

# Utah Medicaid Preferred Drug List

Effective April 1, 2016

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
<b>Allergenic Extracts</b>						
<b>Allergen Immunotherapy</b>						
B	Grastek*	01/01/15	*Clinical PA required			
B	Ragwitek*	01/01/15				
<b>Analgesics</b>						
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>						
<b>COX-2 Inhibitors</b>						
G	Celecoxib	09/15/15		B	Celebrex	09/15/15
<b>Non-Selective</b>						
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	

B = Brand  
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<b>Opioids</b>				
<b>Short Acting</b>				
B Actiq <sup>** , ***</sup>	01/01/15	<a href="#">*Clinical PA required</a> Class quantity limits apply. **Not covered Ntrad or PCN ***Terminal cancer diagnosis only.	B Abstral <sup>** , ***</sup>	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 <sup>** , ***</sup>	01/01/15		G fentanyl loz <sup>** , ***</sup>	01/01/15
G hydromorphone	01/01/15		B Ionsys <sup>** , ***</sup>	10/15/15
G meperidine tab, sol	01/01/15		B Lazanda <sup>** , ***</sup>	01/01/15
G morphine tab, sol	01/01/15		G levorphanol	01/01/15
B Opana	01/01/15		G morphine sup <sup>**</sup>	01/01/15
G oxycodone tab, sol	01/01/15		B Nucynta <sup>*</sup>	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 <sup>** , ***</sup>	01/01/15
		B Ultram	01/01/15	
<b>Long Acting</b>				
G fentanyl patch (12, 25, 50, 75) <sup>***</sup>	02/01/10	<a href="#">*Clinical PA required</a> 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) <sup>*** , ****</sup>	02/01/16		B Belbuca <sup>**</sup>	01/01/16
B Kadian (10, 20, 30, 50, 60, 80, 100)	01/01/14		B Butrans <sup>*, **</sup>	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 <sup>**</sup>	01/01/11
			B Embeda	01/20/15
			BG Exalgo (hydromorphone ER)	01/01/15
			G fentanyl patch (37.5, 62.5, 87.5) <sup>***</sup>	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 <sup>*</sup>	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	
<b>Opioid Agonist Antagonist Combination for Substance Abuse</b>				
B Suboxone	01/01/12	<a href="#">Clinical PA required</a> Quantity limits	B Bunavail	01/01/15
B Zubsolv	01/01/14		G buprenorphine/naloxone	01/01/15

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<b>Androgens</b>						
<b>Topical</b>						
B	Androgel 1% (gel packets)	06/01/12	<a href="#">Class requires PA</a>  *Not PCN or Ntrad	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
				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
<b>Other</b>						
G	danazol	02/15/16	<a href="#">Class requires PA</a>  *Not PCN or Ntrad	B	Anadrol-50	06/01/12
B	Depo-Testosterone 100mg/ml*	06/01/12		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	Testred	01/01/13

<b>Antibiotics</b>						
<b>Aminoglycosides</b>						
<b>Inhaled for CF</b>						
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				
<b>Oral and Injectable</b>						
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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<b>Cephalosporins</b>						
<b>3rd Generation Oral</b>						
G	cefdinir	02/01/10		BG	Cedax (ceftibuten)	02/15/16
G	cefixime susp	02/15/16		G	cefepodoxime tab	02/01/10
G	cefepodoxime susp	01/01/13		BG	Spectracef (cefditoren)	02/15/16
B	Suprax cap, tab, chw	02/01/10		B	Suprax susp	02/15/16
<b>Quinolones</b>						
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						
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	<a href="#">Class requires PA for non-traditional</a>	B	Arixtra (fondaparinux)	01/01/13
B	Fragmin	10/01/10	Injectables Not Covered PCN	B	Lovenox	10/15/15

