

Utah Medicaid Preferred Drug List

Effective September 1, 2016

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Allergenic Extracts						
Allergen Immunotherapy						
B	Grastek*	01/01/15	*Clinical PA required			
B	Ragwitek*	01/01/15				
Analgesics						
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)						
COX-2 Inhibitors						
G	Celecoxib	09/15/15		B	Celebrex	09/15/15
Non-Selective						
G	diclofenac potassium	07/01/12	*Not Ntrad or PCN. **OTC not covered. ***NC PCN or tradNH	B	Advil	01/01/16
G	diclofenac sodium DR 50mg, 75mg	01/01/12		B	Anaprox, DS	09/28/09
G	diclofenac sodium SR	01/01/13		BG	Daypro (oxaprozin)	02/01/16
G	etodolac 200mg, 400mg, 500mg	01/01/12		G	diclofenac gel*	01/01/15
G	flurbiprofen	01/01/12		G	diclofenac sodium DR 25mg	01/01/13
G	ibuprofen	09/28/09		G	diclofenac sol	05/30/14
B	Indocin susp	01/01/12		B	Dyloject inj	08/12/15
G	indomethacin (not CR)	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
G= Generic
O= Over The Counter

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Opioids						
Short Acting						
B	Actiq*,**	01/01/15	Class quantity limits apply. *Not covered Ntrad or PCN **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 Class quantity limits apply. **Not covered Ntrad or PCN ***Not covered PCN ****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 1% (gel packets)	06/01/12	Class requires PA *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	
Other						
G	danazol	02/15/16	Class requires PA *Not PCN or Ntrad	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	cefpodoxime tab	02/01/10
G	cefpodoxime susp	01/01/13		BG	Spectracef (cefditoren)	02/15/16
B	Suprax cap, tab, chw	02/01/10		B	Suprax susp	02/15/16
Quinolones						
B	Cipro susp	02/01/10		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	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	Class requires PA for non-traditional injectables Not Covered PCN	B	Arixtra (fondaparinux)	01/01/13
B	Fragmin	10/01/10		B	Lovenox	10/15/15
Antidiabetics						
Insulin						
Rapid Acting						
B	Humalog	09/28/09	All pens require Clinical PA Class Quantity limits	B	Apidra	09/28/09
B	Humulin-R	09/28/09				
B	Novolin-R	02/01/10				
B	Novolog	02/01/10				
Intermediate Acting						
B	Humulin-N	09/28/09	All pens require Clinical PA Class Quantity limits			
B	Novolin-N	02/01/10				
Long Acting						
B	Lantus	09/28/09	All pens require Clinical PA Class Quantity limits	B	Lantus Solostar	09/28/09
B	Levemir	09/28/09		G	Toujeo Solostar	03/09/15
				B	Tresiba	03/15/16

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Page 4 of 34

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Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
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
				BG	Metaglip (glipizide/metformin)	07/01/14
GLP-1 Agonists						
B	Tanzeum	01/01/16	Class not PCN or NT Class requires Clinical PA	B	Bydureon	01/01/14
B	Victoza	01/01/14		B	Byetta	01/01/16
				B	Trulicity	10/08/14
DPP- 4 Inhibitors						
B	Januvia	09/28/09	Class requires Clinical PA	BG	Nesina (alogliptin)	04/01/16
B	Onglyza	01/01/13		B	Tradjenta	02/20/12
DPP- 4 Inhibitor Combinations						
B	Janumet	09/28/09	Class requires Clinical PA	B	Glyxambi	02/11/15
B	Kombiglyze XR	01/01/14		B	Janumet XR	01/01/13
				B	Jentadueto	04/30/12
				B	Kazano (alogliptin/metformin)	04/01/16
				BG	Oseni (alogliptin/pioglitazone)	04/01/16
SGLT-2 Inhibitors						
B	Farxiga	01/01/16	Class requires Clinical PA	B	Invokana	01/01/16
				B	Jardiance	01/01/16
SGLT-2 Inhibitor Combinations						
B	Xigduo XR	01/01/16	Class requires Clinical PA	B	Invokamet	01/01/16

