

Utah Medicaid Preferred Drug List

Effective November 1, 2016

| | Preferred Drugs | Date | Comments | | Non Preferred Drugs | Date |
|---|---------------------------------|----------|-----------------------|----|---------------------------|----------|
| Allergenic Extracts | | | | | | |
| Allergen Immunotherapy | | | | | | |
| B | Grastek* | 01/01/15 | *Clinical PA required | | | |
| B | Ragwitek* | 01/01/15 | | | | |
| Analgesics | | | | | | |
| Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) | | | | | | |
| COX-2 Inhibitors | | | | | | |
| G | Celecoxib | 09/15/15 | | B | Celebrex | 09/15/15 |
| Non-Selective | | | | | | |
| B | Anaprox DS | 10/01/16 | *OTC not covered | B | Advil | 01/01/16 |
| G | diclofenac potassium | 07/01/12 | | B | Anaprox | 09/28/09 |
| G | diclofenac sodium DR 50mg, 75mg | 01/01/12 | | BG | Daypro (oxaprozin) | 02/01/16 |
| G | diclofenac sodium SR | 01/01/13 | | G | diclofenac gel | 01/01/15 |
| G | etodolac 200mg, 400mg, 500mg | 01/01/12 | | G | diclofenac sodium DR 25mg | 01/01/13 |
| G | flurbiprofen | 01/01/12 | | G | diclofenac sol | 05/30/14 |
| G | ibuprofen | 09/28/09 | | B | Dyloject inj | 08/12/15 |
| B | Indocin susp | 01/01/12 | | B | EC-Naprosyn | 01/01/14 |
| G | indomethacin (not CR) | 01/01/12 | | G | etodolac 300mg | 05/30/14 |
| G | ketoprofen | 01/01/12 | | G | etodolac ER | 05/30/14 |
| G | ketorolac injectable | 09/28/09 | | BG | Feldene (piroxicam) | 01/01/13 |
| G | ketorolac tab | 09/28/09 | | B | Flector patch | 04/01/12 |
| G | meloxicam tab | 09/28/09 | | G | ibuprofen crm 10% | 04/30/13 |
| B | Mobic susp | 01/01/13 | | G | indomethacin CR | 01/01/12 |
| G | nabumetone | 09/28/09 | | G | ketoprofen ER | 01/01/12 |
| B | Naprelan SR | 01/01/13 | | G | meclofenamate | 01/01/13 |
| G | naproxen sodium* (except 550mg) | 09/28/09 | | G | meloxicam susp | 01/01/13 |
| G | naproxen tab, EC, susp | 09/28/09 | | B | Mobic tab | 01/01/13 |
| G | sulindac | 01/01/12 | | BG | Nalfon (fenoprofen) | 01/01/13 |
| B | Voltaren gel | 04/01/12 | | B | Naprosyn | 01/01/14 |
| | | | | G | naproxen sodium 550mg | 10/01/16 |
| | | | | 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 | 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 | Class quantity limits apply. *Terminal cancer diagnosis only. | B Abstral* | 01/01/15 |
| G codeine | 01/01/15 | | BG 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 morphine tab, sol | 01/01/15 | | B Lazanda* | 01/01/15 |
| B Opana | 01/01/15 | | G levorphanol | 01/01/15 |
| G oxycodone tab, sol | 01/01/15 | | G morphine sup | 01/01/15 |
| G tramadol | 01/01/15 | | B Nucynta | 01/01/15 |
| | | | B Oxaydo | 10/01/15 |
| | | | B Oxecta | 01/01/15 |
| | | | G 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 **Terminal cancer diagnosis only. | B Belbuca | 01/01/16 |
| G fentanyl patch (100)** | 02/01/16 | | B Butrans* | 10/30/14 |
| B Kadian (10, 20, 30, 50, 60, 80, 100) | 01/01/14 | | B Conzip ER (tramadol ER) | 08/18/14 |
| G morphine sulfate ER tab | 01/01/14 | | BG Dolophine (methadone) | 01/01/16 |
| B MS Contin | 01/01/14 | | B Duragesic patch | 01/01/11 |
| B Opana ER (5, 7.5, 10, 15) | 01/01/13 | | 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 beads | 09/28/09 |
| | | | 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 Xtampza ER | 06/01/16 | |
| | | 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 | 10/01/16 | Class requires PA | B Androderm | 01/01/13 |
| | | | B Axiron | 01/01/13 |
| | | | B Fortesta | 06/01/12 |
| | | | B Natesto | 03/16/15 |
| | | | B Striant | 02/15/16 |
| | | | B Testim | 10/01/16 |
| | | | G testosterone 1% | 06/24/14 |
| | | | B Vogelxo | 06/09/14 |
| Other | | | | |
| G danazol | 02/15/16 | Class requires PA *Clinical PA required | B Anadrol-50 | 06/01/12 |
| G testosterone cypionate | 06/01/16 | | B Android | 01/01/13 |
| | | | B Androxy | 01/01/13 |
| | | | B Aveed | 03/17/14 |
| | | | B Depo-Testosterone | 06/01/16 |
| | | | B Methitest | 01/01/13 |
| | | | G methyltestosterone cap | 02/15/16 |
| | | | G oxandrolone* | 01/01/13 |
| | | | G testosterone enanthate | 06/01/12 |
| | | | B Testred | 01/01/13 |

| | | | | |
|----------------------------|----------|---|---------------------------------------|----------|
| Antibiotics | | | | |
| Aminoglycosides | | | | |
| Inhaled for CF | | | | |
| B Bethkis neb | 01/01/15 | *Trial of Bethkis or Kitabis Pak required first. †Brand Preferred over Generic. refer to BOG Reference | BG Tobi (tobramycin) neb [†] | 01/01/16 |
| B Kitabis Pak neb | 01/01/16 | | | |
| 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 | 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 | |
| Quinolones | | | | | | | |
| B | Cipro susp | 02/01/10 | | BG | 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 | 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 | | BG | Arixtra (fondaparinux) | 01/01/13 | |
| B | Fragmin | 10/01/10 | | B | Lovenox | 10/15/15 | |
| Antidiabetics | | | | | | | |
| Insulin | | | | | | | |
| Rapid Acting | | | | | | | |
| B | Humalog | 09/28/09 | All pens require Clinical PA Class Quantity limits | B | Apidra | 09/28/09 | |
| B | Humulin-R | 09/28/09 | | | | | |
| B | Novolin-R | 02/01/10 | | | | | |
| B | Novolog | 02/01/10 | | | | | |
| Intermediate Acting | | | | | | | |
| B | Humulin-N | 09/28/09 | All pens require Clinical PA Class Quantity limits | | | | |
| B | Novolin-N | 02/01/10 | | | | | |
| Long Acting | | | | | | | |
| B | Lantus | 09/28/09 | All pens require Clinical PA Class Quantity limits | B | Lantus Solostar | 09/28/09 | |
| B | Levemir | 09/28/09 | | | G | Toujeo Solostar | 03/09/15 |
| | | | | | 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 | | | | | | |
| G | glimepiride | 07/01/14 | | B | Amaryl | 07/01/14 |
| G | glipizide | 07/01/14 | | BG | Chlorpropam (chlorpropamide) | 07/01/14 |
| G | glyburide | 05/15/16 | | B | Diabeta | 05/15/16 |
| G | glyburide micronized | 07/01/14 | | B | Glucotrol | 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 |
| | | | | G | glipizide/metformin | 07/01/14 |
| GLP-1 Agonists | | | | | | |
| B | Tanzeum | 01/01/16 | | 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 | | BG | Nesina (alogliptin) | 04/01/16 |
| B | Tradjenta | 11/01/16 | | B | Onglyza | 11/01/16 |
| DPP- 4 Inhibitor Combinations | | | | | | |
| B | Janumet | 09/28/09 | | B | Glyxambi | 02/11/15 |
| B | Janumet XR | 11/01/16 | | B | Kombiglyze XR | 11/01/16 |
| B | Jentadueto | 11/01/16 | | B | Jentadueto XR | 11/01/16 |
| | | | | BG | Kazano (alogliptin/metformin) | 04/01/16 |
| | | | | BG | Oseni (alogliptin/pioglitazone) | 04/01/16 |
| SGLT-2 Inhibitors | | | | | | |
| B | Farxiga | 01/01/16 | | B | Invokana | 01/01/16 |
| | | | | B | Jardiance | 01/01/16 |
| SGLT-2 Inhibitor Combinations | | | | | | |
| B | Xigduo XR | 01/01/16 | | B | Invokamet | 01/01/16 |
| | | | | B | Invokamet XR | 10/01/16 |
| | | | | B | Synjardy | 11/01/16 |