Antidiabetics						
Insulin						
Rapid Acting						
B	Humalog	09/28/09	<a href="#">All pens require Clinical PA</a> 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	<a href="#">All pens require Clinical PA</a> Class Quantity limits			
B	Novolin-N	02/01/10				
Long Acting						
B	Lantus	09/28/09	<a href="#">All pens require Clinical PA</a> 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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<b>Mixtures</b>						
O	Humalog 50/50	09/28/09	<a href="#">All pens require Clinical PA</a> 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				
<b>Non-Insulin</b>						
<b>Sulfonylureas</b>						
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	
<b>Sulfonylurea Combinations</b>						
G	glyburide/metformin	07/01/14	B	Glucovance	07/01/14	
			BG	Metaglip (glipizide/metformin)	07/01/14	
<b>GLP-1 Agonists</b>						
B	Tanzeum	01/01/16	Class not PCN or NT  <a href="#">Class requires Clinical PA</a>	B	Bydureon	01/01/14
B	Victoza	01/01/14		B	Byetta	01/01/16
				B	Trulicity	10/08/14
<b>DPP- 4 Inhibitors</b>						
B	Januvia	09/28/09	<a href="#">Class requires Clinical PA</a>	BG	Nesina (alogliptin)	04/01/16
B	Onglyza	01/01/13		B	Tradjenta	02/20/12
<b>DPP- 4 Inhibitor Combinations</b>						
B	Janumet	09/28/09	<a href="#">Class requires Clinical PA</a>	B	Glyxambi	02/11/15
B	Kombiglyze XR	01/01/14		B	Janumet XR	01/01/13
				B	Jentadueto	04/30/12
				B	Kazano (alogliptin/metformin)	04/01/16
				BG	Oseni (alogliptin/pioglitazone)	04/01/16
<b>SGLT-2 Inhibitors</b>						
B	Farxiga	01/01/16	<a href="#">Class requires Clinical PA</a>	B	Invokana	01/01/16
				B	Jardiance	01/01/16
<b>SGLT-2 Inhibitor Combinations</b>						
B	Xigduo XR	01/01/16	<a href="#">Class requires Clinical PA</a>	B	Invokamet	01/01/16

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<b>Antifungals</b>						
<b>Oral</b>						
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	

<b>Antihistamines</b>						
<b>1st Generation</b>						
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
<b>2nd Generation</b>						
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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<b>Anti-infectives (NOS)</b>						
<b>Amebicide &amp; Antiprotozoal Agents</b>						
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
<b>Antimalarials</b>						
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
<b>Vaginal</b>						
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	Nuessa	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	

<b>Antineoplastics</b>
<b>Enzyme Inhibitors</b>
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.
<b>Mitotic Inhibitors</b>
All products in this class are preferred with generic preferred over brand where applicable.
<b>Urinary Tract Protective Agents</b>
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<b>Antiparkinson Agents</b>						
<b>COMT Inhibitors &amp; Combinations</b>						
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
<b>MAO Inhibitors</b>						
G	selegiline	02/01/10		B	Azilect	10/01/09
				B	Zelapar	10/01/09
<b>Non-ergot Derived Dopamine Receptor Agonists</b>						
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
<b>Antivirals</b>						
<b>Anti-Influenza</b>						
<b>Oral</b>						
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
<b>Antiretrovirals</b>						
<b>Protease Inhibitors</b>						
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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<b>Hepatitis C</b>						
<b>Direct Acting Antivirals (DAAs)</b>						
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				
B	Zepatier*	04/01/16				
<b>Interferons</b>						
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
<b>Nucleoside Analogues</b>						
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
<b>Herpes Simplex, Varicella Zoster, &amp; Cytomegalovirus</b>						
<b>Oral</b>						
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
<b>Appetite Stimulants</b>						
G	megestrol	01/01/15		BG	Marinol (dronabinol)	01/01/15
				B	Megace susp	01/01/15
<b>Bile Acid Sequestrants</b>						
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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<b>Bone Density Regulators</b>						
<b>Osteoporosis Agents</b>						
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