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Antifungals							
Oral							
B	Ancobon	01/01/14		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		G	itraconazole	04/01/13	
G	voriconazole	10/01/15		B	Lamisil	10/01/11	
				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		
Antihistamines							
1st Generation							
G	Aller-Chlor Syp	07/01/14	*Not covered Ntrad, PCN	B	Atarax	07/01/14	
G	cyproheptadine	07/01/14		BG	carbinoxamine	07/01/14	
BG	diphenhydramine	07/01/14		G	chlorpheniramine	07/01/14	
BG	doxylamine	02/15/16		BG	clemastine	07/01/14	
G	ED-Chlortan	07/01/14		B	ED Chlorped liq	07/01/14	
G	hydroxyzine HCl, pamoate	07/01/14		B	Triaminic oral strip*	07/01/14	
				B	Vanahist	07/01/14	
				B	Vistaril	07/01/14	
2nd Generation							
G	cetirizine tab	07/01/14		*Not covered Ntrad and PCN	G	cetirizine chew*, sol	07/01/14
G	loratadine	07/01/14	BG		Clarinx (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	tinidazole	05/15/16		G	metronidazole 375mg	01/01/15
				B	Nebupent	01/01/15
				G	paromomycin	01/01/15
				B	Pentam	01/01/15
				B	Tindamax	05/15/16
Antimalarials						
G	chloroquine	01/01/16		G	atovoquone/proguanil	01/01/16
B	Malarone	01/01/16		B	Coartem	01/01/16
B	Plaquenil	02/15/16		B	Daraprim	01/01/16
B	Primaquine	01/01/16		G	hydroxychloroquine	02/15/16
				G	mefloquine	01/01/16
				BG	Qualaquin (quinine)	01/01/16
Vaginal						
B	AVC	01/01/13	*OTC Not PCN	B	Cleocin	03/01/16
G	clindamycin	03/01/16	**crm with applicator	G	clotrimazole 3*,**	10/01/11
G	clotrimazole 1%*,**	10/01/11		B	Gynazole-1	10/01/11
G	metronidazole vaginal gel	04/18/13		B	Metrogel vaginal gel	09/01/16
G	miconazole 4% crm*	01/01/13		G	miconazole 1-3 kit*	10/01/11
G	miconazole 7*,**	10/01/11		B	Monistat 7	10/01/11
G	Vandazole	01/01/13		B	Nuversa	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
All products in this class are preferred with generic preferred over brand where applicable.

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Antiparkinson Agents						
COMT Inhibitors & Combinations						
G	amantadine	06/01/13	*Not Ntrad or PCN	G	carbidopa/levodopa ODT*	10/01/09
G	carbidopa/levodopa	10/01/09		G	carbidopa/levodopa/entacapone	01/01/14
G	carbidopa/levodopa ER	01/01/14		BG	Comtan (entacapone)	01/01/14
				B	Duopa	02/11/15
				B	Lodosyn	10/15/15
				B	Northera	08/15/14
				B	Rytary	10/01/15
				B	Sinemet	01/01/14
				B	Stalevo	01/01/14
				B	Tasmar (tolcapone)	10/01/09
MAO Inhibitors						
G	selegiline	02/01/10		B	Azilect	10/01/09
				B	Zelapar	10/01/09
Non-ergot Derived Dopamine Receptor Agonists and Others						
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	Nuplazid	06/01/16
				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	*Clinical PA required	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	Class Not PCN	B	Intron-A	01/01/14
B	Peg-Intron	01/01/14		B	Sylatron	01/01/14
Nucleoside Analogues						
G	moderiba 200mg	03/01/16		B	Copegus	07/01/12
B	Rebetol sol	01/01/14		B	Moderiba Pak	03/01/16
G	ribasphere 200mg	01/01/14		B	Rebetol cap	07/01/12
G	ribavirin	07/01/12		B	Ribapak	07/01/12
				G	ribasphere 400mg, 600mg	01/01/14
Herpes Simplex, Varicella Zoster, & Cytomegalovirus						
Oral						
G	acyclovir	01/01/14		BG	Famvir (famciclovir)	06/01/13
G	valacyclovir	01/01/14		B	Sitavig	03/01/16
				BG	Valcyte (valganciclovir)	06/01/13
				B	Valtrex	01/01/14
				B	Zovirax	06/01/13
Appetite Stimulants						
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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Bone Density Regulators							
Osteoporosis Agents							
B	Actonel (except 35mg)	09/01/16	*Not Ntrad or PCN	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							
B	Lescol	05/15/16			B	Altprev	01/01/13
G	lovastatin	09/28/09	G		fluvastatin	01/01/13	
G	pravastatin	09/28/09	B		Lescol XL	05/15/16	
			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

