Utah Medicaid Preferred Drug List

Effective March 15, 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				

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
	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 sol	05/30/14
B	Indocin susp	01/01/12		B	Dyloject inj	08/12/15
G	indomethacin tab	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 tab	09/28/09		BG	Feldene (piroxicam)	01/01/13
G	meloxicam tab	09/28/09		B	Flector patch*	04/01/12
B	Mobic susp	01/01/13		G	ibuprofen crm 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 tab, EC, susp	09/28/09		G	meloxicam susp	01/01/13
G	sulindac	01/01/12		B	Mobic tab	01/01/13
B	Voltaren gel	04/01/12		BG	Nalfon (fenoprofen)	01/01/13
				B	Naprosyn	01/01/14
				G	naproxen sodium SR	03/01/16
				B	Pennsaid	04/01/12
				BG	Ponstel (mefenamic acid)	01/01/13
				B	Prastera	05/15/15
				B	PrevidolRX	03/15/16
				B	Rexaphenac crm 1%	10/20/14
				B	Solaraze gel	01/01/14
				B	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

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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 ***Not covered 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 tab	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 cap	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	B	Androderm*	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	Axiron	01/01/13
			*Not PCN or Ntrad	B	Fortesta	06/01/12
				B	Natesto*	03/16/15
				B	Striant*	02/15/16
				G	testosterone 1% (pump)	06/24/14
				B	Vogelxo	06/09/14
			Other			
G	danazol	02/15/16	Class requires PA	B	Anadrol-50	06/01/12
B	Depo-Testosterone 100mg/ml*	06/01/12	*Not PCN or Ntrad **Bill J code	B	Android	01/01/13
				B	Androxy	01/01/13
				B	Aveed*	03/17/14
				B	Depo-Testosterone 200mg/ml *	01/01/15
				B	Methitest	01/01/13
				G	methyltestosterone cap	02/15/16
				G	oxandrolone	01/01/13
				G	testosterone cypionate*	01/01/13
				G	testosterone enanthate*	06/01/12
				B	Testopel*,**	01/01/15
				B	Testred	01/01/13

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
	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 tab	01/01/15				
G	streptomycin	01/01/15				
G	tobramycin	01/01/15				

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Cephalosporins						
3rd Generation Oral						
G	cefdinir	02/01/10		BG	Cedax (ceftibuten)	02/15/16
G	cefixime susp	02/15/16		G	cefpodoxime tab	02/01/10
G	cefpodoxime susp	01/01/13		BG	Spectracef (cefditoren)	02/15/16
B	Suprax cap, tab, chw	02/01/10		B	Suprax susp	02/15/16
Quinolones						
B	Cipro susp	02/01/10		B	Avelox (moxifloxacin)	01/01/14
G	ciprofloxacin	02/01/10		B	Cipro, XR tab	02/01/10
G	levofloxacin	02/01/16		G	ciprofloxacin SR	02/01/10
				B	Factive	02/01/10
				B	Levaquin	02/01/16
				G	ofloxacin	02/01/10

Anticoagulants

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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
				B	Tresiba	03/15/16

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Mixtures						
O	Humalog 50/50	09/28/09	All pens require Clinical PA Class Quantity limits			
O	Humalog 75/25	09/28/09				
O	Humulin 70/30	09/28/09				
O	Novolog 70/30	02/01/10				
O	Novolin 70/30	02/01/10				
Non-Insulin						
Sulfonylureas						
BG	Diabeta (glyburide)	07/01/14		B	Amaryl	07/01/14
G	glimepiride	07/01/14		BG	Chlorpropam (chlorpropamide)	07/01/14
G	glipizide	07/01/14		B	Glucotrol	07/01/14
G	glyburide micronized	07/01/14		B	Glynase	07/01/14
				G	tolazamide	07/01/14
				G	tolbutamide	07/01/14
Sulfonylurea Combinations						
G	glyburide/metformin	07/01/14		B	Glucovance	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	01/01/16
				B	Trulicity	10/08/14
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	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			
BG	Ancobon (flucytosine)	01/01/14	*Requires Clinical PA	B	Cresemba	04/01/15
G	clotrimazole	10/01/11		B	Diflucan	01/01/13
G	fluconazole	10/01/11		B	Grifulvin V	10/01/11
G	griseofulvin susp	01/01/13		G	griseofulvin tab	10/01/11
G	ketoconazole	01/15/12		B	Gris-PEG	10/01/11
G	nystatin	10/01/11		G	itraconazole	04/01/13
G	terbinafine*	10/01/11		B	Lamisil*	10/01/11
G	voriconazole	10/01/15		B	Noxafil	10/01/11
				B	Onmel	01/01/14
				B	Oravig	01/01/13
				B	Sporanox	01/01/13
				B	Vfend	01/01/13

