

# Utah Medicaid Preferred Drug List

Effective June 1, 2017

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
<b>Allergenic Extracts</b>						
<b>Allergen Immunotherapy</b>						
B	Grastek*	01/01/15	*Clinical PA required			
B	Ragwitek*	01/01/15				
<b>Analgesics</b>						
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>						
<b>COX-2 Inhibitors</b>						
G	Celecoxib	09/15/15		B	Celebrex	09/15/15
<b>Non-Selective</b>						
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 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* (except 550mg)	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 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

B = Brand  
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<b>Opioids</b>						
<b>Short Acting</b>						
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	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	
<b>Long Acting</b>						
B	Embeda	01/01/17	*Clinical PA required  Quantity limits  **Terminal cancer diagnosis only.	B	Arymo ER	04/01/17
G	fentanyl patch (100)**	02/01/16		B	Belbuca	01/01/16
G	fentanyl patch (12, 25, 50, 75)	02/01/10		B	Butrans (buprenorphine patch)*†	10/30/14
G	morphine sulfate ER tab	01/01/14		B	Conzip ER (tramadol ER)	08/18/14
B	Opana ER (5, 7.5, 10, 15)	01/01/13		BG	Dolophine (methadone)	01/01/16
			†Brand Required over Generic. Refer to BOG Reference	B	Duragesic patch	01/01/11
				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	01/01/17
				B	MorphaBond	06/01/17
				G	morphine sulfate beads	09/28/09
				G	morphine sulfate ER cap	01/01/14
				B	MS Contin	09/01/16
				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

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<b>Opioid Combinations</b>						
G	APAP/codeine, sol	05/01/17	<a href="#">*Clinical PA required</a>  Quantity limits  APAP = acetaminophen ASA = aspirin BUT = butalbital CAF = caffeine IBU = ibuprofen	B	Capital/codeine	05/01/17
G	hydrocodone/APAP, sol	05/01/17		G	carisoprodol/aspirin/codeine	09/28/09
G	oxycodone/APAP	05/01/17		G	dihydrocodeine/APAP/CAF	05/01/17
G	tramadol/APAP	05/01/17		BG	Fioricet/codeine (BUT/APAP/CAF/codeine)*	05/01/17
				BG	Fiorinal/codeine (BUT/ASA/CAF/codeine)*	05/01/17
				BG	Ibudone (hydrocodone/IBU)	05/01/17
				B	Lortab, sol	05/01/17
				B	Norco	05/01/17
				G	oxycodone/ASA	05/01/17
				G	oxycodone/IBU	05/01/17
				B	Percocet	05/01/17
				B	Primlev	05/01/17
				BG	Reprexain (hydrocodone/IBU)	05/01/17
				BG	Synalgos-DC (dihydrocodeine/ASA/CAF)	05/01/17
				B	Tylenol/codeine	05/01/17
				B	Ultracet	05/01/17
				B	Xodol	05/01/17
			BG	Xylon (hydrocodone/IBU)	05/01/17	
			B	Zamiset sol	05/01/17	
<b>Opioid Agonist Antagonist Combination for Substance Abuse</b>						
B	Suboxone	01/01/12	<a href="#">Clinical PA required</a>  Quantity limits	B	Bunavail	01/01/15
				G	buprenorphine	06/01/17
				G	buprenorphine/naloxone	01/01/15
				B	Zubsolv	01/01/17
<b>Androgens</b>						
<b>Topical</b>						
B	Androgel	10/01/16	<a href="#">Class requires PA</a>	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
<b>Other</b>						
G	danazol	02/15/16	<a href="#">Class requires PA</a>  <a href="#">*Clinical PA required</a>	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