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| Antifungals | | | | |
| Oral | | | | |
| B Ancobon [†] | 01/01/14 | | B Cresemba | 04/01/15 |
| G clotrimazole | 10/01/11 | | B Diflucan | 01/01/13 |
| G fluconazole | 10/01/11 | | G flucytosine | 08/01/16 |
| G griseofulvin susp | 01/01/13 | | B Grifulvin V | 10/01/11 |
| G ketoconazole | 01/15/12 | | G griseofulvin tab | 10/01/11 |
| G nystatin | 10/01/11 | | B Gris-PEG | 10/01/11 |
| 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 |
| | | | BG Sporanox (itraconazole) | 04/01/13 |
| | | | B Vfend | 01/01/13 |

| | | | | |
|----------------------------|----------|--|-----------------------------|----------|
| Antihistamines | | | | |
| 1st Generation | | | | |
| G Aller-Chlor Syp | 07/01/14 | | 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 | | G cetirizine chew, sol | 07/01/14 |
| G loratadine | 07/01/14 | | BG Clarinex (desloratadine) | 07/01/14 |
| | | | B Claritin | 09/01/16 |
| | | | 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 |
| G | 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 |
| | | | | B | 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 | *crm with applicator | B | Cleocin | 03/01/16 |
| G | clindamycin | 03/01/16 | | B | Clindesse | 11/01/16 |
| G | clotrimazole 1%* | 10/01/11 | | G | clotrimazole 3* | 10/01/11 |
| G | metronidazole vaginal gel | 04/18/13 | | B | Gynazole-1 | 10/01/11 |
| G | miconazole 4% crm | 01/01/13 | | B | Metrogel vaginal gel | 09/01/16 |
| G | miconazole 7* | 10/01/11 | | G | miconazole 1-3 kit | 10/01/11 |
| G | Vandazole | 01/01/13 | | B | Monistat 7 | 10/01/11 |
| | | | | B | Nuessa | 03/06/15 |
| | | | | 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 | | 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 |
| | | | | BG | Lodosyn (carbidopa) | 11/01/16 |
| | | | | 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 and Others | | | | | | |
| G | pramipexole | 12/02/11 | | 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 |
| 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 | Class requires Clinical PA | B Epclusa | 09/01/16 |
| B Harvoni | 01/01/15 | | | |
| B Olysio | 03/13/14 | | | |
| B Sovaldi | 03/13/14 | | | |
| B Technivie | 01/01/16 | | | |
| B Viekira Pak, Viekira XR | 01/01/16 | | | |
| B Zepatier | 04/01/16 | | | |
| Interferons | | | | |
| B Pegasys | 10/01/09 | | 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 | | | | |
| G megestrol | 01/01/15 | | BG Marinol (dronabinol) | 01/01/15 |
| | | | B Megace susp | 01/01/15 |
| Bile Acid Sequestrants | | | | |
| G cholestyramine | 01/01/15 | | B Colestid | 01/01/15 |
| G colestipol | 01/01/15 | | B Questran | 01/01/15 |
| | | | B Welchol | 01/01/15 |

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Utah Medicaid Preferred Drug List

Effective November 1, 2016

| | Preferred Drugs | Date | Comments | | Non Preferred Drugs | Date |
|--|---------------------------|----------|------------------------------|----|--------------------------------|----------|
| Bone Density Regulators | | | | | | |
| Osteoporosis Agents | | | | | | |
| B | Actonel (except 35mg) | 09/01/16 | | B | Actonel 35mg | 09/01/16 |
| G | alendronate 5-35mg, 70mg | 10/01/09 | | G | alendronate 40mg | 10/01/09 |
| B | Atelvia | 01/01/16 | | B | Binosto | 01/01/13 |
| G | risedronate 35mg | 09/01/16 | | 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 (except 35mg) | 09/01/16 |
| | | | | B | Xgeva | 10/15/15 |
| | | | | G | zoledronic acid | 04/15/13 |
| | | | | B | Zometa | 10/01/09 |
| Cardiovascular | | | | | | |
| Antianginal Agents | | | | | | |
| G | isosorbide dinitrate | 01/01/16 | | B | Dilatrate SR | 01/01/16 |
| G | isosorbide mononitrate | 01/01/16 | | B | Isordil | 01/01/16 |
| G | isosorbide mononitrate SR | 01/01/16 | | G | isosorbide dinitrate 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 | | | | | | |
| G | lovastatin | 09/28/09 | | B | Altprev | 01/01/13 |
| G | pravastatin | 09/28/09 | | G | fluvastatin | 01/01/13 |
| | | | | BG | Lescol (fluvastatin) XL | 11/01/16 |
| | | | | B | Livalo | 01/01/13 |
| | | | | B | Pravachol | 01/01/13 |
| 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 | | G | rosuvastatin | 05/15/16 |
| G | simvastatin* | 09/28/09 | | B | Zocor* | 01/01/13 |

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Utah Medicaid Preferred Drug List

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| Preferred Drugs | Date | Comments | Non Preferred Drugs | Date |
|---|----------|----------------------------|-------------------------------------|----------|
| Cholesterol-Lowering Combinations | | | | |
| B Vytorin | 01/01/13 | | BG Caduet (amlodipine/atorvastatin) | 01/01/14 |
| PCSK-9 Inhibitors | | | | |
| B Praluent | 04/01/16 | Class requires Clinical PA | B Repatha | 04/01/16 |
| 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 | | | | |
| G omega-3 acid ethyl esters | 11/01/16 | | B Lovaza | 11/01/16 |
| 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 |
| G prazosin | 10/01/11 | | | |
| 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 |
| Gtrandolapril | 01/01/14 | | B Prinivil | 09/28/09 |
| | | | B Qbrelis | 09/01/16 |
| | | | B Vasotec | 09/28/09 |
| | | | B Zestril | 09/28/09 |
| 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 | | | |

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Utah Medicaid Preferred Drug List