<b>Cardiovascular</b>						
<b>Antianginal Agents</b>						
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
<b>Antihyperlipidemics</b>						
<b>HMG Co-A Reductase Inhibitors ("Statins") – Lower Potency</b>						
B	Lescol, XL	01/01/12		B	Altprev	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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<b>HMG Co-A Reductase Inhibitors ("Statins") – High Potency</b>						
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				
<b>Cholesterol-Lowering Combinations</b>						
B	Vytorin	01/01/13		B	Advicor	02/01/10
				BG	Caduet (amlodipine/atorvastatin)	01/01/14
				B	Simcor	01/01/14
<b>PCSK-9 Inhibitors</b>						
B	Praluent	04/01/16	Class requires Clinical PA	B	Repatha	04/01/16
<b>Fibrates</b>						
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
<b>Nicotinic Acid Derivatives</b>						
B	Niaspan	09/28/09		G	niacin ER	01/01/16
				B	Niacor	01/01/16
<b>Miscellaneous</b>						
B	Lovaza	01/01/12		G	omega-3 acid ethyl esters	01/01/16
B	Zetia	09/28/09		B	Vascepa	11/01/15
<b>Antihypertensives</b>						
<b>Alpha/Beta-Adrenergic Blocking Agents</b>						
G	carvedilol	09/28/09		B	Coreg, CR	09/28/09
G	labetalol	09/28/09		B	Trandate	09/28/09
<b>Angiotensin Converting Enzyme (ACE) Inhibitors</b>						
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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<b>Angiotensin Converting Enzyme (ACE) Inhibitor Combinations</b>				
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			
<b>Angiotensin Receptor Blockers (ARBs)</b>				
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
<b>Angiotensin Receptor Blocker (ARB) + Thiazide Combinations</b>				
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
<b>Angiotensin Receptor Blocker (ARB) Combinations - Other</b>				
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
<b>Beta-Adrenergic Blocking Agents - Cardio Selective</b>				
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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<b>Beta-Adrenergic Blocking Agents - Cardio Nonselective</b>						
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
<b>Beta-Adrenergic Blocking Agent Combinations</b>						
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
<b>Calcium Channel Blocking Agents</b>						
G	amlodipine	09/28/09	*This includes all generic equivalents of all solid oral dosage forms except Cardizem LA generic equivalents	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	
<b>Direct Renin Inhibitors/Combinations</b>						
B	Amturnide	01/01/14				
B	Tekamlo	01/01/12				
B	Tekturna, HCT	09/28/09				

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<b>Diuretics</b>						
<b>Loop</b>						
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
<b>Thiazide</b>						
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
<b>Potassium Sparing &amp; Combination</b>						
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	Inspira (eplerenone)	01/01/16
				B	Maxzide	01/01/16
				G	triamterene/HCTZ (50/25mg)	01/01/16
<b>Platelet Aggregation Inhibitors</b>						
<b>Platelet Aggregation Inhibitors</b>						
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
<b>Platelet Aggregation Inhibitors-Miscellaneous, Combinations</b>						
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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Preferred Drugs	Date	Comments	Non Preferred Drugs	Date		
<b>Central Nervous System</b>						
<b>Antidementia Agents</b>						
<b>Oral</b>						
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
<b>Topical</b>						
B	Exelon patch	09/28/09	Not PCN or Ntrad	G	rivastigmine patch	09/15/15
<b>Hypnotics</b>						
<b>Benzodiazepines</b>						
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
<b>Non Benzodiazepines, Non Barbiturates</b>						
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
				BG	Intermezzo (zolpidem SL)	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
<b>Barbiturates, Miscellaneous</b>						
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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<b>Contraceptives</b>				
<b>Oral</b>				
<b>Low Dose and Mono-phasic</b>				
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 lomedica 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 neon	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				
<b>Bi-phasic</b>						
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	pimtree	01/01/16
				G	violele	01/01/13
<b>Tri-phasic/Multi-phasic</b>						
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-estaryl	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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<b>Extended Cycle</b>						
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
<b>Emergency</b>						
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
<b>Progestin Only</b>						
All generic products in this class are preferred.						
<b>Dermal</b>						
G	Xulane*	02/15/16	*Not Ntrad or PCN			
<b>Vaginal</b>						
B	Nuvaring*	01/01/13	*Not Ntrad or PCN			
<b>Cytokine Modulators</b>						
<b>Immunomodulators</b>						
B	Enbrel*	02/01/10	<a href="#">*Requires Clinical PA</a> Injectables not PCN	B	Actemra*	01/01/16
B	Humira*	02/01/10		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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# Utah Medicaid Preferred Drug List