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<b>Antibiotics</b>							
<b>Aminoglycosides</b>							
<b>Inhaled for CF</b>							
B	Bethkis neb	01/01/15	*Trial of Bethkis or Kitabis Pak required first.	BG	Tobi (tobramycin) neb <sup>†</sup>	01/01/16	
B	Kitabis Pak neb	01/01/16					
B	Tobi Podhaler cap*	01/15/16	<u><a href="#">†Brand Preferred over Generic. refer to BOG Reference</a></u>				
<b>Oral and Injectable</b>							
G	amikacin	01/01/15		G	kanamycin	01/01/15	
G	gentamicin	01/01/15					
G	neomycin tab	01/01/15					
G	streptomycin	01/01/15					
G	tobramycin	01/01/15					
<b>Cephalosporins</b>							
<b>3rd Generation Oral</b>							
G	cefdinir	02/01/10		BG	Cedax (ceftibuten)	02/15/16	
G	cefixime susp	02/15/16		G	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	
<b>Quinolones</b>							
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	
<b>Anticoagulants</b>							
<b>Oral</b>							
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					
<b>Injectable</b>							
G	enoxaparin	10/15/15		BG	Arixtra (fondaparinux)	01/01/13	
B	Fragmin	10/01/10		B	Lovenox	10/15/15	
<b>Antidiabetics</b>							
<b>Insulin</b>							
<b>Rapid Acting</b>							
B	Apidra, Solostar (vial, pen)	01/01/17	Class Quantity limits	B	Humulin-R/Novolin-R (vial, pen)	01/01/17	
B	Humalog (vial, pen)	09/28/09					
B	Novolog (vial, pen)	02/01/10					
<b>Intermediate Acting</b>							
B	Humulin-N/Novolin-N (vial, pen)	09/28/09	Class Quantity limits				
<b>Long Acting</b>							
B	Lantus, Solostar (vial, pen)	01/01/17	Class Quantity limits	B	Basaglar	12/01/16	
B	Levemir (vial, pen)	09/28/09			G	Toujeo Solostar	03/09/15
					B	Tresiba	03/15/16
<b>Mixtures</b>							
B	Humalog 50/50	09/28/09	Class Quantity limits	B	Xultophy	04/01/17	
B	Humalog 75/25	09/28/09					
B	Humulin/Novolin 70/30	09/28/09					
B	Novolog 70/30	02/01/10					

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<b>Non-Insulin</b>						
<b>Sulfonylureas</b>						
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
<b>Sulfonylurea Combinations</b>						
G	glyburide/metformin	07/01/14		B	Glucovance	07/01/14
				G	glipizide/metformin	07/01/14
<b>GLP-1 Agonists</b>						
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
<b>DPP- 4 Inhibitors</b>						
B	Januvia	09/28/09		BG	Nesina (alogliptin)	04/01/16
B	Tradjenta	11/01/16		B	Onglyza	11/01/16
<b>DPP- 4 Inhibitor Combinations</b>						
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
<b>SGLT-2 Inhibitors</b>						
B	Invokana	01/01/17		B	Farxiga	01/01/17
				B	Jardiance	01/01/16
<b>SGLT-2 Inhibitor Combinations</b>						
B	Invokamet	01/01/17		B	Invokamet XR	10/01/16
				B	Synjardy	11/01/16
				B	Xigduo XR	01/01/17

<b>Antifungals</b>						
<b>Oral</b>						
B	Ancobon <sup>†</sup>	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