Effective September 1, 2016

	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	Fibracor (fenofibric acid)	01/01/13
				B	Lipofen	05/14/14
				B	Lofibra	09/28/09
				B	Lopid	01/01/13
Nicotinic Acid Derivatives						
B	Niaspan	09/28/09		G	niacin ER	01/01/16
				B	Niacor	01/01/16
Miscellaneous						
B	Lovaza	01/01/12		G	omega-3 acid ethyl esters	01/01/16
B	Zetia	09/28/09		B	Vascepa	11/01/15
Antihypertensives						
Alpha/Beta-Adrenergic Blocking Agents						
G	carvedilol	09/28/09		B	Coreg, CR	09/28/09
G	labetalol	09/28/09		B	Trandate	09/28/09
Angiotensin Converting Enzyme (ACE) Inhibitors						
G	benazepril	09/28/09		B	Accupril	09/28/09
G	captopril	09/28/09		B	Altace	09/28/09
G	enalapril	09/28/09		B	Epaned	04/18/14
G	fosinopril	09/28/09		B	Lotensin	09/28/09
G	lisinopril	09/28/09		B	Mavik	10/15/15
G	quinapril	09/28/09		G	moexipril	01/01/13
G	ramipril	09/28/09		G	perindopril	01/01/14
G	trandolapril	01/01/14		B	Prinivil	09/28/09
B	Univasc	01/01/13		B	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 September 1, 2016

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
Angiotensin Receptor Blockers (ARBs)						
B	Benicar	09/28/09		B	Atacand	10/15/15
G	irbesartan	10/15/15		B	Avapro	10/15/15
G	losartan	04/01/12		G	candesartan	06/01/13
B	Micardis	01/01/12		B	Cozaar	09/28/09
G	valsartan	03/01/16		B	Diovan	03/01/16
				B	Edarbi	04/01/12
				G	eprosartan	09/28/09
				G	telmisartan	01/01/14
Angiotensin Receptor Blocker (ARB) + Thiazide Combinations						
B	Benicar HCT	09/28/09		B	Atacand HCT	01/01/14
G	irbesartan/HCTZ	01/01/14		B	Avalide	01/01/14
G	losartan/HCTZ	09/28/09		G	candesartan HCT	01/01/14
B	Micardis HCT	01/01/12		B	Diovan HCT	10/15/15
G	valsartan HCT	10/15/15		B	Edarbyclor	01/01/13
				B	Hyzaar	09/28/09
				G	telmisartan HCT	01/01/14
Angiotensin Receptor Blocker (ARB) Combinations - Other						
B	Azor	01/01/14		G	amlodipine/valsartan	10/08/14
B	Exforge	09/28/09		G	amlodipine/valsartan HCT	03/01/16
B	Exforge HCT	09/28/09		B	Byvalson	09/01/16
B	Tribenzor	01/01/14		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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Utah Medicaid Preferred Drug List

Effective September 1, 2016

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
Beta-Adrenergic Blocking Agent Combinations						
G	atenolol/chlorthalidone	09/28/09		B	Corzide	10/15/15
G	bisoprolol/HCTZ	09/28/09		B	Dutoprol	09/28/09
G	nadolol/bendroflumethiazide	10/15/15		B	Lopressor HCT	01/01/14
G	propranolol/HCTZ	01/01/14		G	metoprolol/HCTZ	01/01/13
				B	Tenoretic	09/28/09
				B	Ziac	09/28/09
Calcium Channel Blocking Agents						
G	amlodipine	09/28/09	*This includes all generic equivalents of all solid oral dosage forms 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	torsemide	01/01/16		B	Demadex	01/01/16
				B	Edecrin	01/01/16
				B	Lasix	01/01/16
Thiazide						
B	Diuril sus	01/01/16		G	chlorothiazide	01/01/16
G	hydrochlorothiazide	01/01/16		G	chlorthalidone	01/01/16
G	indapamide	01/01/16		G	methyclothiazide	01/01/16
				G	metolazone	01/01/16
				B	Microzide	01/01/16
Potassium Sparing & Combination						
G	amiloride/HCTZ	01/01/16		B	Aldactazide	01/01/16
G	spironolactone	01/01/16		B	Aldactone	01/01/16
G	spironolactone/HCTZ	01/01/16		G	amiloride	01/01/16
G	triamterene/HCTZ (not 50/25mg)	01/01/16		B	Dyazide	01/01/16
				BG	Inspra (eplerenone)	01/01/16
				B	Maxzide	01/01/16
				G	triamterene/HCTZ (50/25mg)	01/01/16