Effective November 1, 2016

| Preferred Drugs | | Date | Comments | Non Preferred Drugs | | Date |
|---|--------------------------|----------|--|---------------------|--|----------|
| Angiotensin Receptor Blockers (ARBs) | | | | | | |
| B | Benicar [†] | 09/28/09 | *Brand Required over Generic. Refer to BOG Reference | BG | Atacand (candesartan) | 10/15/15 |
| G | irbesartan | 10/15/15 | | B | Avapro | 10/15/15 |
| G | losartan | 04/01/12 | | B | Cozaar | 09/28/09 |
| G | telmisartan | 11/01/16 | | B | Diovan | 03/01/16 |
| G | valsartan | 03/01/16 | | G | olmesartan [†] | 11/01/16 |
| | | | | B | Edarbi | 04/01/12 |
| | | | | G | eprosartan | 09/28/09 |
| | | | | B | Micardis | 11/01/16 |
| Angiotensin Receptor Blocker (ARB) + Thiazide Combinations | | | | | | |
| B | Benicar HCT [†] | 09/28/09 | *Brand Required over Generic. Refer to BOG Reference | BG | Atacand (candesartan) HCT | 01/01/14 |
| G | irbesartan/HCTZ | 01/01/14 | | B | Avalide | 01/01/14 |
| G | losartan/HCTZ | 09/28/09 | | B | Diovan HCT | 10/15/15 |
| B | Micardis HCT | 01/01/12 | | B | Edarbyclor | 01/01/13 |
| G | valsartan HCT | 10/15/15 | | B | Hyzaar | 09/28/09 |
| | | | | G | olmesartan/HCT [†] | 11/01/16 |
| | | | | G | telmisartan HCT | 01/01/14 |
| Angiotensin Receptor Blocker (ARB) Combinations - Other | | | | | | |
| B | Azor [†] | 01/01/14 | *Clinical PA required | G | amlodipine/olmesartan/HCT [†] | 11/01/16 |
| B | Exforge | 09/28/09 | *Brand Preferred over Generic. refer to BOG Reference | G | amlodipine/olmesartan [†] | 11/01/16 |
| B | Exforge HCT | 09/28/09 | | G | amlodipine/valsartan | 10/08/14 |
| B | Tribenzor [†] | 01/01/14 | | G | amlodipine/valsartan HCT | 03/01/16 |
| | | | | B | Byvalson | 09/01/16 |
| | | | | B | Entresto* | 11/01/15 |
| | | | | BG | Twynsta (telmisartan/amlodipine) | 01/01/12 |
| Beta-Adrenergic Blocking Agents - Cardio Selective | | | | | | |
| G | atenolol | 09/28/09 | *except non-preferred strengths as noted | 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 |
| | | | | 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 | |
| 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 |

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†=BOG
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Utah Medicaid Preferred Drug List

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| Preferred Drugs | | Date | Comments | Non Preferred Drugs | | Date |
|--|--------------------------------|----------|--|---------------------|---------------------------------------|----------|
| Beta-Adrenergic Blocking Agent Combinations | | | | | | |
| G | atenolol/chlorthalidone | 09/28/09 | | BG | Corzide (nadolol/bendroflumethiazide) | 11/01/16 |
| G | bisoprolol/HCTZ | 09/28/09 | | B | Dutoprol | 09/28/09 |
| G | propranolol/HCTZ | 01/01/14 | | B | Lopressor HCT | 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 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 | 05/15/16 | | B | Procardia, XL | 01/01/14 |
| | | | | BG | Sular (nisoldipine) | 04/01/13 |
| | | | | B | Tiazac | 03/01/16 |
| | | | G | verapamil cap | 01/01/14 | |
| | | | B | Verelan | 05/15/16 | |
| Direct Renin Inhibitors/Combinations | | | | | | |
| B | Amturide | 01/01/14 | | | | |
| B | Tekamlo | 01/01/12 | | | | |
| B | Tekturna, HCT | 09/28/09 | | | | |
| Diuretics | | | | | | |
| Loop | | | | | | |
| G | furosemide | 01/01/16 | | BG | Bumex (bumetanide) | 01/01/16 |
| G | torseamide | 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 | Inspira (eplerenone) | 01/01/16 |
| | | | | B | Maxzide | 01/01/16 |
| | | | | G | triamterene/HCTZ (50/25mg) | 01/01/16 |

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|--|-----------------------------|----------|---------------------|------------------------------------|----------|
| 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 | Durlaza | 07/01/16 |
| | | | 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 | | | |
| Central Nervous System | | | | | |
| Antidementia Agents | | | | | |
| Oral | | | | | |
| G | donepezil 5mg, 10mg | 10/01/13 | B | Aricept, ODT | 01/15/13 |
| G | memantine tab | 02/01/16 | G | donepezil 23mg, ODT | 10/01/13 |
| B | Namenda sol | 03/15/16 | B | Exelon | 05/15/16 |
| G | rivastigmine | 05/15/16 | G | memantine sol | 03/15/16 |
| | | | G | Namenda, XR tab | 02/01/16 |
| | | | B | Namzaric | 04/15/15 |
| | | | BG | Razadyne (galantamine) | 09/28/09 |
| Topical | | | | | |
| B | Exelon patch | 09/28/09 | G | rivastigmine patch | 09/15/15 |
| Hypnotics | | | | | |
| Benzodiazepines | | | | | |
| G | flurazepam | 06/01/13 | BG | Doral (quazepam) | 05/01/16 |
| G | temazepam 15mg, 30mg | 06/01/13 | G | estazolam | 06/01/13 |
| | | | BG | Halcion (triazolam) | 06/01/13 |
| | | | G | midazolam syp | 11/01/16 |
| | | | B | Restoril | 06/01/13 |
| | | | G | temazepam 7.5mg, 22.5mg | 06/01/13 |
| Non Benzodiazepines, Non Barbiturates | | | | | |
| G | zaleplon | 10/15/15 | 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 |
| Barbiturates, Miscellaneous | | | | | |
| 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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Utah Medicaid Preferred Drug List

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|------------------------|-----------------------------------|----------|---|--|-----------------------------------|----------|
| Mental Health | | | | | | |
| ADHD Stimulants | | | | | | |
| G | amphetamine/dextroamphetamine tab | 07/01/16 | A prescriber may override a non-preferred prior authorization when both the brand and generic versions of a drug are non-preferred by writing "Dispense As Written" on the prescription. The pharmacy must submit a DAW Code = '1' on the claim. Only one version of the drug will be available using the DAW Code = '1' and the generic version of the drug will be required unless otherwise indicated. | B | Adderall | 07/01/16 |
| B | Focalin tab | 07/01/16 | | BG | Adderall XR [†] | 07/01/16 |
| B | Focalin XR | 07/01/16 | | B | Adzenys | 07/01/16 |
| B | Metadate CD | 07/01/16 | | BG | Aptensio (methylphenidate) XR cap | 07/01/16 |
| G | methylphenidate | 07/01/16 | | BG | Concerta (methylphenidate) ER tab | 07/01/16 |
| B | Vyvanse | 07/01/16 | | B | Daytrana | 07/01/16 |
| | | | | BG | Desoxyn (methamphetamine) | 07/01/16 |
| | | | | BG | Dexedrine (dextroamphetamine) | 07/01/16 |
| | | | | G | dexmethylphenidate | 07/01/16 |
| | | | | B | Dyanavel XR | 07/01/16 |
| | | | B | Evekeo | 07/01/16 | |
| | | | BG | Metadate (methylphenidate) ER tab | 07/01/16 | |
| | | | G | methylphenidate sol, chew | 07/01/16 | |
| | | | B | Procentra | 07/01/16 | |
| | | | B | Quillichew ER | 07/01/16 | |
| | | | B | Quillivant sus | 07/01/16 | |
| | | | B | Ritalin | 07/01/16 | |
| | | | BG | Ritalin LA (methylphenidate) ER cap | 07/01/16 | |
| | | | B | Zenedi | 07/01/16 | |
| Anticonvulsants | | | | | | |
| B | Fycompa | 10/01/16 | A prescriber may override a non-preferred prior authorization when both the brand and generic versions of a drug are non-preferred by writing "Dispense As Written" on the prescription. The pharmacy must submit a DAW Code = '1' on the claim. Only one version of the drug will be available using the DAW Code = '1' and the generic version of the drug will be required unless otherwise indicated. | B | Aptiom | 10/01/16 |
| G | gabapentin | 10/01/16 | | B | Banzel | 10/01/16 |
| G | lamotrigine, chew | 11/01/16 | | B | Briviact | 10/01/16 |
| G | levetiracetam | 10/01/16 | | BG | Felbatol (felbamate) | 10/01/16 |
| B | Lyrica | 10/01/16 | | B | Fycompa sus | 10/01/16 |
| G | oxcarbazepine | 10/01/16 | | BG | Gabitril (tiagabine) | 10/01/16 |
| B | Peganone | 10/01/16 | | B | Keppra | 10/01/16 |
| G | topiramate | 10/01/16 | | B | Lamictal | 10/01/16 |
| B | Vimpat | 10/01/16 | | B | Lamictal ODT [†] | 10/01/16 |
| G | zonisamide | 10/01/16 | | G | lamotrigine ER, ODT | 10/01/16 |
| | | | B | Neurontin | 10/01/16 | |
| | | | B | Onfi | 10/01/16 | |
| | | | B | Oxtellar XR | 10/01/16 | |
| | | | B | Potiga | 10/01/16 | |
| | | | B | Qudexy XR | 10/01/16 | |
| | | | B | Sabril | 10/01/16 | |
| | | | B | Spritam | 10/01/16 | |
| | | | B | Topamax | 10/01/16 | |
| | | | B | Trileptal | 10/01/16 | |
| | | | BG | Trileptal (oxcarbazepine) sus [†] | 10/01/16 | |
| | | | B | Trokendi XR | 10/01/16 | |
| | | | B | Zonegran | 10/01/16 | |
| | | | | | | |