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<b>Antihistamines</b>						
<b>1st Generation</b>						
G	Aller-Chlor Syp	07/01/14		B	Atarax	07/01/14
G	cycloheptadine	07/01/14		BG	carbinoxamine	07/01/14
BG	diphenhydramine	07/01/14		G	chlorpheniramine	07/01/14
BG	doxylamine	02/15/16		BG	clemastine	07/01/14
G	ED-Chlortan	07/01/14		B	ED Chlorped liq	07/01/14
G	hydroxyzine HCl, pamoate	07/01/14		B	Triaminic oral strip	07/01/14
				B	Vanahist	07/01/14
				B	Vistaril	07/01/14
<b>2nd Generation</b>						
G	cetirizine tab	07/01/14		G	cetirizine chw, 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
<b>Anti-infectives (NOS)</b>						
<b>Amebicide &amp; Antiprotozoal Agents</b>						
B	Alinia susp	01/01/15	*Brand Preferred over Generic. <a href="#">refer to BOG Reference</a>	B	Alinia tab	01/01/15
B	Flagyl 375mg <sup>†</sup>	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 <sup>†</sup>	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 <sup>†</sup>	01/01/15
<b>Antimalarials</b>						
G	chloroquine	01/01/16	*Brand Preferred over Generic. <a href="#">refer to BOG Reference</a>	G	atovoquone/proguanil	01/01/16
B	Malarone <sup>†</sup>	01/01/16		B	Coartem	01/01/16
B	Plaquenil <sup>†</sup>	02/15/16		B	Daraprim	01/01/16
B	Primaquine	01/01/16		G	hydroxychloroquine	02/15/16
				G	mefloquine	01/01/16
				BG	Qualaquin (quinine)	01/01/16
<b>Vaginal</b>						
B	AVC	01/01/13	*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	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
<b>Antineoplastics</b>						
<b>Enzyme Inhibitors</b>						
All products in this class are preferred with generic preferred over brand where applicable.						
Some agents in this class require a clinical PA. See website for details.						

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<b>Mitotic Inhibitors</b>				
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<b>Urinary Tract Protective Agents</b>				
All products in this class are preferred with generic preferred over brand where applicable.				

<b>Antiparkinson Agents</b>						
<b>COMT Inhibitors &amp; Combinations</b>						
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
<b>MAO Inhibitors</b>						
G	selegiline	02/01/10		BG	Azilect (rasagiline)	10/01/09
				B	Xadago	06/01/17
				B	Zelapar	10/01/09
<b>Non-ergot Derived Dopamine Receptor Agonists and Others</b>						
G	pramipexole	12/02/11		B	Mirapex, ER	01/01/13
G	ropinirole	10/01/09		B	Neupro patch	10/01/09
				B	Nuplazid	06/01/17
				G	pramipexole ER	04/01/17
				B	Requip	10/01/09
				G	ropinirole ER	10/01/09

<b>Antivirals</b>							
<b>Anti-Influenza</b>							
<b>Oral</b>							
G	amantadine	01/01/14		B	Flumadine	01/01/14	
B	Relenza	03/01/16		G	oseltamivir	01/01/17	
B	Tamiflu	06/01/13		G	rimantadine	06/01/13	
				BG	Virazole (ribavirin)	01/01/14	
<b>Antiretrovirals</b>							
<b>Protease Inhibitors</b>							
B	Evotaz	01/01/16		B	Aptivus	01/01/16	
B	Kaletra	01/01/16		B	Crixivan	01/01/16	
B	Norvir	01/01/16		B	Invirase	01/01/16	
B	Prezista	01/01/16		B	Lexiva	01/01/16	
B	Reyataz	01/01/16		B	Prezcobix	01/01/16	
				B	Viracept	01/01/16	
<b>Hepatitis C</b>							
<b>Direct Acting Antivirals (DAAs)</b>							
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					