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Utah Medicaid Preferred Drug List

Effective September 1, 2016

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date	
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	*Not PCN or Ntrad †Brand Preferred over Generic. refer to BOG Reference	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	Not PCN or Ntrad	G	rivastigmine patch	09/15/15
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Hypnotics

Benzodiazepines

G	flurazepam	06/01/13	Class quantity limit of 30 doses per 30 days apply.	BG	Doral (quazepam)	05/01/16
G	midazolam syp	06/01/13		G	estazolam	06/01/13
G	temazepam 15mg, 30mg	06/01/13		BG	Halcion (triazolam)	06/01/13
				B	Restoril	06/01/13
				G	temazepam 7.5mg, 22.5mg	06/01/13

Non Benzodiazepines, Non Barbiturates

G	zaleplon	10/15/15	Class quantity limit of 30 per 30 days apply.	B	Ambien, CR	06/01/13
G	zolpidem	06/01/13		B	Belsomra	12/10/14
				B	Edluar	06/01/13
				B	Heltioz	03/17/14
				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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†=BOG
Page 14 of 34

Utah Medicaid Preferred Drug List

Effective September 1, 2016

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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. *Not PCN or Ntrad †Brand Required over Generic. Refer to BOG Reference	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		B	Aptensio XR	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	Évekeo	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	Zenzedi	07/01/16	
Atypical Antipsychotics EFFECTIVE OCTOBER 1, 2016						
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. *Not PCN or Ntrad **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 Relprev*	10/01/16	
			BG	Zyprexa Zydis (olanzapine ODT)*	10/01/16	

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Page 15 of 34

Utah Medicaid Preferred Drug List

Effective September 1, 2016

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Contraceptives				
Oral				
Low Dose and Mono-phasic				
G altavera	01/01/12		G balziva	01/01/13
G alyacen	01/01/13		G blisovi 24 FE 1/20	03/15/16
G apri	01/01/14		B Brevicon	01/01/16
G aubra	05/05/15		G briellyn	01/01/13
G aviane	03/15/16		B Desogen	05/15/16
B Beyaz	01/01/16		G desogestrel/ethinyl estradiol	01/01/16
G blisovi FE 1/20	03/15/16		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 elinest	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 lomedina 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		G vestura	01/01/13
G mono-linyah	04/01/13		G vyfemla	01/01/16
G mononessa	03/15/16		G wymzya	01/01/13
G necon	11/15/11		B Yasmin	01/01/16
G norethindrone/ethinyl estradiol	01/01/16		B Yaz	01/01/16
G norethindrone/ethinyl estradiol FE	03/15/16		G zarah	11/15/11
G norgestimate/ethinyl estradiol	01/01/13		G zenchent	01/01/13

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G	nortrel	11/15/11					
G	orsythia	01/01/13					
B	Ortho-Novum	10/01/11					
G	pirmella	07/08/13					
G	portia	01/01/12					
G	previfem	01/01/13					
G	reclipsen	01/01/14					
B	Safyral	01/01/16					
G	sprintec	10/01/11					
G	sronyx	10/01/11					
G	tarina	01/01/16					
G	wera	01/01/13					
G	zovia	10/01/11					
Bi-phasic							
B	Necon 10/11-28	01/01/12	†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	pimtreea	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-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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Utah Medicaid Preferred Drug List

Effective September 1, 2016

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Extended Cycle							
G	introvale	01/01/16		G	amethia, Lo	01/01/13	
G	jolessa	01/01/16		G	amethyst	01/01/13	
B	Loseasonique	01/01/13		G	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	
Progestin Only							
All generic products in this class are preferred.							
Dermal							
G	Xulane*	02/15/16	*Not Ntrad or PCN				
Vaginal							
B	Nuvaring*	01/01/13	*Not Ntrad or PCN				
Cytokine Modulators							
Immunomodulators							
B	Enbrel	02/01/10	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	Taltz	05/01/16	
				B	Xeljanz, XR	09/15/14	