[†]Brand Required over Generic.
[Refer to BOG Reference](#)

[†]Brand Preferred over Generic.
[refer to BOG Reference](#)

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Utah Medicaid Preferred Drug List

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| Preferred Drugs | | Date | Comments | Non Preferred Drugs | | Date |
|------------------------------------|---------------------------|----------|--|--|--|----------|
| Atypical Antipsychotics | | | | | | |
| B | Abilify Maintena | 10/01/16 | A prescriber may override a non-preferred prior authorization when both the brand and generic versions of a drug are non-preferred by writing "Dispense As Written" on the prescription. The pharmacy must submit a DAW Code = '1' on the claim. Only one version of the drug will be available using the DAW Code = '1' and the generic version of the drug will be required unless otherwise indicated. *Bill J-Code †Brand Preferred over Generic. refer to BOG Reference | BG | Abilify (aripiprazole) | 10/01/16 |
| B | Aristada | 10/01/16 | | B | Clozaril | 10/01/16 |
| G | clozapine | 10/01/16 | | B | Fanapt | 10/01/16 |
| G | olanzapine | 10/01/16 | | BG | Fazaclo (clozapine ODT) | 10/01/16 |
| G | quetiapine (≥ 100mg tab) | 10/01/16 | | BG | Geodon (ziprasidone) | 10/01/16 |
| G | risperidone tab | 10/01/16 | | BG | Invega (paliperidone) [†] | 10/01/16 |
| | | | | B | Invega Sustenna | 10/01/16 |
| | | | | B | Invega Trinza* | 10/01/16 |
| | | | | B | Latuda | 10/01/16 |
| | | | | G | Olanzapine inj | 10/01/16 |
| | | | | G | quetiapine tab 25mg, 50mg | 10/01/16 |
| | | | | B | Rexulti | 10/01/16 |
| | | | | B | Risperdal | 10/01/16 |
| | | | | BG | Risperdal Consta (risperidone inj) | 10/01/16 |
| | | | | BG | Risperdal M (risperidone ODT) | 10/01/16 |
| | | | G | risperidone sol | 10/01/16 | |
| | | | B | Saphris | 10/01/16 | |
| | | | B | Seroquel, XR | 10/01/16 | |
| | | | B | Versacloz | 10/01/16 | |
| | | | B | Vraylar | 10/01/16 | |
| | | | B | Zyprexa | 10/01/16 | |
| | | | B | Zyprexa Relprevv | 10/01/16 | |
| | | | BG | Zyprexa Zydys (olanzapine ODT) | 10/01/16 | |
| Antidepressants - SSRI/SNRI | | | | | | |
| G | citalopram 10, 20mg tab | 10/01/16 | A prescriber may override a non-preferred prior authorization when both the brand and generic versions of a drug are non-preferred by writing "Dispense As Written" on the prescription. The pharmacy must submit a DAW Code = '1' on the claim. Only one version of the drug will be available using the DAW Code = '1' and the generic version of the drug will be required unless otherwise indicated. *Quantity limits apply †Brand Preferred over Generic. refer to BOG Reference | B | Celexa | 10/01/16 |
| G | duloxetine | 10/01/16 | | G | citalopram sol, 40mg tab | 10/01/16 |
| G | escitalopram | 10/01/16 | | B | Cymbalta | 10/01/16 |
| G | fluoxetine cap | 10/01/16 | | B | Effexor XR | 10/01/16 |
| G | fluoxetine sol | 10/01/16 | | B | Fetzima | 10/01/16 |
| G | paroxetine | 10/01/16 | | G | fluoxetine tab | 10/01/16 |
| B | Pristiq 50,100mg* | 10/01/16 | | G | fluvoxamine, ER | 10/01/16 |
| G | sertraline | 10/01/16 | | BG | Irenka (duloxetine) | 10/01/16 |
| G | venlafaxine ER cap | 10/01/16 | | BG | Khedezla (desvenlafaxine) [†] | 10/01/16 |
| | | | | B | Lexapro | 10/01/16 |
| | | | | BG | Lexapro (escitalopram) sol | 10/01/16 |
| | | | | B | Paxil | 10/01/16 |
| | | | | BG | Paxil CR (paroxetine ER) | 10/01/16 |
| | | | | B | Paxil sus | 10/01/16 |
| | | | | B | Pexeva | 10/01/16 |
| | | | B | Pristiq 25mg* | 10/01/16 | |
| | | | B | Prozac | 10/01/16 | |
| | | | BG | Prozac Weekly (fluoxetine) [†] | 10/01/16 | |
| | | | BG | Sarafem (fluoxetine) | 10/01/16 | |
| | | | B | Savella | 10/01/16 | |
| | | | BG | Symbyax (olanzapine/fluoxetine) [†] | 10/01/16 | |
| | | | G | venlafaxine tab (non-ER) | 10/01/16 | |
| | | | G | venlafaxine ER tab | 10/01/16 | |
| | | | B | Zoloft | 10/01/16 | |
| | | | BG | Zoloft (sertraline) con | 10/01/16 | |

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Non-preferred Drugs required a Prior Authorization beginning 5/15/2009.