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
	Antihistamines					
			1st Generation			
G	Aller-Chlor Syp	07/01/14	*Not covered Ntrad, PCN	B	Atarax	07/01/14
G	cyproheptadine	07/01/14		BG	carbinoxamine	07/01/14
BG	diphenhydramine	07/01/14		G	chlorpheniramine	07/01/14
BG	doxylamine	02/15/16		BG	clemastine	07/01/14
G	ED-Chlortan	07/01/14		B	ED Chlorped liq	07/01/14
G	hydroxyzine HCl, pamoate	07/01/14		B	Triaminic oral strip*	07/01/14
				B	Vanahist	07/01/14
				B	Vistaril	07/01/14
			2nd Generation			
G	cetirizine tab	07/01/14	Chewable tabs not covered Ntrad and PCN	G	cetirizine chew tab, sol	07/01/14
BG	Claritin (loratadine)	07/01/14		BG	Clarinex (desloratadine)	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	Alinia susp	01/01/15		B	Alinia tab	01/01/15
B	Flagyl 375mg	01/01/15		B	Flagyl 250mg, 500mg	01/01/15
G	metronidazole 250mg, 500mg	01/01/15		B	Flagyl ER tab	01/01/15
B	Tindamax	01/01/15		G	metronidazole 375mg	01/01/15
				B	Nebupent	01/01/15
				G	paromomycin	01/01/15
				B	Pentam	01/01/15
				G	tinidazole	01/01/15
			Antimalarials			
G	chloroquine	01/01/16		G	atovoquone/proguanil	01/01/16
B	Malarone	01/01/16		B	Coartem	01/01/16
B	Plaquenil	02/15/16		B	Daraprim	01/01/16
B	Primaquine	01/01/16		G	hydroxychloroquine	02/15/16
				G	mefloquine	01/01/16
				BG	Qualaquin (quinine)	01/01/16
			Vaginal			
B	AVC	01/01/13	*OTC Not PCN **crm with applicator	B	Cleocin	03/01/16
G	clindamycin	03/01/16		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		G	Metronidazole vaginal gel 1.3%	03/06/15
G	metronidazole vaginal gel	04/18/13		G	miconazole 1-3 kit*	10/01/11
G	miconazole 4% crm*	01/01/13		B	Monistat 7	10/01/11
G	miconazole 7*,**	10/01/11		B	Nuvessa	03/06/15
G	Vandazole	01/01/13		B	Terazol	10/01/11
				G	terconazole	10/01/11
				G	tioconazole	01/01/13
				B	Vagistat-1-3 kit*	10/01/11

Antineoplastics

Enzyme Inhibitors

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

Some agents in this class require a clinical PA. See website for details.

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	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		BG	Comtan (entacapone)	01/01/14
				B	Duopa	02/11/15
				B	Lodosyn	10/15/15
				B	Northera	08/15/14
				B	Rytary	10/01/15
				B	Sinemet	01/01/14
				B	Stalevo	01/01/14
				B	Tasmar (tolcapone)	10/01/09
			MAO Inhibitors			
G	selegiline	02/01/10		B	Azilect	10/01/09
				B	Zelapar	10/01/09
			Non-ergot Derived Dopamine Receptor Agonists			
G	pramipexole	12/02/11	*Not Ntrad or PCN	B	Mirapex	01/01/13
G	ropinirole	10/01/09		B	Neupro patch*	10/01/09
				B	Requip	10/01/09
				G	ropinirole ER	10/01/09