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<b>Interferons</b>				
B Pegasys	10/01/09		B Intron-A	01/01/14
B Peg-Intron	01/01/14		B Sylatron	01/01/14
<b>Nucleoside Analogues</b>				
G moderiba 200mg	03/01/16		B Copegus	07/01/12
B Rebetal sol	01/01/14		B Moderiba Pak	03/01/16
G ribasphere 200mg	01/01/14		B Rebetal cap	07/01/12
G ribavirin	07/01/12		B Ribapak	07/01/12
			G ribasphere 400mg, 600mg	01/01/14
<b>Herpes Simplex, Varicella Zoster, &amp; Cytomegalovirus</b>				
<b>Oral</b>				
G acyclovir	01/01/14		BG Famvir (famciclovir)	06/01/13
G valacyclovir	01/01/14		B Sitavig	03/01/16
			BG Valcyte (valganciclovir)	06/01/13
			B Valtrex	01/01/14
			B Zovirax	06/01/13
<b>Appetite Stimulants</b>				
G megestrol	01/01/15		BG Marinol (dronabinol)	01/01/15
			B Megace susp	01/01/15
<b>Bile Acid Sequestrants</b>				
G cholestyramine	01/01/15		B Colestid	01/01/15
G colestipol	01/01/15		B Questran	01/01/15
			B Welchol	01/01/15
<b>Bone Density Regulators</b>				
<b>Osteoporosis Agents</b>				
G alendronate 5-35mg, 70mg	10/01/09		B Actonel	12/01/16
B Atelvia	01/01/16		G alendronate 40mg	10/01/09
G risedronate	12/01/16		B Binosto	01/01/13
			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
			B Tymlos	06/01/17
			B Xgeva	10/15/15
			G zoledronic acid	04/15/13
			B Zometa	10/01/09

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# Utah Medicaid Preferred Drug List

Effective June 1, 2017

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Cardiovascular</b>						
<b>Antianginal Agents</b>						
G	isosorbide dinitrate	01/01/16		B	Dilatrate SR	01/01/16
G	isosorbide mononitrate	01/01/16		B	Isordil	01/01/16
G	isosorbide mononitrate SR	01/01/16		G	isosorbide dinitrate SL,CR	01/01/16
B	Minitran patch	01/01/16		B	Nitro-Bid oint	01/01/16
G	nitroglycerin CR	01/01/16		B	Nitro-Dur patch	01/01/16
B	Nitrostat	01/01/16		G	nitroglycerin lingual spray	01/01/16
				G	nitroglycerin patch	01/01/16
				B	Nitrolingual	01/01/16
				B	Nitromist	01/01/16
				B	Ranexa	01/01/16
<b>Antihyperlipidemics</b>						
<b>HMG Co-A Reductase Inhibitors ("Statins") – Lower Potency</b>						
G	lovastatin	09/28/09		B	Altoprev	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
<b>HMG Co-A Reductase Inhibitors ("Statins") – High Potency</b>						
G	atorvastatin	11/01/12	*Doses > 40mg/day require PA	B	Lipitor	11/01/12
B	Crestor	01/01/14		G	rosuvastatin	05/15/16
G	simvastatin*	09/28/09		B	Zocor*	01/01/13
<b>Cholesterol-Lowering Combinations</b>						
B	Vytorin	01/01/13		BG	Caduet (amlodipine/atorvastatin)	01/01/14
				G	ezetimibe/simvastatin	05/01/17
<b>PCSK-9 Inhibitors</b>						
B	Praluent	04/01/16	<a href="#">Class requires Clinical PA</a>	B	Repatha	04/01/16
<b>Fibrates</b>						
G	fenofibrate*	01/01/17	*The following strengths of fenofibrate are non-preferred: 40mg, 43mg, 67mg, 120mg, 130mg, 134mg, 200mg	BG	Antara (fenofibrate)*	01/01/12
G	gemfibrozil	09/28/09		G	choline fenofibrate	09/28/09
				BG	Fenoglide (fenofibrate)*	07/01/15
				BG	Fibricor (fenofibric acid)	01/01/13
				B	Lipofen	05/14/14
				BG	Lofibra (fenofibrate)*	09/28/09
				B	Lopid	01/01/13
				B	Tricor	01/01/17
				B	Triglide	01/01/17
			B	Trilipix	01/01/17	
<b>Nicotinic Acid Derivatives</b>						
B	Niaspan	09/28/09		G	niacin ER	01/01/16
				B	Niacor	01/01/16
<b>Miscellaneous</b>						
G	omega-3 acid ethyl esters	11/01/16		G	ezetimibe	01/01/17
B	Zetia	09/28/09		B	Lovaza	11/01/16
				B	Vascepa	11/01/15