†=BOG
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Utah Medicaid Preferred Drug List

Effective November 1, 2016

| Preferred Drugs | Date | Comments | Non Preferred Drugs | Date | | |
|--|-------------------------------------|----------|---|-------|-----------------------|----------|
| Antidepressants - Miscellaneous | | | | | | |
| G | bupropion | 10/19/16 | A prescriber may override a non-preferred prior authorization when both the brand and generic versions of a drug are non-preferred by writing "Dispense As Written" on the prescription. The pharmacy must submit a DAW Code = '1' on the claim. Only one version of the drug will be available using the DAW Code = '1' and the generic version of the drug will be required unless otherwise indicated. | B | Aplenzin | 10/01/16 |
| G | mirtazapine 15,30, 45mg tab | 10/01/16 | | B | Forfivo XL | 10/01/16 |
| G | mirtazapine ODT | 10/01/16 | | G | mirtazapine 7.5mg tab | 10/01/16 |
| G | trazodone 50, 100, 150mg | 10/01/16 | | G | nefazodone | 10/01/16 |
| | | | | B | Oleptro | 10/01/16 |
| | | | | B | Remeron, ODT | 10/01/16 |
| | | | | G | trazodone 300 mg | 10/01/16 |
| | | | | B | Trintellix | 10/01/16 |
| | | | | B | Viibryd | 10/01/16 |
| | | | | B | Wellbutrin | 10/19/16 |
| | | | B | Zyban | 10/01/16 | |
| Miscellaneous Mood Stabilizers | | | | | | |
| G | lithium 450 mg ER tab | 10/01/16 | A prescriber may override a non-preferred prior authorization when both the brand and generic versions of a drug are non-preferred by writing "Dispense As Written" on the prescription. The pharmacy must submit a DAW Code = '1' on the claim. Only one version of the drug will be available using the DAW Code = '1' and the generic version of the drug will be required unless otherwise indicated. | G | lithium 300 mg ER tab | 10/01/16 |
| G | lithium cap | 10/01/16 | | G | lithium tab (non-ER) | 10/01/16 |
| G | lithium sol | 10/01/16 | | | | |
| B | Lithobid 300 mg CR tab [†] | 10/01/16 | | | | |
| B | Strattera | 10/01/16 | | | | |
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†Brand Preferred over Generic. refer to BOG Reference

Utah Medicaid Preferred Drug List

Effective November 1, 2016

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|---------------------------------|------------------------------------|----------|---------------------|--|----------|
| 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 | B | Desogen | 05/15/16 |
| B | Beyaz | 01/01/16 | G | desogestrel/ethinyl estradiol | 01/01/16 |
| G | blisovi FE 1/20, 1.5/30 | 11/01/16 | G | drospirenone/ethinyl estradiol | 01/01/16 |
| G | chateal | 01/01/14 | B | Fa Lessa Kit | 01/01/16 |
| G | cryselle | 10/01/11 | B | Generess FE chw | 10/01/11 |
| G | cyclafem | 01/01/13 | G | gianvi | 01/01/13 |
| G | cyred | 01/01/16 | G | gildagia | 01/01/14 |
| G | dasetta | 01/01/13 | G | gildess 1.5/30 | 10/01/11 |
| G | delyla | 07/21/14 | G | gildess 24 FE 1/20 | 01/01/16 |
| G | elonest | 04/30/13 | G | junel 1/20, 1.5/30 | 03/15/16 |
| G | emoquette | 01/01/14 | G | junel FE 24 1/20 | 01/01/16 |
| G | enskyce | 01/01/14 | G | larin 1/20, 1.5/30 | 01/01/16 |
| G | estarylla | 01/01/14 | G | larin 24 FE 1/20 | 01/01/16 |
| G | falmina | 01/01/13 | G | larin FE 1.5/30 | 03/15/16 |
| B | Femcon FE chw | 10/01/11 | G | layolis FE chw | 01/01/16 |
| G | gildess 1/20 | 01/01/14 | B | Loestrin | 01/01/16 |
| G | gildess FE 1/20, 1.5/30 | 01/01/16 | G | lomedica 24 FE | 01/01/16 |
| G | juleber | 05/15/16 | 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 | B | Minastrin 24 chw FE | 01/01/14 |
| G | kurvelo | 01/01/14 | G | nikki | 08/04/14 |
| G | larin FE 1/20 | 01/01/16 | G | norethindrone/ethinyl estradiol FE chw | 01/01/16 |
| G | lessina | 10/01/11 | B | Norinyl | 09/01/16 |
| 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 FE | 03/15/16 | G | syeda | 10/01/11 |
| B | Modicon | 01/01/12 | B | Taytulla | 10/01/16 |
| G | mono-linyah | 04/01/13 | G | vestura | 01/01/13 |
| G | mononessa | 03/15/16 | G | vyfemla | 01/01/16 |
| G | necon | 11/15/11 | G | wymzya | 01/01/13 |
| G | norethindrone/ethinyl estradiol | 01/01/16 | B | Yasmin | 01/01/16 |
| G | norethindrone/ethinyl estradiol FE | 03/15/16 | B | Yaz | 01/01/16 |
| G | norgestimate/ethinyl estradiol | 01/01/13 | G | zarah | 11/15/11 |

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Utah Medicaid Preferred Drug List

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|--------------------------------|----------------------------------|----------|--|---|--------------------------------|----------|
| G | nortrel | 11/15/11 | | G | zenchent | 01/01/13 |
| 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 | †Brand Preferred over Generic. refer to BOG Reference | G | azurette | 01/01/13 |
| | | | | G | belkyree | 03/15/16 |
| | | | | G | desogestrel/ethinyl estradiol | 01/01/16 |
| | | | | G | kariva (generic of Mircette)† | 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 | violele (generic of Mircette)† | 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 |
| | | | | G | next choice | 01/01/13 |
| | | | | G | react | 11/01/16 |
| Progestin Only | | | | | | |
| All generic products in this class are preferred. | | | | | | |
| Dermal | | | | | | |
| G | Xulane | 02/15/16 | | | | |
| Vaginal | | | | | | |
| B | Nuvaring | 01/01/13 | | | | |
| Cytokine Modulators | | | | | | |
| Immunomodulators | | | | | | |
| B | Enbrel | 02/01/10 | | 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 | Taltz | 05/01/16 |
| | | | | B | Xeljanz, XR | 09/15/14 |

Utah Medicaid Preferred Drug List

Effective November 1, 2016

| Preferred Drugs | Date | Comments | Non Preferred Drugs | Date |
|---|----------|---|--------------------------|----------|
| Dermatological | | | | |
| Acne Products | | | | |
| Antibiotics & Combinations (topical) | | | | |
| B Acanya | 01/01/16 | Class Clinical PA required for acne treatment in patients over 20 BP=Benzoyl Peroxide | B Aczone | 04/01/12 |
| B Benzacilin | 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 |
| Retinoids (topical) | | | | |
| B Atralin | 01/01/14 | Class Clinical PA required for acne treatment in patients over 20 | 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 | | | |
| | | | | |
| Miscellaneous (topical) | | | | |
| B Azelex | 01/01/14 | Class Clinical PA required for acne treatment in patients over 20 Washes Not Covered. For NP combination products, bill for preferred separate ingredient products. BP=Benzoyl Peroxide SS=sodium sulfacetamide | G benzepro | 01/01/14 |
| G BP gel, lot | 08/01/11 | | G BP foam | 04/28/14 |
| B Evoclin | 01/01/14 | | B Finacea foam | 10/01/15 |
| B Finacea gel | 01/01/14 | | B Klaron lot | 05/15/16 |
| G SS cr, liq | 08/01/11 | | B Mirvaso | 10/01/15 |
| G SS lot | 05/15/16 | | B Ovace | 01/01/12 |
| G SS/sulfur 10-5% liq, crm | 01/01/12 | | G rosanil | 01/01/14 |
| G sulfacleanse | 01/01/13 | | B Rosula 10-4.5% | 02/19/15 |
| | | | B Seb-Prev | 04/01/12 |
| | | | G SS wash | 01/01/14 |
| | | | G SS/sulfur 10-5% foam | 01/01/14 |
| | | | B Sumaxin TS | 05/01/16 |
| | | | G virti-sulf | 01/01/14 |
| | | | | |
| Oral | | | | |
| G claravis, 10, 20, 40mg | 08/01/11 | Class Clinical PA required for acne treatment in patients over 20 | B Absorica | 01/01/14 |
| G myorisan | 01/01/14 | | G amnesteem | 08/01/11 |
| | | | G claravis 30 mg | 01/01/14 |
| | | | G zenatane | 08/11/11 |