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
	Antivirals					
			Anti-Influenza			
			Oral			
G	amantadine	01/01/14		G	rimantadine	06/01/13
B	Relenza	03/01/16		B	Flumadine	01/01/14
B	Tamiflu	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	Reyataz	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	Intron-A	01/01/14
B	Peg-Intron	01/01/14		B	Sylatron	01/01/14
	Nucleoside Analogues					
G	moderiba 200mg	03/01/16		B	Copegus	07/01/12
B	Rebetol sol	01/01/14		B	Moderiba Pak	03/01/16
G	ribasphere 200mg	01/01/14		B	Rebetol cap	07/01/12
G	ribavirin	07/01/12		B	Ribapak	07/01/12
				G	ribasphere 400mg, 600mg	01/01/14
	Herpes Simplex, Varicella Zoster, & Cytomegalovirus					
	Oral					
G	acyclovir	01/01/14		BG	Famvir (famciclovir)	06/01/13
G	valacyclovir	01/01/14		B	Sitavig	03/01/16
				BG	Valcyte (valganciclovir)	06/01/13
				B	Valtrex	01/01/14
				B	Zovirax	06/01/13

Appetite Stimulants

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
G	megestrol	01/01/15		BG	Marinol (dronabinol)	01/01/15
				B	Megace susp	01/01/15

Bile Acid Sequestrants

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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	G	alendronate 40mg	10/01/09
G	alendronate 5-35mg, 70mg	10/01/09		B	Binosto*	01/01/13
B	Atelvia	01/01/16		BG	Boniva (ibandronate) tab & inj*	04/15/13
				G	etidronate	10/01/09
				B	Forteo	03/01/16
				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	Xgeva	10/15/15
				G	zoledronic acid*	04/15/13
				B	Zometa*	10/01/09

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
	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 SL,CR	01/01/16
B	Minitran patch	01/01/16		B	Nitro-Bid oint	01/01/16
G	nitroglycerin CR	01/01/16		B	Nitro-Dur patch	01/01/16
B	Nitrostat	01/01/16		G	nitroglycerin lingual spray	01/01/16
				G	nitroglycerin patch	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, 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	01/01/13
				B	Pravachol	01/01/13

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Utah Medicaid Preferred Drug List

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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
				BG	Caduet (amlodipine/atorvastatin)	01/01/14
				B	Simcor	01/01/14
Fibrates						
G	gemfibrozil	09/28/09		B	Antara	01/01/12
B	Tricor	09/28/09		G	choline fenofibrate	09/28/09
B	Triglide	01/01/14		G	fenofibrate	09/28/09
B	Trilipix	09/28/09		B	Fenoglide	07/01/15
				BG	Fibricor (fenofibric acid)	01/01/13
				B	Lipofen	05/14/14
				B	Lofibra	09/28/09
				B	Lopid	01/01/13
Nicotinic Acid Derivatives						
B	Niaspan	09/28/09		G	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	09/28/09
G	captopril	09/28/09		B	Altace	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	perindopril	01/01/14
G	trandolapril	01/01/14		B	Prinivil	09/28/09
B	Univasc	01/01/13		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	Vaseretic	09/28/09
G	lisinopril/HCTZ	09/28/09		B	Zestoretic	09/28/09
G	quinapril/HCTZ	09/28/09				
Angiotensin Receptor Blockers (ARBs)						
B	Benicar	09/28/09		B	Atacand	10/15/15
G	irbesartan	10/15/15		B	Avapro	10/15/15
G	losartan	04/01/12		G	candesartan	06/01/13
B	Micardis	01/01/12		B	Cozaar	09/28/09
G	valsartan	03/01/16		B	Diovan	03/01/16
				B	Edarbi	04/01/12
				G	eprosartan	09/28/09
				G	telmisartan	01/01/14
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	01/01/14
G	losartan/HCTZ	09/28/09		G	candesartan HCT	01/01/14
B	Micardis HCT	01/01/12		B	Diovan HCT	10/15/15
G	valsartan HCT	10/15/15		B	Edarbyclor	01/01/13
				B	Hyzaar	09/28/09
				G	telmisartan HCT	01/01/14
Angiotensin Receptor Blocker (ARB) Combinations - Other						
B	Azor	01/01/14		G	amlodipine/valsartan	10/08/14
B	Exforge	09/28/09		G	amlodipine/valsartan HCT	03/01/16
B	Exforge HCT	09/28/09		B	Entresto	11/01/15
B	Tribenzor	01/01/14		BG	Twynsta (telmisartan/amlodipine)	01/01/12
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	01/01/13		B	Bystolic	09/28/09
			*except non-preferred strengths as noted	B	Lopressor	09/28/09
				G	metoprolol tartrate 37.5, 75mg	03/15/16
				B	Tenormin	09/28/09
				B	Toprol XL	10/15/15
				B	Zebeta	01/01/14