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# Utah Medicaid Preferred Drug List

Effective June 1, 2017

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<b>Antihypertensives</b>				
<b>Alpha/Beta-Adrenergic Blocking Agents</b>				
G carvedilol	09/28/09		B Coreg, CR	09/28/09
G labetalol	09/28/09		B Minipress	10/01/11
G prazosin	10/01/11		B Trandate	09/28/09
<b>Angiotensin Converting Enzyme (ACE) Inhibitors</b>				
G benazepril	09/28/09		B Accupril	09/28/09
G captopril	09/28/09		B Altace	09/28/09
G enalapril	09/28/09		B Epaned	04/18/14
G fosinopril	09/28/09		B Lotensin	09/28/09
G lisinopril	09/28/09		B Mavik	10/15/15
G quinapril	09/28/09		G moexipril	01/01/13
G ramipril	09/28/09		G perindopril	01/01/14
Gtrandolapril	01/01/14		B Prinivil	09/28/09
			B Qbrelis	09/01/16
			B Vasotec	09/28/09
			B Zestril	09/28/09
<b>Angiotensin Converting Enzyme (ACE) Inhibitor Combinations</b>				
G benazepril/HCTZ	09/28/09		B Accuretic	09/28/09
G captopril/HCTZ	09/28/09		B Lotensin HCT	09/28/09
G enalapril/HCTZ	09/28/09		G moexipril/HCTZ	01/01/13
G fosinopril/HCTZ	09/28/09		B Vaseretic	09/28/09
G lisinopril/HCTZ	09/28/09		B Zestoretic	09/28/09
G quinapril/HCTZ	09/28/09			
<b>Angiotensin Receptor Blockers (ARBs)</b>				
B Benicar <sup>†</sup>	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 <sup>†</sup>	11/01/16
			B Edarbi	04/01/12
		G eprosartan	09/28/09	
		B Micardis	11/01/16	
<b>Angiotensin Receptor Blocker (ARB) + Thiazide Combinations</b>				
B Benicar HCT <sup>†</sup>	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 <sup>†</sup>	11/01/16
		G telmisartan HCT	01/01/14	
<b>Angiotensin Receptor Blocker (ARB) Combinations - Other</b>				
B Azor <sup>†</sup>	01/01/14	*Clinical PA required	G amlodipine/olmesartan HCT <sup>†</sup>	11/01/16
B Exforge <sup>†</sup>	09/28/09	*Brand Preferred over Generic. refer to BOG Reference	G amlodipine/olmesartan <sup>†</sup>	11/01/16
B Exforge HCT <sup>†</sup>	09/28/09		G amlodipine/valsartan <sup>†</sup>	10/08/14
B Tribenzor <sup>†</sup>	01/01/14		G amlodipine/valsartan HCT <sup>†</sup>	03/01/16
			B Byvalson	09/01/16
		B Entresto*	11/01/15	
			BG Twynsta (telmisartan/amlodipine)	01/01/12

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# Utah Medicaid Preferred Drug List