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|--------------------|-----------------------------|----------|---------------|--------------------------------|------------------------------------|----------|
| Antifungals | | | | | | |
| G | clotrimazole sol | 10/01/11 | Class not OTC | B | Ciclodan | 01/01/13 |
| B | Ertaczo | 01/01/14 | | G | ciclopirox | 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 | |
| | | | G | nystatin powder | 01/01/15 | |
| | | | BG | Oxistat (oxiconazole) 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 | Zovirax | 05/15/16 | | G | acyclovir oint | 05/15/16 |
| | | | | B | Denavir | 01/01/14 |
| | | | | B | Xerese | 06/01/13 |

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|------------------------|---|----------|-------------------|---------------------|--|----------|
| Corticosteroids | | | | | | |
| Very Potent | | | | | | |
| G | betamethasone dip 0.05% aug crm, lot | 10/01/13 | | B | Apexicon 0.05% crm | 10/01/13 |
| G | clobetasol 0.05% crm, gel, sol, oint, foam | 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 | 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 |
| | | | | G | diflorasone 0.05% crm, oint | 10/01/13 |
| | | | | B | Diprolene oint | 10/01/13 |
| | | | | G | fluocinonide 0.1% crm | 01/01/14 |
| | | | | B | Olux foam 0.05% | 06/01/16 |
| | | | | B | Sernivo spray | 11/01/16 |
| | | | | B | Temovate | 10/01/13 |
| | | | | BG | Ultravate (halobetasol) | 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 |
| Midstrength | | | | | | |
| G | betamethasone val. 0.1% crm, foam, oint | 10/01/13 | 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 |

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Utah Medicaid Preferred Drug List

Effective November 1, 2016

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|--|--|----------|--|---------------------|------------------------------------|----------|
| 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 | Corticoool gel 1% | 10/01/13 | | G | fluocinolone ace 0.01% sol, oil | 10/01/13 |
| B | Derma-Smoothe/FS oil | 10/01/13 | | G | HC but 0.1% oint | 01/01/16 |
| B | Desonate gel | 11/01/16 | | B | Pediaderm HC kit | 10/01/13 |
| G | desonide 0.05% crm, lot, oint | 10/01/13 | | B | Texacort 2.5% sol | 10/01/13 |
| G | fluocinolone ace 0.01% crm | 01/01/16 | | G | triamcinolone 0.05% | 03/01/15 |
| G | HC 0.5% crm, oint | 10/01/13 | | B | Trianex 0.05% oint | 10/01/13 |
| G | HC 1% crm, lot, oint | 10/01/13 | | B | U-Cort | 01/01/16 |
| G | HC 2.5% crm, lot, oint | 10/01/13 | | B | Verdeso Aero 0.05% foam | 10/01/13 |
| G | HC but 0.1% crm | 01/01/16 | | | | |
| 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 | 01/01/13 |
| | | | | 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 | BG | Protopic (tacrolimus) oint | 09/01/16 |
| Local Anesthetic Agents | | | | | | |
| G | lidocaine HC rectal, crm, gel non-kit* | 01/01/15 | *Clinical PA required | B | Ana-lex kit | 01/01/15 |
| G | lidocaine oint, sol, gel, crm, lot* | 01/01/15 | | B | Captracin pad | 01/15/15 |
| G | lidocaine/prilocaine crm | 11/01/16 | | 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 |
| | | | | BG | Lidoderm (lidocaine patch)* | 03/01/16 |
| | | | | B | Lidotral* | 11/01/16 |
| | | | | 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 | Xylocaine sol | 11/01/16 | |

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Utah Medicaid Preferred Drug List

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|---------------------------------|---------------------|----------|---|---|-----------------------|----------|
| 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 | Ovide | 01/01/15 |
| | | | | G | Spinosad | 01/01/15 |
| Diagnostic Products | | | | | | |
| Diabetic Test Supplies | | | | | | |
| O | Abbott Products* | 01/01/11 | *Abbott meters, use: RxBIN: 610020 Group number: 99992432 ID: ERXUTMED Free For Medicaid. **Bayer meters, use: RxBIN: 015251 PCN: PRX2000 Group number: MGDCARE ID: CNMC7246982 Expiration: 1/30/2016 or 1/30/2017 Diabetic test supplies are not covered for Nursing Home clients. ***Bill through DME | O | Accucheck Products*** | 09/28/09 |
| O | Freestyle Products* | 01/01/11 | | O | AgaMatrix*** | 01/01/11 |
| O | Precision Products* | 01/01/11 | | O | GE 100*** | 01/01/11 |
| O | Bayer Products** | 09/28/09 | | O | Glucocard*** | 01/01/11 |
| O | Breeze 2** | 09/28/09 | | O | Ketone test strips*** | 01/01/11 |
| O | Contour** | 09/28/09 | | O | Nova Max*** | 01/01/11 |
| | | | | O | One Touch Products*** | 01/01/11 |
| | | | | O | Surestep*** | 01/01/11 |
| | | | | O | Truetrack*** | 01/01/11 |
| | | | | | | |
| Epinephrine | | | | | | |
| Autoinjectors | | | | | | |
| B | Epipen | 01/01/15 | 72 Hour Emergency Supply Allowed | B | Adrenaclick | 01/01/15 |
| B | Epipen-JR | 01/01/15 | | G | epinephrine | 01/01/15 |

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Utah Medicaid Preferred Drug List

Effective November 1, 2016

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|------------------------------------|-------------------------|----------|----------|---------------------|----------------------|----------|
| Estrogens | | | | | | |
| Oral | | | | | | |
| B | Enjuvia | 01/01/14 | | B | Estrace | 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 | Climara Pro | 01/01/16 | | B | Activella | 05/15/16 |
| G | estradiol-norethindrone | 05/15/16 | | B | Angeliq | 10/01/11 |
| B | FemHRT | 01/01/14 | | B | Duavee | 11/01/16 |
| G | lopreeza | 10/15/15 | | G | fyavolv | 11/01/16 |
| B | Prempro | 10/01/11 | | G | jevantique | 10/01/11 |
| | | | | G | jinteli | 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 | | 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 |
| G | | | | 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 | | B | Estrace | 10/01/11 |
| B | Premarin crm | 10/01/11 | | B | Vagifem 10mcg, 25mcg | 01/01/13 |