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Beta-Adrenergic Blocking Agents - Cardio Nonselective						
G	nadolol	10/15/15		B	Betapace	09/28/09
G	pindolol	09/28/09		BG	Betapace AF (sotalol AF)	01/01/14
G	propranolol	04/01/13		B	Corgard	10/15/15
G	propranolol SR	03/01/16		B	Hemangeol	05/07/14
G	sorine	01/01/14		B	Inderal LA	03/01/16
G	sotalol	01/01/14		B	Innopran XL	09/28/09
G	timolol	09/28/09		B	Sotylize	02/19/15
Beta-Adrenergic Blocking Agent Combinations						
G	atenolol/chlorthalidone	09/28/09		B	Corzide	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/HCTZ	01/01/14		G	metoprolol/HCTZ	01/01/13
				B	Tenoretic	09/28/09
				B	Ziac	09/28/09
Calcium Channel Blocking Agents						
G	amlodipine	09/28/09	*This includes all generic equivalents of all solid oral dosage forms	B	Adalat CC	01/01/13
G	diltiazem*	09/28/09		B	Calan, SR	09/28/09
G	felodipine ER	09/28/09		BG	Cardizem LA	03/01/16
G	isradipine	09/28/09		B	Cardizem, CD	09/28/09
G	nicardipine	09/28/09		G	nimodipine	09/28/09
G	nifedipine*	01/01/14		B	Norvasc	09/28/09
G	verapamil tab	09/28/09		B	Nymalize sol	07/08/13
B	Verelan, PM	04/01/13		B	Procardia, XL	01/01/14
				BG	Sular (nisoldipine)	04/01/13
				B	Tiazac	03/01/16
				G	verapamil cap	01/01/14
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		BG	Bumex (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 sus	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	Aldactazide	01/01/16
G	spironolactone	01/01/16		B	Aldactone	01/01/16
G	spironolactone/HCTZ	01/01/16		G	amiloride	01/01/16
G	triamterene/HCTZ (not 50/25mg)	01/01/16		B	Dyazide	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	06/01/12		B	Brilinta	01/01/13
B	Persantine	06/01/12		G	clopidogrel 300mg	01/01/14
				G	dipyridamole	06/01/12
				B	Effient	06/01/12
				B	Plavix	01/01/13
				G	ticlopidine	06/01/12
				B	Zontivity	10/01/15
Platelet Aggregation Inhibitors-Miscellaneous, Combinations						
B	Aggrenox	07/01/12		B	Agrylin	07/01/12
G	anagrelide	07/01/12		G	ASA/dipyridamole	10/15/15
G	cilostazol	11/01/12		B	Pletal	01/01/13
G	pentoxifylline	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, ODT*	01/15/13
B	Exelon	09/28/09		G	donepezil 23mg, ODT*	10/01/13
G	memantine tab	02/01/16		G	memantine sol	03/15/16
B	Namenda sol	03/15/16		G	Namenda, XR tab	02/01/16
				B	Namzaric	04/15/15
				BG	Razadyne (galantamine)	09/28/09
				G	rivastigmine	02/20/12
			Topical			
B	Exelon patch	09/28/09	Not PCN or Ntrad	G	rivastigmine patch	09/15/15
			Hypnotics			
			Benzodiazepines			
G	flurazepam	06/01/13	Class quantity limit of 30 doses per 30 days apply.	B	Doral	06/01/13
G	midazolam syp	06/01/13		G	estazolam	06/01/13
G	temazepam 15mg, 30mg	06/01/13		BG	Halcion (triazolam)	06/01/13
				B	Restoril	06/01/13
				G	temazepam 7.5mg, 22.5mg	06/01/13
			Non Benzodiazepines, Non Barbiturates			
G	zaleplon	10/15/15	Class quantity limit of 30 per 30 days apply.	B	Ambien, CR	06/01/13
G	zolpidem	06/01/13		B	Belsomra	12/10/14
				B	Edluar	06/01/13
				B	Heltioz	03/17/14
				B	Intermezzo	06/01/13
				BG	Lunesta (eszopiclone)	04/28/14
				B	Rozerem	06/01/13
				B	Silenor	10/01/15
				B	Sonata	06/01/13
				G	zolpidem CR	06/01/13
				B	Zolpimist	06/01/13
			Barbiturates, Miscellanous			
G	phenobarb 15, 30, 60, 100mg	06/01/13		G	phenobarb 16.2, 32.4, 64.8, 97.2mg	06/01/13
G	phenobarb elixir	06/01/13		B	Seconal	06/01/13