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Preferred Drugs	Date	Comments	Non Preferred Drugs	Date		
<b>Dermatological</b>						
<b>Acne Products</b>						
<b>Antibiotics &amp; Combinations (topical)</b>						
B	Acanya	01/01/16	*Requires Clinical PA Class Clinical PA required for patients over 20 BP=Benzoyl Peroxide	B	Aczone	04/01/12
B	Benzaclin	01/01/13		B	Benzamycin	08/01/11
G	BP/erythromycin	01/01/13		B	Cleocin T	08/01/11
G	clindamycin lot, sol, pad	01/01/13		B	Clindacin Kit	08/01/11
B	Epiduo	01/01/14		G	clindamycin gel	04/01/13
G	erythromycin 2% gel, sol	01/01/13		G	clindamycin/BP gel	04/01/13
G	erythromycin/BP	01/01/16		B	Duac	01/01/16
B	Evoclin	01/01/14		B	EryGel	01/01/16
B	Onexton	01/01/16		G	erythromycin pad	01/01/16
B	Ziana*	01/01/13		G	Neuac	01/01/16
			B	Veltin	01/01/13	
<b>Retinoids (topical)</b>						
B	Atralin	01/01/14	Class Clinical PA required for patients over 20 Age edit applies	G	adapalene	01/01/14
B	Avita	01/01/14		B	Differin crm, 0.3% gel	01/01/14
B	Differin 0.1% lot, gel	01/01/14		B	Fabior	01/01/14
B	Retin-A crm	01/01/14		B	Retin-A Micro	08/01/11
B	Retin-A gel	01/01/14		G	tretinoin crm, gel	01/01/14
B	Tazorac	01/01/14				
<b>Miscellaneous (topical)</b>						
B	Azelex	01/01/14	Class Clinical PA required for patients over 20 Washes Not Covered For NP combination products, bill for preferred separate 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	Evoclin	01/01/14		B	Benzac AC	08/01/11
B	Finacea gel	01/01/14		G	benzepro	01/01/14
B	Klaron	01/01/13		G	BP Foam	04/28/14
G	SS, cr, liq	08/01/11		G	clarifoam EF	01/01/13
G	SS/Sulfer 10-5%	01/01/12		G	clenia	01/01/13
G	sulfacleanse 8-4%	01/01/13		B	Finacea foam	10/01/15

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B	Sumaxin TS	01/01/13		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	virtu-sulf	01/01/14
<b>Oral</b>						
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
<b>Antifungals</b>						
G	clotrimazole sol	10/01/11	Class not OTC <a href="#">*Requires Clinical PA</a> **Not Covered NonTrad/PCN	B	Ciclodan	01/01/13
B	Ertaczo	01/01/14		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
<b>Antivirals</b>						
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
<b>Corticosteroids</b>						
<b>Very Potent</b>						
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	
<b>Potent</b>						
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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<b>Midstrength</b>							
G	betamethasone val. 0.1% crm, foam, oint	10/01/13	<a href="#">*Clinical PA required</a> 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		
<b>Mild strength</b>							
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					
<b>Steroid/Antifungal Combinations</b>							
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	
<b>Immunomodulating Agents</b>							
B	Elidel	01/01/15	<a href="#">Class requires Clinical PA</a>	B	Protopic	01/01/15	