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Effective November 1, 2016

| Preferred Drugs | Date | Comments | Non Preferred Drugs | Date | | | |
|-------------------------------------|----------------------------|----------|---|-----------------------|----------|----------------------------|----------|
| Gastrointestinal (GI) | | | | | | | |
| Antiemetics | | | | | | | |
| Anticholinergics | | | | | | | |
| G | compazine sup | 01/01/15 | B | Cesamet | 01/01/15 | | |
| G | meclizine | 11/01/16 | *Brand Required over Generic. Refer to BOG Reference | | | | |
| G | prochlorperazine tab | 01/01/15 | | | B | Compazine tab | 01/01/15 |
| G | promethazine inj | 01/01/15 | | | B | Compro sup | 01/01/15 |
| G | promethazine sup | 01/01/15 | | | B | Diclegis | 01/01/15 |
| G | promethazine tab, syp, sup | 01/01/15 | | | G | dimenhydrinate inj, tab | 01/01/15 |
| B | Tigan cap [†] | 01/01/15 | | | G | phenadoz | 01/01/15 |
| G | trimethobenzamide inj | 01/01/15 | | | B | Phenergan | 01/01/15 |
| | | | | | G | prochlorperazine sup, inj | 01/01/15 |
| | | | B | Tigan inj | 01/01/15 | | |
| | | | B | Transderm-SC dis | 06/01/16 | | |
| | | | G | trimethobenzamide cap | 01/01/15 | | |
| Miscellaneous newer classes | | | | | | | |
| G | ondansetron inj | 01/01/13 | *Only covered for children 12 and under who cannot swallow tablets. | | | | |
| G | ondansetron ODT* | 01/01/13 | | | B | Akynzeo | 10/15/15 |
| G | ondansetron tab | 01/01/13 | | | B | Anzemet | 09/30/09 |
| | | | | | B | Emend (aprepitant) | 09/30/09 |
| | | | | | B | Emend (fosaprepitant) | 09/30/09 |
| | | | | | B | Ganisol sol | 01/01/13 |
| | | | | | G | granisetron HCL inj | 01/01/13 |
| | | | | | G | granisetron HCL tab | 01/01/13 |
| | | | | | G | ondansetron sol, film, ODT | 01/01/13 |
| | | | | | B | Sancuso patch | 04/01/12 |
| | | | B | Varubi | 10/15/15 | | |
| | | | B | Zofran tab, ODT | 09/30/09 | | |
| | | | B | Zuplenz | 04/01/12 | | |
| Bowel Evacuants Combinations | | | | | | | |
| G | gavilyte-c | 01/01/16 | B | Colyte | 01/01/16 | | |
| G | gavilyte-g | 01/01/16 | G | gavilyte-h | 01/01/16 | | |
| G | gavilyte-n | 01/01/16 | G | PEG-3350/electrolytes | 01/01/16 | | |
| B | Golytely | 01/01/16 | B | Prepopik | 01/01/16 | | |
| B | Moviprep | 01/01/16 | B | Suclear | 01/01/16 | | |
| B | Nulytely | 01/01/16 | B | Suprep | 01/01/16 | | |
| PAMORAS | | | | | | | |
| B | Movantik* | 04/01/16 | *Clinical PA required | | | | |
| B | | | B | Relistor* | 04/01/16 | | |
| 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 | | |
| | | | G | mesalamine DR tab | 09/01/16 | | |
| | | | B | Pentasa 500mg CR | 01/01/15 | | |
| Rectal | | | | | | | |
| B | Canasa sup | 07/01/14 | G | mesalamine kit | 07/01/14 | | |
| G | mesalamine enema | 07/01/14 | B | Rowasa kit | 07/01/14 | | |
| | | | B | SfRowasa enema | 07/01/14 | | |

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| Irritable Bowel Syndrome Agents | | | | | | |
| B | Linzess | 01/01/16 | | 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 | | BG | Renvela (sevelamer) | 07/01/14 |
| B | Renagel | 07/01/14 | | B | Velphoro | 07/01/14 |
| Ulcer Drugs | | | | | | |
| H2 Antagonists | | | | | | |
| G | cimetidine | 06/01/13 | | 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. | B | Aciphex | 01/01/16 |
| G | omeprazole cap 20mg, 40mg | 01/01/13 | *Coverage is for children under 12. | B | Dexilant | 01/01/16 |
| G | pantoprazole | 01/01/13 | For patients with G, J tubes a prior authorization is required. | 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, susp*, tab | 01/01/13 |
| | | | | G | omeprazole OTC | 01/01/13 |
| | | | | B | Prevacid | 02/01/10 |
| | | | | B | Prevacid sol* | 02/01/10 |
| | | | | B | Prevacid Solutabs* | 02/01/10 |
| | | | | O | Prilosec OTC | 01/01/13 |
| | | | | B | Protonix tab 20, 40mg | 09/28/09 |
| | | | | G | rabeprazole | 11/13/13 |
| | | | | B | Yosprala | 10/01/16 |

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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 |
| | | | | B | Saizen | 10/01/10 |
| | | | | B | Serostim | 10/01/10 |
| | | | | B | Tev-Tropin | 10/01/10 |
| | | | | B | Zomacton | 11/01/16 |
| | | | | B | Zorbtive | 01/01/13 |

| Hematopoietics | | | | | | |
|---|-------------------|----------|--|---|---------------------------|----------|
| Erythropoiesis Stimulating Agents (ESAs) | | | | | | |
| B | Epogen 1000 mg/ml | 07/01/14 | | B | Aranesp | 07/01/14 |
| B | Procrit | 01/01/16 | | B | Epogen, except 1000 mg/ml | 07/01/14 |

| Immune Globulin | | | | | | |
|------------------------|---------------|----------|--|---|------------|----------|
| B | Gamastan S/D | 01/01/16 | | B | Bivigam | 01/01/16 |
| B | Gammagard | 01/01/16 | | B | Carimune | 01/01/16 |
| B | Gammagard 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 |

| Migraine Agents | | | | | | |
|------------------------|--------------------------|----------|--|----|--------------------------------|----------|
| B | Imitrex, spray, pen, inj | 01/01/14 | | B | Aksyna | 01/01/14 |
| B | Relpax | 01/01/13 | | B | Alsuma | 03/24/14 |
| G | sumatriptan tab | 01/01/13 | | B | Amerge | 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 |
| | | | | B | Onzetra | 05/01/16 |
| | | | | 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 | 06/01/13 |

Utah Medicaid Preferred Drug List

Effective November 1, 2016

| Preferred Drugs | | Date | Comments | Non Preferred Drugs | | Date |
|----------------------------------|---------------|----------|--|---------------------|---------------|----------|
| Multiple Sclerosis Agents | | | | | | |
| B | Avonex | 02/01/10 | * Clinical PA required | B | Ampyra* | 01/01/13 |
| B | Betaseron | 01/01/16 | | 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 | Zinbryta | 08/01/16 | |

| Multivitamins | | | | | | |
|--------------------------|-------------------------------|----------|--|-------------------------|-------------------------|----------|
| Prenatal Vitamins | | | | | | |
| B | Citranatal CAP Harmony* | 01/01/15 | * Indicates products that may have at least 600 mcg of folic acid, and 27mg of iron (or the absorption equivalent), and 200mg of DHA. | B | Active OB Cap | 01/01/15 |
| B | Citranatal MIS 90 DHA* | 01/01/15 | | B | Enbrace HR Cap | 01/01/16 |
| B | Concept DHA Cap*** | 01/01/15 | **Indicates products that may have ingredients above the Tolerable Upper Intake Levels for Vitamins as listed by the Food & Nutrition Board, Institute of Medicine, National Academies | B | Focalgin 90 MIS DHA | 01/01/15 |
| B | Prenate Cap Enhance* | 01/01/15 | | B | Focalgin CA MIS | 01/01/15 |
| B | Prenate DHA Cap (FeFum)* | 01/01/16 | | B | Infanate Cap Plus | 01/01/15 |
| B | Select-OB+ Pak DHA* | 01/01/16 | | B | Nestabs Abc MIS | 01/01/15 |
| B | Vitafol-OB Pak +DHA*** | 01/01/16 | | BG | NON-DHA/Folate products | 01/01/16 |
| B | Vitafol-One Cap* | 01/01/16 | | B | PreferaOb MIS +DHA | 01/01/15 |
| BG | ALL OTHERS with DHA/Folate*** | 01/01/16 | | B | Prenate Cap Essent | 01/01/15 |
| | | | | B | Prenate Cap Pixie | 01/01/15 |
| | | | B | Prenate DHA Cap (FeAsp) | 01/01/15 | |
| | | | B | Prenate Mini Cap | 01/01/16 | |
| | | | B | Provida DHA Cap | 01/01/15 | |
| | | | B | Tristart DHA Cap | 01/01/15 | |
| | | | B | Vinate DHA Cap 27-1.13 | 01/01/15 | |
| | | | B | Vitafol Cap Ultra | 01/01/15 | |
| | | | B | VP CH Ultra Cap | 01/01/15 | |