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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
	Contraceptives					
			Oral			
			Low Dose and Mono-phasic			
G	altavera	01/01/12		G	balziva	01/01/13
G	alyacen	01/01/13		G	blisovi 24 FE 1/20	03/15/16
G	apri	01/01/14		B	Brevicon	01/01/16
G	aubra	05/05/15		G	briellyn	01/01/13
G	aviane	03/15/16		G	desogestrel/ethinyl estradiol	01/01/16
B	Beyaz	01/01/16		G	drospirenone/ethinyl estradiol	01/01/16
G	blisovi FE 1/20	03/15/16		B	Fa Lessa Kit	01/01/16
G	chateal	01/01/14		B	Generess FE chw	10/01/11
G	cryselle	10/01/11		G	gianvi	01/01/13
G	cyclafem	01/01/13		G	gildagia	01/01/14
G	cyred	01/01/16		G	gildess 1.5/30	10/01/11
G	dasetta	01/01/13		G	gildess 24 FE 1/20	01/01/16
G	delyla	07/21/14		G	juleber	03/15/16
B	Desogen	03/15/16		G	junel 1/20, 1.5/30	03/15/16
G	elinest	04/30/13		G	junel FE 24 1/20	01/01/16
G	emoquette	01/01/14		G	larin 1/20, 1.5/30	01/01/16
G	enskyce	01/01/14		G	larin 24 FE 1/20	01/01/16
G	estarylla	01/01/14		G	larin FE 1.5/30	03/15/16
G	falmina	01/01/13		G	layolis FE chw	01/01/16
B	Femcon FE chw	10/01/11		B	Loestrin	01/01/16
G	gildess 1/20	01/01/14		G	lomedia 24 FE	01/01/16
G	gildess FE 1/20, 1.5/30	01/01/16		G	loryna	10/01/14
G	junel FE 1/20, 1.5/30	01/01/16		G	microgestin 1/20, 1.5/30	01/01/12
G	kelnor	01/01/13		G	microgestin FE 1/20	03/15/16
G	kurvelo	01/01/14		B	Minastrin 24 chw FE	01/01/14
G	larin FE 1/20	01/01/16		G	nikki	08/04/14
G	lessina	10/01/11		G	norethindrone/ethinyl estradiol FE chw	01/01/16
G	levonorgestrel/ethinyl estradiol	01/01/16		G	ocella	01/01/13
G	levora	03/15/16		B	Ogestrel	01/01/13
G	low-ogestrel	10/01/11		B	Ortho-Cyclen	01/01/13
G	lutera	10/01/11		B	Ovcon-35	10/01/11
G	marlissa	01/01/13		G	philith	01/01/13
G	microgestin 24 FE 1/20	03/15/16		G	syeda	10/01/11
G	microgestin FE 1/20, 1.5/30	10/01/11		G	vestura	01/01/13
B	Modicon	01/01/12		G	vyfemla	01/01/16
G	mono-linyah	04/01/13		G	wymzya	01/01/13
G	mononessa	03/15/16		B	Yasmin	01/01/16
G	necon	11/15/11		B	Yaz	01/01/16
G	norethindrone/ethinyl estradiol	01/01/16		G	zarah	11/15/11
G	norethindrone/ethinyl estradiol FE	03/15/16		G	zenchent	01/01/13