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Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Beta-Adrenergic Blocking Agents - Cardio Selective</b>						
G	atenolol tab	09/28/09	*except non-preferred strengths as noted	G	acebutolol	01/01/13
G	metoprolol succinate	10/15/15		G	atenolol susp	05/01/17
G	metoprolol tartrate*	01/01/13		G	betaxolol	01/01/14
B	Sectral	01/01/13		G	bisoprolol	01/01/14
				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
<b>Beta-Adrenergic Blocking Agents - Cardio Nonselective</b>						
G	nadolol	10/15/15		B	Betapace	09/28/09
G	pindolol	09/28/09		BG	Betapace AF (sotalol AF)	01/01/14
G	propranolol	04/01/13		B	Corgard	10/15/15
G	propranolol SR	03/01/16		B	Hemangeol	05/07/14
G	sorine	01/01/14		B	Inderal LA	03/01/16
G	sotalol	01/01/14		B	Innopran XL	09/28/09
G	timolol	09/28/09		B	Sotylize	02/19/15
<b>Beta-Adrenergic Blocking Agent Combinations</b>						
G	atenolol/chlorthalidone	09/28/09		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
<b>Calcium Channel Blocking Agents</b>						
G	amlodipine tab	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		G	amlodipine susp	05/01/17
G	felodipine ER	09/28/09		B	Calan, SR	09/28/09
G	isradipine	09/28/09		BG	Cardizem LA*	03/01/16
G	nicardipine	09/28/09		B	Cardizem, CD	09/28/09
G	nifedipine, ER	01/01/14		G	nimodipine	09/28/09
G	verapamil tab	09/28/09		B	Norvasc	09/28/09
B	Verelan PM	05/15/16		B	Nymalize sol	07/08/13
				B	Procardia, XL	01/01/14
				BG	Sular (nisoldipine)	04/01/13
			B	Tiazac	03/01/16	
			G	verapamil cap	01/01/14	
			B	Verelan	05/15/16	
<b>Direct Renin Inhibitors/Combinations</b>						
B	Amturnide	01/01/14				
B	Tekamlo	01/01/12				
B	Tekturna, HCT	09/28/09				
<b>Diuretics</b>						
<b>Loop</b>						
G	furosemide	01/01/16		BG	Bumex (bumetanide)	01/01/16
G	toremide	01/01/16		B	Demadex	01/01/16
				B	Edecrin	01/01/16
				B	Lasix	01/01/16

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<b>Thiazide</b>				
G chlorothiazide	12/01/16		G chlorthalidone	01/01/16
G hydrochlorothiazide	01/01/16		B Diuril	12/01/16
G indapamide	01/01/16		G methyclothiazide	01/01/16
			G metolazone	01/01/16
			B Microzide	01/01/16
<b>Potassium Sparing &amp; Combination</b>				
G amiloride/HCTZ	01/01/16		B Aldactazide	01/01/16
G spironolactone	01/01/16		B Aldactone	01/01/16
G spironolactone/HCTZ	01/01/16		G amiloride	01/01/16
G triamterene/HCTZ (not 50/25mg)	01/01/16		B Dyazide	01/01/16
			BG Inspra (eplerenone)	01/01/16
			B Maxzide	01/01/16
			G triamterene/HCTZ (50/25mg)	01/01/16
<b>Platelet Aggregation Inhibitors</b>				
<b>Platelet Aggregation Inhibitors</b>				
G clopidogrel 75mg	06/01/12		B Brilinta	01/01/13
B Persantine	06/01/12		G clopidogrel 300mg	01/01/14
			G dipyridamole	06/01/12
			B Effient	06/01/12
			B Durlaza	07/01/16
			B Plavix	01/01/13
			G ticlopidine	06/01/12
			B Zontivity	10/01/15
<b>Platelet Aggregation Inhibitors-Miscellaneous, Combinations</b>				
B Aggrenox	07/01/12		B Agrylin	07/01/12
G anagrelide	07/01/12		G ASA/dipyridamole	10/15/15
G cilostazol	11/01/12		B Pletal	01/01/13
G pentoxifylline	07/01/12			
<b>Central Nervous System</b>				
<b>Antidementia Agents</b>				
<b>Oral</b>				
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
<b>Topical</b>				
B Exelon patch	09/28/09		G rivastigmine patch	09/15/15
<b>Hypnotics</b>				
<b>Benzodiazepines</b>				
G flurazepam	06/01/13	Class quantity limit of 30 doses per 30 days apply.	G estazolam	06/01/13
G temazepam 15mg, 30mg	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

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# Utah Medicaid Preferred Drug List