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|------------------------------|---------------------------|----------|-------------------------------|----|-------------------------------|----------|
| Muscle Relaxants | | | | | | |
| Antispasmodic Agents | | | | | | |
| G | chlorzoxazone 500mg | 09/28/09 | *Class quantity limits apply. | B | Amrix | 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 |

| | | | | | | |
|------------------------|------------------------|----------|--|---|---------------------|----------|
| Nasal | | | | | | |
| Antihistamines | | | | | | |
| G | azelastine | 05/15/16 | | B | Astelin | 01/01/15 |
| B | Patanase | 10/01/10 | | B | Astepro | 05/15/16 |
| | | | | 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 |
| G | mometasone | 05/15/16 | | B | Nasonex | 05/15/16 |
| 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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| Ophthalmics | | | | | |
| Anti-Glaucoma Agents | | | | | |
| Alpha Adrenergics | | | | | |
| B | Alphagan P 0.15% | 01/01/13 | G | apraclonidine HCL | 10/01/10 |
| B | Alphagan P 0.1% | 01/01/14 | G | brimonidine 0.15% | 10/01/10 |
| G | brimonidine 0.2% | 10/01/10 | G | lopidine | 01/01/14 |
| G | Simbrinza | 06/30/14 | | | |
| Beta Blockers | | | | | |
| 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 |
| 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 |
| Cholinergic Agonists | | | | | |
| G | pilocarpine | 04/01/16 | B | Isopto Carpine | 04/01/16 |
| 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 |

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| Antihistamines | | | | | | |
| B | Alomide | 01/01/14 | | O | Alaway | 10/01/10 |
| B | Cromolyn | 01/01/14 | | B | Alocril | 01/01/14 |
| B | Pataday | 01/01/13 | | G | azelastine HCL | 10/01/10 |
| B | Patanol | 10/01/10 | | B | Bepreve | 10/01/10 |
| | | | | B | Elestat | 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 | 02/24/15 |
| | | | | B | Zaditor | 10/01/10 |
| Anti-Inflammatory | | | | | | |
| Corticosteroids | | | | | | |
| 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 |
| 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 | Bromsite | 11/01/16 |
| | | | | 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 drops | 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 oint | 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 | sulfacetamide/prednisolone drops | 06/01/12 |
| | | | | G | tobramycin-dexamethasone | 06/01/12 |
| | | | | B | Zylet | 06/01/12 |

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|--|---------------------------------|----------|---------------------|---|----------|
| Otic Agents | | | | | |
| Antibiotics | | | | | |
| G | ciprofloxacin HCl Otic sol 0.2% | 01/01/16 | G | ofloxacin sol 0.3% | 10/01/16 |
| 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 |
| 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 | Otovel | 09/01/16 |
| G | neomycin-polymyxin-HC susp 1% | 11/01/15 | B | Otozin | 01/01/14 |
| | | | B | Pinnacaine drops 20% | 10/01/13 |
| Prostatic Hypertrophy Agents | | | | | |
| G | alfuzosin | 01/01/14 | BG | Avodart | 01/01/13 |
| G | doxazosin | 10/01/11 | B | Cardura, Cardura XL | 04/01/12 |
| G | finasteride 5mg | 10/01/11 | B | Flomax | 10/01/11 |
| G | tamsulosin | 01/01/12 | BG | Jalyn (Dutasteride/Tamsulosin) [†] | 10/01/11 |
| G | terazosin | 10/01/11 | B | Minipress | 10/01/11 |
| | | | B | Proscar | 10/01/11 |
| | | | B | Rapaflo | 10/01/11 |
| | | | B | Uroxatral | 01/01/13 |
| Pulmonary Hypertension | | | | | |
| Endothelin Antagonists | | | | | |
| B | Letairis | 01/01/12 | B | Opsumit | 10/01/13 |
| B | Tracleer | 01/01/12 | | | |
| Phosphodiesterase-5 Enzyme (PDE-5) Inhibitors | | | | | |
| G | sildenafil | 09/01/13 | B | Adcirca | 01/01/14 |
| | | | B | Revatio | 09/01/13 |
| Prostacyclins | | | | | |
| G | epoprostenol inj | 06/01/12 | 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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|---|------------------------------------|----------|---------------------|------|-------------------------------|----------|
| Respiratory | | | | | | |
| Asthma & COPD | | | | | | |
| Anticholinergics | | | | | | |
| BG | Atrovent, HFA (ipratropium) | 04/01/12 | Dosage limit | B | Tudorza Pressair | 01/01/13 |
| B | Spiriva | 01/01/11 | | B | Incruse Ellipta | 01/01/15 |
| Short Acting Beta Agonists (SABA) | | | | | | |
| B | Accuneb | 04/01/13 | | B | Xopenex neb | 05/15/16 |
| G | albuterol (.63mg/3ml) (1.25mg/3ml) | 04/01/13 | | | | |
| G | albuterol (2.5 mg/3ml) (5 mg/ml) | 01/01/13 | | | | |
| G | levalbuterol neb | 05/15/16 | | | | |
| B | ProAir HFA | 09/28/09 | | | | |
| B | Proventil HFA | 01/01/13 | | | | |
| B | Ventolin HFA | 09/28/09 | | | | |
| 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 | Bevespi | 08/01/16 |
| G | ipratropium/albuterol | 01/01/14 | | B | Combivent, Respimat | 04/01/13 |
| B | Symbicort | 01/01/13 | | B | Stiolto | 10/01/15 |
| | | | | | | |

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|--------------------------------------|-------------------|----------|--|------|------------------|----------|
| Smoking Deterrents | | | | | | |
| Nicotine Replacement Products | | | | | | |
| O | Commit | 01/01/11 | 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 | tolterodine | 04/15/13 |
| | | | | G | tropium chloride | 10/01/13 |
| | | | | B | Urecholine | 01/01/14 |
| Long Acting | | | | | | |
| B | Gelnique | 09/28/09 | Behavior modification recommended prior to treatment | B | Detrol LA | 02/01/10 |
| G | oxybutynin ER | 02/01/10 | | B | Ditropan XL | 01/01/12 |
| B | Toviaz | 09/28/09 | | BG | Enablex (darifenacin) | 04/01/16 |
| B | Vesicare | 09/28/09 | | B | Myrbetriq | 05/09/13 |
| | | | | B | Oxytrol Rx patch | 10/01/16 |
| | | | | G | tolterodine ER | 01/01/14 |
| | | | | G | tropium chloride ER | 10/01/13 |

| | | | | | | |
|--------------------------|-----------|----------|--|----|------------------------|----------|
| Vitamin D Analogs | | | | | | |
| B | Hectorol | 01/01/15 | | G | calcitriol | 08/01/16 |
| B | Rocaltrol | 11/01/15 | | G | doxercalciferol | 01/01/15 |
| G | vitamin D | 01/01/15 | | B | Drisdol | 01/01/15 |
| | | | | B | Hectorol 4mcg/2ml inj | 01/01/15 |
| | | | | BG | Zemplar (paricalcitol) | 01/01/15 |

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