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G	norgestimate/ethinyl estradiol	01/01/13				
B	Norinyl	01/01/12				
G	nortrel	11/15/11				
G	orsythia	01/01/13				
B	Ortho-Novum	10/01/11				
G	pirmella	07/08/13				
G	portia	01/01/12				
G	previfem	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	belkyree	03/15/16
				G	desogestrel/ethinyl estradiol	01/01/16
				G	kariva	01/01/12
				G	kimidess	01/01/16
				B	Lo Loestrin	01/01/12
				B	Lo Minastrin FE	03/15/16
				B	Mircette	01/01/16
				G	pimtrea	01/01/16
				G	viorele	01/01/13
			Tri-phasic/Multi-phasic			
G	alyacen 7/7/7	01/01/13		G	aranelle	10/01/11
G	caziant	01/01/16		B	Cyclessa	01/01/16
G	cyclafem 7/7/7	01/01/13		B	Estrostep FE	01/01/16
G	dasetta 7/7/7	01/01/13		G	leena	01/01/11
G	enpresse	01/01/11		B	Ortho Tri-Cyclen	01/01/16
G	levonest	01/01/13		B	Ortho-Novum 7/7/7	01/01/16
G	levonorgestrel/ethinyl estradiol	03/15/16		G	tilia FE	01/01/11
G	myzilra	01/01/13		G	tri-legest FE	01/01/11
B	Natazia	01/01/16				
G	necon 7/7/7	11/15/11				
G	norgestimate/ethinyl estradiol	01/01/16				
G	nortrel 7/7/7	11/15/11				
B	Ortho Tri-Cyclen Lo	01/01/11				
G	pirmella 7/7/7	07/08/13				
G	tri-estaryll	04/01/13				
G	tri-linyah	04/01/13				
G	trinessa	03/15/16				
B	Tri-Norinyl	01/01/13				
G	tri-previfem	01/01/13				
G	tri-sprintec	03/15/16				
G	trivora	01/01/11				
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	ashlyna	03/15/16
G	quasense	01/01/16		G	camrese, Lo	01/01/13
B	Seasonique	01/01/13		G	daysee	01/01/13
				G	levonorgestrel/ethinyl estradiol	01/01/13
				B	Quartette	01/01/14
				G	setlakin	03/15/16
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	10/01/11		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						
G	Xulane*	02/15/16	*Not Ntrad or PCN			
Vaginal						
B	Nuvaring*	01/01/13	*Not Ntrad or PCN			

Cytokine Modulators

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Immunomodulators						
B	Enbrel*	02/01/10	*Requires Clinical PA	B	Actemra*	01/01/16
B	Humira*	02/01/10	Injectables not PCN	B	Cimzia*	01/01/13
				B	Cosentyx*	01/01/16
				B	Entyvio*	01/01/16
				B	Kineret*	01/01/16
				B	Orencia*	01/01/14
				B	Otezla*	04/02/14
				B	Simponi*	02/01/10
				B	Stelara*	10/01/11
				B	Xeljanz, XR*	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, lot, sol, pad	01/01/13		B	Clindagel	08/01/11
B	Epiduo	01/01/14		B	Clindamax	04/01/13
G	erythromycin 2% gel, sol	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, crm	01/01/14		B	Differin crm & Differin 0.3% gel	01/01/14
B	Differin 0.1% lot, 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%, crm	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% crm	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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Utah Medicaid Preferred Drug List