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<b>Local Anesthetic Agents</b>						
G	lidocaine HC rectal, crm, gel non-kit	01/01/15	*Not covered Ntrad or PCN	B	Ana-lex kit	01/01/15
G	lidocaine oint, sol, gel, crm, lot,	01/01/15	<a href="#">**Clinical PA required</a>	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
<b>Scabicides/Pediculocides</b>						
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
<b>Diagnostic Products</b>						
<b>Diabetic Test Supplies</b>						
O	Abbott Products*	01/01/11	*Abbott meters, use: RxBIN: 610020 Group number: 99992432 ID: ERXUTMED Free For Medicaid.	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	**Bayer meters, use: RxBIN: 015251 PCN: PRX2000	O	Ketone test strips***	01/01/11
O	Contour**	09/28/09	Group number: MGDCARE ID: CNMC7246982 Expiration: 1/30/2016 or 1/30/2017	O	Nova Max***	01/01/11
			Diabetic test supplies are not covered for Nursing Home clients. ***Bill through DME	O	One Touch Products***	01/01/11
				O	Surestep***	01/01/11
				O	Truetrack***	01/01/11

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<b>Epinephrine</b>						
<b>Autoinjectors</b>						
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
<b>Estrogens</b>						
<b>Oral</b>						
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				
<b>Combinations</b>						
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	Iopreeza	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
<b>Topical &amp; Miscellaneous</b>						
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	
<b>Vaginal</b>						
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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<b>Gastrointestinal (GI)</b>						
<b>Antiemetics</b>						
<b>Anticholinergics</b>						
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	
<b>Miscellaneous newer classes</b>						
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
<b>Bowel Evacuants Combinations</b>						
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
<b>PAMORAs</b>						
B	Movantik*	04/01/16	*Clinical PA required	B	Relistor*	04/01/16
<b>Inflammatory Bowel Agents</b>						
<b>Oral</b>						
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
<b>Rectal</b>						
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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<b>Irritable Bowel Syndrome Agents</b>						
B	Linzees	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
<b>Pancreatic Enzymes</b>						
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
<b>Phosphate Binders</b>						
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
<b>Ulcer Drugs</b>						
<b>H2 Antagonists</b>						
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
<b>Proton Pump Inhibitors</b>						
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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<b>Growth Hormone</b>						
B	Genotropin	10/01/10	<a href="#">Class requires Clinical PA</a>	B	Humatrope	01/01/15
B	Norditropin	01/01/14		Class not Ntrad and PCN	B	Nutropin
			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

<b>Hematopoietics</b>						
<b>Erythropoiesis Stimulating Agents (ESAs)</b>						
B	Epogen 1000 mg/ml	07/01/14	<a href="#">Class requires Clinical PA</a>	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

<b>Immune Globulin</b>						
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

<b>Migraine Agents</b>						
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
				BG	Frova (frovatriptan)	04/01/16
				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
				B	Zembrace	04/01/16
				G	zolmitriptan	06/01/13
			B	Zomig (zolmitriptan)	06/01/13	

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<b>Multiple Sclerosis Agents</b>						
B	Avonex*	02/01/10	*Ntrad PA, Not PCN.	B	Ampyra**	01/01/13
B	Betaseron*	01/01/16	<a href="#">**Clinical PA required</a>	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

<b>Multivitamins</b>						
<b>Prenatal Vitamins</b>						
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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<b>Muscle Relaxants</b>						
<b>Antispasmodic Agents</b>						
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
<b>Antispasticity Agents</b>						
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
<b>Nasal</b>						
<b>Antihistamines</b>						
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
<b>Corticosteroids</b>						
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		G	mometasone	04/01/16
B	Omnaris	01/01/13		B	Qnasl	01/01/13
B	Veramyst	10/01/09		B	Rhinocort AQ	10/01/09
				G	triamcinolone spray	01/01/13
				B	Zetonna	01/01/14