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Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<b>Non Benzodiazepines, Non Barbiturates</b>				
G zaleplon	10/15/15	Class quantity limit of 30 per 30 days apply.	B Ambien, CR	06/01/13
G zolpidem	06/01/13		B Belsomra	12/10/14
			B Edluar	06/01/13
			B Heltioz	03/17/14
			BG Intermezzo (zolpidem SL)	06/01/13
			BG Lunesta (eszopiclone)	04/28/14
			B Rozerem	06/01/13
			B Silenor	10/01/15
			B Sonata	06/01/13
			G zolpidem CR	06/01/13
		B Zolpimist	06/01/13	
<b>Barbiturates, Miscellaneous</b>				
G phenobarb 15, 30, 60, 100mg	06/01/13		G phenobarb 16.2, 32.4, 64.8, 97.2mg	06/01/13
G phenobarb elixir	06/01/13		B Seconal	06/01/13
<b>Mental Health</b>				
<b>ADHD Stimulants</b>				
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.  <a href="#">†Brand Required over Generic. Refer to BOG Reference</a>	B Adderall	07/01/16
B Concerta	01/01/17		BG Adderall XR <sup>†</sup>	07/01/16
B Focalin tab	07/01/16		B Adzenys	07/01/16
B Focalin XR	07/01/16		BG Aptensio (methylphenidate) XR cap	07/01/16
G methylphenidate	07/01/16		B Daytrana	07/01/16
B Vyvanse cap, chw	07/01/16		BG Desoxyn (methamphetamine) <sup>†</sup>	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 ER tab	07/01/16
			G methylphenidate sol, chw	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	

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# Utah Medicaid Preferred Drug List

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Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Anticonvulsants</b>						
B	Aptiom	01/01/17	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.  <a href="#">*Brand Preferred over Generic. refer to BOG Reference</a>	B	Banzel	10/01/16
G	carbamazepine chw	01/01/17		B	Briivact	10/01/16
B	Celontin	01/01/17		G	carbamazepine (Epiol) tab, sol	01/01/17
G	clonazepam	01/01/17		B	Carbatrol	01/01/17
B	Diastat	01/01/17		G	clonazepam ODT	01/01/17
B	Dilantin 30mg cap	01/01/17		B	Depakene	01/01/17
G	divalproex	01/01/17		B	Depakote	01/01/17
G	gabapentin	10/01/16		G	diazepam rectal	01/01/17
G	lamotrigine, chw	11/01/16		B	Dilantin chw, 100mg cap	01/01/17
G	levetiracetam	10/01/16		BG	Felbatol (felbamate)	10/01/16
B	Lyrica	10/01/16		B	Fycompa, sus	01/01/17
G	oxcarbazepine	10/01/16		BG	Gabitril (tiagabine)	10/01/16
B	Peganone	10/01/16		B	Keppra	10/01/16
G	phenytoin	01/01/17		B	Klonopin	01/01/17
G	primidone	01/01/17		B	Lamictal	10/01/16
BG	Tegretol (carbamazepine) XR	01/01/17		B	Lamictal ODT†	10/01/16
B	Tegretol tab, sol	01/01/17		G	lamotrigine ER, ODT	10/01/16
G	topiramate	10/01/16		B	Mysoline	01/01/17
G	valproic acid	01/01/17		B	Neurontin	10/01/16
B	Vimpat	10/01/16		B	Onfi	10/01/16
G	zonisamide	10/01/16	B	Oxtellar XR	10/01/16	
			B	Phenytek	01/01/17	
			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	
			BG	Zarontin (ethosuximide)	01/01/17	
			B	Zonegran	10/01/16	

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# Utah Medicaid Preferred Drug List