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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 lot, 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 sol	10/01/11	Class not OTC	B	Ciclodan	01/01/13
B	Ertaczo	01/01/14	*Requires Clinical PA **Not Covered NonTrad/PCN	G	ciclopirox (gel, sol, shampoo, crm)	10/01/11
G	ketoconazole (shampoo, crm)	10/01/11		G	clotrimazole crm (Rx & OTC)	10/01/11
B	Loprox Shampoo**	01/01/13		B	CNL 8 Nail Kit	10/01/11
B	Naftin (1% crm & gel)	01/01/13		B	Desenex crm	10/01/11
G	nystatin (oint, crm)	10/01/11		G	econazole nitrate (crm)	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 (lot, crm)	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 crm	06/01/13		B	Sitavig	08/14/14
				B	Xerese	06/01/13
				B	Zovirax oint*	01/01/14
			Corticosteroids			
			Very Potent			
G	betamethasone dip 0.05% aug crm, lot	10/01/13	*Clinical PA required	B	Apexicon 0.05% crm	10/01/13
G	clobetasol 0.05% crm, gel, sol, oint	01/01/16		G	betamethasone dip 0.05% crm, gel, aug lot, oint, aug oint	10/01/13
B	Clobex 0.05% spray	01/01/16		G	clobetasol 0.05% lot, shampoo, spray, foam*	01/01/16
B	Clobex lot, 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% crm, lot	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% crm	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% crm	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% sol	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% lot, foam	10/01/13
B	Celestone 0.6mg/5ml sol	10/01/13		G	clocortolone pivalate crm 0.1%	01/01/14
G	fluocinolone 0.025% crm, oint	10/01/13		B	Cloderm crm 0.1%	10/01/13
G	fluticasone lot, oint	10/01/13		B	Cutivate 0.05% crm, lot	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, lot	01/01/16
B	Pandel crm 0.1%	10/01/13		G	fluocinolone 0.025% crm, oint	10/01/13
G	triamcinolone 0.1% oint, crm, lot	10/01/13		G	fluticasone crm	10/01/13
				G	fluticasone lot	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% crm	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% crm	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 oint	01/01/14		B	clotrimazole/betamethasone (crm, lot)	01/01/13
				G	dermazene crm	01/01/14
				B	Lotrisone (crm & lot)	01/01/13
				G	nystatin/trimacinolone (crm)	01/01/13
				B	Vusion oint	01/01/14
Immunomodulating Agents						
B	Elidel	01/01/15	*Class requires Clinical PA	B	Protopic	01/01/15

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Utah Medicaid Preferred Drug List

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Local Anesthetic Agents						
G	lidocaine HC rectal, crm, gel non-kit	01/01/15	*Not covered Ntrad or PCN **Clinical PA required	B	Ana-lex kit	01/01/15
G	lidocaine oint, sol, gel, crm, lot,	01/01/15		B	Capsiderm pad	03/01/15
				B	Captracin pad*	01/15/15
				B	Dermacinrx	10/15/15
				B	Epifoam	01/01/15
				G	HC-pramoxine emol crm	01/01/15
				G	lidocaine HC rectal, crm, gel kits	01/01/15
				G	Lidocin	03/02/15
				BG	Lidoderm (lidocaine patch)*,**	03/01/16
				B	Lidovin crm 3.95%	04/15/15
				B	Lidozol crm 3.75%	04/15/15
				B	Pliaglis	10/15/15
				G	Pramcort crm	01/01/15
				B	Procore crm	01/01/15
				B	Proctofoam aer	01/01/15
				BG	Prolida 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

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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	01/01/16		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	10/01/11		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 crm	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	B	Cesamet	01/01/15
G	compazine sup	01/01/15		B	Compazine tab	01/01/15
G	meclizine 12.5mg tab	01/01/15		B	Compro sup	01/01/15
G	prochlorperazine tab	01/01/15		B	Diclegis	01/01/15
G	promethazine inj**	01/01/15		G	dimenhydrinate inj**, tab	01/01/15
G	promethazine sup**	01/01/15		G	meclizine 25mg tab*	01/01/15
G	promethazine tab, syp, sup	01/01/15		G	phenadoz	01/01/15
B	Tigan cap (trimethobenzamide)	01/01/15		B	Phenergan	01/01/15
B	Transderm-SC dis**	01/01/15		G	prochlorperazine sup, inj **	01/01/15
				B	Tigan inj**	01/01/15
				G	trimethobenzamide cap	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 tab	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), tab, 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	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

Utah Medicaid Preferred Drug List

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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		B	Auryxia	10/15/15
B	Eliphos	07/01/14		B	Fosrenol	07/01/14
B	Phoslyra sol	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 cap, sol	06/01/13
G	cimetidine sol	06/01/13		G	nizatidine	06/01/13
G	famotidine	06/01/13		B	Pepcid	06/01/13
G	ranitidine syp	06/01/13		B	Tagamet	06/01/13
G	ranitidine tab	06/01/13		B	Zantac	06/01/13
Proton Pump Inhibitors						
B	Nexium cap	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 cap 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, susp	01/01/13
				B	Nexium susp	01/01/14
				B	omeprazole 10mg, 40mg, susp, tab	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 sol	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

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
	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

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
	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 S/D	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

