G	cefepodoxime proxetil (susp. only)	01/01/13		B	Spectracef (cefditoren pivoxil)	02/01/10
B	Suprax (liq, caps, tabs, susp)	02/01/10		B	Vantin (cefepodoxime)	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
G	levofloxacin tabs, sol	02/01/16		G	ciprofloxacin SR 24HR, XR	02/01/10
				B	Factive	02/01/10
				B	Levaquin	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 micronized)	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 Class requires Clinical PA	B	Bydureon	01/01/14
B	Victoza	01/01/14		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	Quaquin	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

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

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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						
Direct Acting Antivirals (DAAs)						
B	Daklinza*	01/01/16	*Clinical PA required			
B	Harvoni*	01/01/15				
B	Olysio*	03/13/14				
B	Sovaldi*	03/13/14				
B	Technivie*	01/01/16				
B	Viekira Pak*	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 dinitrate 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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Effective February 1, 2016

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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 (nisoldipine)	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 (dipyridamole) 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 thrombocytopenia associated with myeloproliferative disorders. ⁵ Indications: Treatment of thrombocytopenia associated with myeloproliferative disorders. ⁶ Indications: Treatment of intermittent claudication. ⁷ Indications: Symptomatic management of peripheral vascular disease. ⁸ Indications: Treatment of intermittent claudication.	B Agrylin 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 (dipyridamole) 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	02/01/16		G	Namenda, XR	2/1/2016
B	Razadyne Sol	01/01/15		B	Namzaric	4/15/2015
				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, Miscellaneous						
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	elinst	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	philitlith	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	pimtree	01/01/16
				G	violele	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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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	10/1/11		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	<p style="color: blue; margin: 0;">*Requires Clinical PA</p> <p style="margin: 0;">Injectables not PCN</p> <p style="margin: 0;">Non-preferred agents: must fail a preferred agent before using, even if no clinical PA is required</p>	B	Actemra	01/01/16
B	Humira*	02/01/10		B	Arcalyst	01/01/16
				B	Cimzia*	01/01/13
				B	Cosentyx*	01/01/16
				B	Entyvio*	01/01/16
				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* Bill J1745	01/01/14
				B	Simponi*	02/01/10
				B	Stelara*	10/01/11
				B	Xeljanz*	09/15/14

Utah Medicaid Preferred Drug List

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Preferred Drugs	Date	Comments	Non Preferred Drugs	Date		
Dermatological						
Acne Products						
Antibiotics & Combinations (topical)						
B	Acanya	01/01/16	*Requires Clinical PA BP=Benzoyl Peroxide	B	Benzamycin	08/01/11
B	Akne-mycin	01/01/13		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% Cre	01/01/14
				B	Tretin-X	08/01/11
Miscellaneous (topical)						
B	Azelex	01/01/14	Washes Not Covered For NP combination products, bill for preferred sepearate ingredient products. BP=Benzoyl Peroxide SS=sodium sulfacetamide	B	APOP	09/10/14
B	BP 10-1	01/01/13		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		B	Benzac AC	08/01/11
B	Klaron	01/01/13		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	virtu-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 <u>*Requires Clinical PA</u> **Not Covered NonTrad/PCN	B	Ciclodan	01/01/13
B	Ertaczo	01/01/14		G	ciclopirox (gel, soln, shampoo, crm)	10/01/11
G	ketoconazole (shampoo, cream)	10/01/11		G	clotrimazole cream (Rx & OTC)	10/01/11
B	Loprox 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	Corticoool 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

Utah Medicaid Preferred Drug List

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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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	Accucheck 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	Iopreeza	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	granisetron 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 Evacuants 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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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 *Ntrad PA, Not PCN.	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		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 Class not Ntrad and PCN	B	Humatrope	01/01/15
B	Norditropin	01/01/14		B	Nutropin	01/01/13
				B	Omnitrope	01/01/13
				B	Saizen	10/01/10
				B	Serostim	10/01/10
				B	Tev-Tropin	10/01/10
				B	Zorbtive	01/01/13
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 equivalent), 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	**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 90 MIS DHA	01/01/15
B	Prenate Cap Enhance*	01/01/15		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
BG	ALL OTHERS with DHA/Folate***	01/01/16		B	Prenate Cap Essent	01/01/15
				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	lopidine	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
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				
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			
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	tropium 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	tolterodine ER	01/01/14
				G	tropium 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

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