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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	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
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	virt-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	amnesteam	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	*Not Covered NonTrad/PCN	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	
			B	Oxistat (lot, crm)	10/01/11	
			B	Pedipirox-4	01/01/14	
			B	Penlac	10/01/11	
			G	selenium sulfide	04/01/12	
			B	Spectazole	10/01/11	
			G	tolnaftate	10/01/11	
			B	Vusion	10/01/11	
			B	Xolegel	10/01/11	
Antivirals						
B	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	
			G	halobetasol 0.05% crm, oint	10/01/13	
			B	Olux foam 0.05%	06/01/16	
			B	Temovate oint, gel, crm	10/01/13	
			B	Ultravate	10/01/15	
			B	Vanos 0.1% crm	10/01/13	
Potent						
G	fluocinonide 0.05% crm, gel, oint	10/01/13	G	amcinonide 0.1% crm, lot, oint	10/01/13	
G	mometasone 0.1% oint	10/01/13	G	desoximetasone 0.25% crm, oint	10/01/13	
			B	Elocon 0.1% oint	10/01/13	
			G	fluocinonide 0.05% sol	10/01/13	
			B	Halog 0.1% crm, oint	10/01/13	
			B	Topicort 0.25% spray, crm, oint	10/01/13	
			G	triamcinolone 0.5%	01/01/16	
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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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-Smooth Oil	10/01/13		G	HC but 0.1% oint	01/01/16	
G	desonide 0.05% crm, lot, oint	10/01/13		B	Pediaderm HC kit	10/01/13	
G	fluocinolone ace 0.01% crm	01/01/16		B	Texacort 2.5% sol	10/01/13	
G	HC 0.5% crm, oint	10/01/13		G	triamcinolone 0.05%	03/01/15	
G	HC 1% crm, lot, oint	10/01/13		B	Trianex 0.05% oint	10/01/13	
G	HC 2.5% crm, lot, oint	10/01/13		B	U-Cort	01/01/16	
G	HC but 0.1% crm	01/01/16		B	Verdeso Aero 0.05% foam	10/01/13	
G	HC But 0.1% sol	10/01/13					
G	triamcinolone 0.025% oint, lot, crm	10/01/13					
Steroid/Antifungal Combinations							
G	nystatin/triamcinolone oint	01/01/14			B	clotrimazole/betamethasone	01/01/13
			G		dermazene crm	01/01/14	
			B		Lotrisone (crm & lot)	01/01/13	
			G		nystatin/trimacinolone (crm)	01/01/13	
			B		Vusion oint	01/01/14	
Immunomodulating Agents							
B	Elidel	01/01/15	Class requires Clinical PA	BG	Protopic (tacrolimus) oint	09/01/16	
Local Anesthetic Agents							
G	lidocaine HC rectal, crm, gel non-kit	01/01/15	*Not covered Ntrad or PCN **Clinical PA required	B	Ana-lex kit	01/01/15	
G	lidocaine oint, sol, gel, crm, lot,	01/01/15		B	Capsiderm pad	03/01/15	
				B	Captracin pad*	01/15/15	
				B	Dermacinx	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	

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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	Ulesfia	01/01/15		B	Ovide	01/01/15
				G	Spinosad	01/01/15

Diagnostic Products						
Diabetic Test Supplies						
O	Abbott Products*	01/01/11	*Abbott meters, use: RxBIN: 610020 Group number: 99992432 ID: ERXUTMED Free For Medicaid. **Bayer meters, use: RxBIN: 015251 PCN: PRX2000 Group number: MGDCARE ID: CNMC7246982 Expiration: 1/30/2016 or 1/30/2017 Diabetic test supplies are not covered for Nursing Home clients. ***Bill through DME	O	Accucheck Products***	09/28/09
O	Freestyle Products*	01/01/11		O	AgaMatrix***	01/01/11
O	Precision Products*	01/01/11		O	GE 100***	01/01/11
O	Bayer Products**	09/28/09		O	Glucocard***	01/01/11
O	Breeze 2**	09/28/09		O	Ketone test strips***	01/01/11
O	Contour**	09/28/09		O	Nova Max***	01/01/11
				O	One Touch Products***	01/01/11
				O	Surestep***	01/01/11
				O	Truetrack***	01/01/11