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
	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 tab	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 tab	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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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
	Multiple Sclerosis Agents					
B	Avonex*	02/01/10	*Ntrad PA, Not PCN.	B	Ampyra**	01/01/13
B	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

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
	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
			***All rebate eligible prescription prenatal vitamins not listed here should be considered PREFERRED if they contain folic acid and DHA.	B	Prenate Cap Essent	01/01/15
BG	ALL OTHERS with DHA/Folate***	01/01/16		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					
			Antispasmodic Agents			
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 crm 20mg/gm	04/30/13
				B	Feximid	04/01/12
				B	Lorzone	01/01/14
				G	methocarbamol	04/01/13
				G	orphenadrine	09/28/09
				G	orphenadrine/aspirin/caffeine	09/28/09
				B	Parafon Forte	01/01/16
				BG	Robaxin (methocarbamol)	01/01/13
				BG	Skelaxin (metaxalone)	01/01/16
				B	Soma 250mg & 350mg	01/01/14
				B	Therabenzaprine	01/01/14
			Antispasticity Agents			
G	baclofen	09/28/09	*Class quantity limits apply.	BG	Dantrium (dantrolene)	01/01/13
G	tizanidine tab	10/15/15		G	tizanidine cap	10/15/15
				B	Zanaflex	09/28/09

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
	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	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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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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	Ciloxan drops	06/01/12		B	Besivance	06/01/12
G	ciprofloxacin	06/01/12		B	Ciloxan oint	06/01/13
B	Moxeza	01/01/13		G	levofloxacin	06/01/12
B	Vigamox	06/01/12		B	Ocuflox	06/01/12
				G	ofloxacin	06/01/12
				B	Zymaxid	06/01/12
Non-Quinolones						
G	erythromycin oint	06/01/12		G	AK-POLY-BAC	01/01/13
B	Garamycin oint.	06/01/12		B	Azasite	06/01/12
B	Gentak	01/01/13		G	bacitracin	06/01/12
G	gentamicin (drops, oint)	06/01/12		G	bacitracin/polymyxin B	01/01/13
B	Ilotycin	01/01/13		B	Garamycin sol	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 sol	06/01/12		G	neomycin-polymyxin-HC susp	01/01/13
G	polymyxin B/trimethoprim	06/01/12		G	polycin	01/01/13
G	trimethoprim/polymyxin B	06/01/12		B	Polytrim	01/01/13
				G	tobramycin drops	01/01/13
				B	Tobrex drops	06/01/12
				B	Tobrex oint	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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Utah Medicaid Preferred Drug List

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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 (oint, 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. oint	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 oint	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 oint	01/01/13
				G	tobramycin-dexamethasone	06/01/12
				B	Zylet	06/01/12

Otic Agents

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Antibiotics						
G	ciprofloxacin HCl Otic sol 0.2%	01/01/16				
G	ofloxacin sol 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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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Combinations						
B	AuroDex	10/01/13		B	Cortisporin susp - TC	11/01/15
B	Cipro HC	10/01/13		B	Myoxin susp	10/01/13
B	CiproDex susp 0.3-0.1%	01/01/14		G	neomycin-polymyxin-HC sol 1%	11/01/15
B	Coly-Mycin susp	11/01/15		B	Otozin	01/01/14
G	neomycin-polymyxin-HC susp 1%	11/01/15		B	Pinnacaine drops 20%	10/01/13

Prostatic Hypertrophy Agents

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
G	alfuzosin	01/01/14		BG	Avodart	01/01/13
G	doxazosin	10/01/11		B	Cardura, Cardura XL	04/01/12
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

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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	04/01/12				
			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 tab, chew tab	01/01/13		B	Accolate	01/01/16
G	zafirlukast	01/01/16		G	montelukast granules	01/01/13
				B	Singulair	01/01/13
				B	Zyflo, CR	10/15/15
			Oral Beta Agonists			
G	albuterol tab, syp	01/01/13		G	albuterol ER	01/01/16
G	metaproterenol syp	01/01/13		G	metaproterenol tab 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 tab, syp	09/28/09		B	Detrol	09/28/09
				B	Ditropan	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	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	trospium chloride ER	10/01/13
	Vitamin D Analogs					
BG	Drisdol (vitamin D)	01/01/15		G	doxercalciferol	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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