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<b>Ophthalmics</b>					
<b>Anti-Glaucoma Agents</b>					
<b>Alpha Adrenergics</b>					
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			
<b>Beta Blockers</b>					
B	Betimol	04/01/16	B	Betagan	04/01/16
G	dorzolamide/timolol	04/01/16	G	betaxolol	04/01/16
G	levobunolol	04/01/16	BG	Betoptic-S	04/01/16
G	timolol	04/01/16	G	carteolol	04/01/16
			B	Combigan	04/01/16
			B	Cosopt, PF	04/01/16
			B	Istalol	04/01/16
			G	metipranolol	04/01/16
			G	timolol PF	04/01/16
			B	Timoptic	04/01/16
			BG	Timoptic-XE gel	04/01/16
<b>Prostaglandins</b>					
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
<b>Cholinergic Agonists</b>					
G	pilocarpine	04/01/16	B	Isopto Carpine	04/01/16
<b>Antibiotics</b>					
<b>Quinolones</b>					
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
<b>Non-Quinolones</b>					
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
<b>Antihistamines</b>					
B	Alomide	01/01/14	O	Alaway	10/01/10
B	Cromolyn	01/01/14	B	Alocril	01/01/14
B	Pataday (olopatadine)	01/01/13	G	azelastine HCL	10/01/10

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B	Patanol (olopatadine)	10/01/10		B	Bepreve	10/01/10
				B	Elestat (epinastine)	10/01/10
				B	Emadine	01/01/13
				G	epinastine	01/01/14
				B	Lastacaft	01/01/13
				G	olopatadine	01/01/16
				B	Optivar	10/01/10
				B	Pazeo (olopatadine)	02/24/15
				B	Zaditor (ketotifen)	10/01/10

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<b>Anti-Inflammatory</b>						
<b>Corticosteroids</b>						
B	Alrex	06/01/12		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	Pred Forte	01/01/13
B	Pred Mild	06/01/12		G	prednisolone sod phosphate 1%	06/01/12
G	prednisolone acetate	06/01/12		B	Vexol	06/01/12
<b>NSAIDs</b>						
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
<b>Combinations</b>						
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
<b>Otic Agents</b>						
<b>Antibiotics</b>						
G	ciprofloxacin HCl Otic sol 0.2%	01/01/16				
G	ofloxacin sol 0.3%	10/01/13				
<b>Corticosteroids</b>						
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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<b>Combinations</b>						
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
<b>Prostatic Hypertrophy Agents</b>						
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
<b>Pulmonary Hypertension</b>						
<b>Endothelin Antagonists</b>						
B	Letairis	01/01/12		B	Opsumit	10/01/13
B	Tracleer	01/01/12				
<b>Phosphodiesterase-5 Enzyme (PDE-5) Inhibitors</b>						
G	sildenafil	09/01/13	*Tablet only for Ntrad/PCN	B	Adcirca	01/01/14
				B	Revatio*	09/01/13
<b>Prostacyclins</b>						
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	Upravi	01/15/16
				B	Veletri*	06/01/12
				B	Ventavis	01/01/14

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<b>Respiratory</b>				
<b>Asthma &amp; COPD</b>				
<b>Anticholinergics</b>				
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			
<b>Short Acting Beta Agonists (SABA)</b>				
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			
<b>Long Acting Beta Agonists (LABA)</b>				
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
<b>Corticosteroids</b>				
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
<b>Leukotriene Receptor Antagonists</b>				
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
<b>Oral Beta Agonists</b>				
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
<b>Phosphodiesterase 4 (PDE-4) Inhibitors</b>				
B Daliresp	01/01/14			
<b>Combinations</b>				
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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<b>Smoking Deterrents</b>						
<b>Nicotine Replacement Products</b>						
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				
<b>Urinary</b>						
<b>Antispasmodics</b>						
<b>Short Acting Agents</b>						
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	tropium chloride	10/01/13
				B	Urecholine	01/01/14
<b>Long Acting</b>						
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		BG	Enablex (darifenacin)	04/01/16
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
<b>Vitamin D Analogs</b>						
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

B = Brand  
G= Generic  
O= Over The Counter

Drugs not listed are covered via regular pharmacy provider manual policy.  
Non-preferred Drugs required a Prior Authorization beginning 5/15/2009.