Epinephrine						
Autoinjectors						
B	Epipen	01/01/15	Class requires PA for Ntrad Autoinjectors not covered PCN 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

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Estrogens						
Oral						
B	Cenestin	10/01/11		B	Estrace	10/01/11
B	Enjuvia	01/01/14		B	Femtrace	10/01/11
G	estradiol	10/01/11		B	Premarin	10/01/11
G	estropipate	04/01/13				
B	Menest	10/01/11				
Combinations						
B	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		G	jevantique	10/01/11
G	lopreeza	10/15/15		G	jinteli	10/01/11
B	Prempro	10/01/11		G	mimvey, mimvey lo	10/01/11
				B	Prefest	10/01/11
				B	Premphase	10/01/11
Topical & Miscellaneous						
B	Alora* patch	01/01/14	*Not covered Ntrad or PCN, non traditional dosage forms not covered.	B	Climara* patch	01/01/16
B	Combipatch* patch	01/01/14		B	Elestrin gel*	10/01/11
B	Divigel*	01/01/16		B	Estraderm*	10/01/11
B	Vivelle-DOT* patch	01/01/14		G	estradiol patch*	10/01/11
				B	Estrasorb*	10/01/11
				B	Estrogel*	10/01/11
				B	Evamist spray*	10/01/11
			B	Menostar*	10/01/11	
			B	Minivelle* patch	01/01/14	
Vaginal						
B	Estring*	10/01/11	*Not covered Ntrad or PCN, non traditional dosage forms not covered.	B	Estrace	10/01/11
B	Premarin crm	10/01/11		B	Vagifem 10mcg*, 25mcg*	01/01/13

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Gastrointestinal (GI)						
Antiemetics						
Anticholinergics						
G	compazine sup	01/01/15	*Take 2 of 12.5 ** Not covered NT & PCN	B	Cesamet	01/01/15
G	meclizine 12.5mg tab	01/01/15		B	Compazine tab	01/01/15
G	prochlorperazine tab	01/01/15		B	Compro sup	01/01/15
G	promethazine inj**	01/01/15		B	Diclegis	01/01/15
G	promethazine sup**	01/01/15		G	dimenhydrinate inj**, tab	01/01/15
G	promethazine tab, syp, sup	01/01/15		G	meclizine 25mg 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	*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*	09/30/09
G	ondansetron tab	01/01/13		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 Evacuant 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	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		B	Renvela	07/01/14
B	Renagel	07/01/14		B	Velphoro	07/01/14
Ulcer Drugs						
H2 Antagonists						
G	cimetidine	06/01/13	OTC not covered PCN	B	Axid cap, sol	06/01/13
G	cimetidine sol	06/01/13		G	nizatidine	06/01/13
G	famotidine	06/01/13		B	Pepcid	06/01/13
G	ranitidine syp	06/01/13		B	Tagamet	06/01/13
G	ranitidine tab	06/01/13		B	Zantac	06/01/13
Proton Pump Inhibitors						
B	Nexium cap	01/01/16	Quantity limits apply.	B	Aciphex	01/01/16
G	omeprazole cap 20mg, 40mg	01/01/13	*Coverage is for children under 12. For patients with G, J tubes a prior authorization is required.	B	Dexilant	01/01/16
G	pantoprazole	01/01/13		G	esomeprazole	03/01/15
B	Protonix susp packet*	01/01/13	Not Ntrad or PCN.	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

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Utah Medicaid Preferred Drug List

Effective September 1, 2016

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Growth Hormone						
B	Genotropin	10/01/10	Class requires Clinical PA Class not Ntrad and PCN	B	Humatrope	01/01/15
B	Norditropin	01/01/14		B	Nutropin	01/01/13
				B	Omnitrope	01/01/13
				B	Saizen	10/01/10
				B	Serostim	10/01/10
				B	Tev-Tropin	10/01/10
				B	Zorbtive	01/01/13
Hematopoietics						
Erythropoiesis Stimulating Agents (ESAs)						
B	Epogen 1000 mg/ml	07/01/14		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	*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	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	

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Multiple Sclerosis Agents						
B	Avonex*	02/01/10	*Ntrad PA, Not PCN.	B	Ampyra**	01/01/13
B	Betaseron*	01/01/16	**Clinical PA required	B	Aubagio	01/01/13
B	Copaxone 20mg*	09/28/09		B	Copaxone 40mg	05/30/14
B	Tecfidera	01/01/16		B	Extavia	01/01/16
				B	Gilenya	01/01/13
				G	Glatopa	07/01/15
				B	Lemtrada	01/01/16
				B	Rebif*	01/01/15
				B	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	Cystaran	01/01/14
				G	fluorescerin/benoxinate	01/01/14
				B	Ilevro	01/01/14
				B	Nevanac	06/01/12
				B	Ocufen	06/01/12
				B	Prolensa	04/16/13
Combinations						
B	Blephamide drops	06/01/12		B	Bleph-10	01/01/13
B	Maxitrol	06/01/12		B	Blephamide S.O.P. oint	01/01/16
G	neomycin/polymyxin/dexamethasone	06/01/12		B	Cortomycin	06/01/12
G	sulfacetamide sodium drops	01/01/13		B	Maxitrol	01/01/16
B	Tobradex (0.3/0.1% drops)	01/01/13		G	neomycin/bacitracin/polymyxin-HC	06/01/12
B	Tobradex oint	01/01/16		G	neomycin-polymyxin-HC	06/01/12
B	Tobradex ST (0.3/0.05% drops)	01/01/16		B	Pred-G	01/01/13
G	trimethoprim/polymyxin B	06/01/12		B	Pred-G S.O.P.	06/01/12
				G	sulfacetamide sodium oint	01/01/13
				G	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%	10/01/13				
Corticosteroids						
B	DermOtic	11/01/15		B	Acetasol HC SOL 1-2%	10/01/13
				G	fluocinonide oil 0.01%	10/01/13
				G	hydrocortisone-acetic acid 1-2%	10/01/13
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	Otovel	09/01/16
B	Coly-Mycin susp	11/01/15		B	Otozin	01/01/14
G	neomycin-polymyxin-HC susp 1%	11/01/15		B	Pinnacaine drops 20%	10/01/13
Prostatic Hypertrophy Agents						
G	alfuzosin	01/01/14	†Brand Preferred over Generic. refer to BOG Reference	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		BG	Jalyn (Dutasteride/Tamsulosin)†	10/01/11
G	tamsulosin	01/01/12		B	Minipress	10/01/11
G	terazosin	10/01/11		B	Proscar	10/01/11
				B	Rapaflo	10/01/11
			B	Uroxatral	01/01/13	
Pulmonary Hypertension						
Endothelin Antagonists						
B	Letairis	01/01/12		B	Opsumit	10/01/13
B	Tracleer	01/01/12				
Phosphodiesterase-5 Enzyme (PDE-5) Inhibitors						
G	sildenafil	09/01/13	*Tablet only for Ntrad/PCN	B	Adcirca	01/01/14
				B	Revatio*	09/01/13
Prostacyclins						
G	epoprostenol inj*	06/01/12	*Traditional only.	B	Flolan inj*	06/01/12
				B	Orenitram	04/02/14
				B	Remodulin inj*	06/01/12
				B	Tyvaso	06/01/12
				B	Uptravi	01/15/16
				B	Veletri*	06/01/12
				B	Ventavis	01/01/14

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†=BOG
Page 32 of 34

Utah Medicaid Preferred Drug List

Effective September 1, 2016

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
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	Maxair	09/28/09
G	albuterol (.63mg/3ml) (1.25mg/3ml)	04/01/13		B	Xopenex neb	05/15/16
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	Class not Ntrad or PCN Bill Medicare for Medicare part D dual eligibles	B	Nicotrol Inhaler	04/01/13
O	Nicoderm	01/01/11		B	Nicotrol NS	01/01/11
O	Nicorelief	01/01/11				
O	Nicorette	01/01/11				
O	Nicotine Gum	01/01/11				
O	Nicotine Lozenges	01/01/14				
O	Nicotine patch	01/01/11				
O	Nicotine Sys Kit	01/01/14				

Urinary						
Antispasmodics						
Short Acting Agents						
G	bethanechol 10mg, 25mg	01/01/14	Behavior modification recommended prior to treatment	G	bethanechol 5mg, 50mg	01/01/14
G	oxybutynin tab, syp	09/28/09		B	Detrol	09/28/09
				B	Ditropan	04/14/13
				G	flavoxate	09/28/09
				B	Sanctura	09/01/13
				G	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 *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

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