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<b>Atypical Antipsychotics</b>						
B	Abilify Maintena	10/01/16	<p>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.</p> <p style="text-align: center;">*Bill J-Code</p> <p><a href="#">†Brand Preferred over Generic. refer to BOG Reference</a></p>	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	Fazacllo (clozapine ODT) <sup>†</sup>	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) <sup>†</sup>	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	10/01/16
				BG	Seroquel XR (quetiapine ER) <sup>†</sup>	12/01/16
				B	Versacloz	10/01/16
			B	Vraylar	10/01/16	
			B	Zyprexa	10/01/16	
			B	Zyprexa Relprevv	10/01/16	
			BG	Zyprexa Zydis (olanzapine ODT)	10/01/16	
<b>Antidepressants - SSRI/SNRI</b>						
G	citalopram tab	02/01/17	<p>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.</p> <p style="text-align: center;">*Quantity limits apply</p> <p><a href="#">†Brand Preferred over Generic. refer to BOG Reference</a></p>	B	Celexa	10/01/16
G	duloxetine	10/01/16		G	citalopram sol	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) <sup>†</sup>	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) <sup>†</sup>	10/01/16
				BG	Sarafem (fluoxetine)	10/01/16
				B	Savella	10/01/16
			BG	Symbyax (olanzapine/fluoxetine) <sup>†</sup>	10/01/16	
			G	venlafaxine tab (non-ER)	10/01/16	
			G	venlafaxine ER tab	10/01/16	
			B	Zolof	10/01/16	
			BG	Zolof (sertraline) con	10/01/16	

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<b>Contraceptives</b>					
<b>Oral</b>					
<b>Low Dose and Mono-phasic</b>					
G	altavera	01/01/12	G	balziva	01/01/13
G	alyacen	01/01/13	G	blisovi 24 FE 1/20	03/15/16
G	apri	01/01/14	B	Brevicon	01/01/16
G	aubra	05/05/15	G	briellyn	01/01/13
G	aviane	03/15/16	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	FaLessa 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	elimest	04/30/13	G	gildess 24 FE 1/20	01/01/16
G	emoquette	01/01/14	G	junel 1.5/30	03/15/16
G	enskyce	01/01/14	G	junel 24 FE 1/20	01/01/16
G	estarylla	01/01/14	G	larin 1/20, 1.5/30	01/01/16
G	falmina	01/01/13	G	larin 24 FE 1/20	01/01/16
B	Femcon FE chw	10/01/11	G	larin FE 1.5/30	03/15/16
G	gildess 1/20	01/01/14	G	layolis FE chw	01/01/16
G	gildess FE 1/20, 1.5/30	01/01/16	B	Loestrin	01/01/16
G	juleber	05/15/16	G	lomedica 24 FE	01/01/16
G	junel 1/20	01/01/17	G	loryna	10/01/14
G	junel FE 1/20, 1.5/30	01/01/16	G	mibelas 24 chw	04/01/17
G	kelnor	01/01/13	G	microgestin 1/20, 1.5/30	01/01/12
G	kurvelo	01/01/14	BG	Minastrin 24 FE chw	01/01/14
G	larin FE 1/20	01/01/16	G	nikki	08/04/14
G	lessina	10/01/11	G	norethindrone/ethinyl estradiol FE chw	01/01/16
G	levonorgestrel/ethinyl estradiol	01/01/16	B	Norinyl 1/50	09/01/16
G	levora	03/15/16	G	ocella	01/01/13
G	low-ogestrel	10/01/11	B	Ogestrel	01/01/13
G	lutera	10/01/11	B	Ortho-Cyclen	01/01/13
G	marlissa	01/01/13	B	Ovcon-35	10/01/11
G	microgestin FE	03/15/16	G	philith	01/01/13
B	Modicon	01/01/12	G	syeda	10/01/11
G	mono-linyah	04/01/13	B	Taytulla	10/01/16
G	mononessa	03/15/16	G	vestura	01/01/13
G	necon	11/15/11	G	vyfemla	01/01/16
G	norethindrone/ethinyl estradiol	01/01/16	G	wymzya	01/01/13
G	norethindrone/ethinyl estradiol FE	03/15/16	B	Yasmin	01/01/16
G	norgestimate/ethinyl estradiol	01/01/13	B	Yaz	01/01/16
B	Norinyl 1/35	01/01/17	G	zarah	11/15/11
G	nortrel	11/15/11	G	zenchent	01/01/13

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# Utah Medicaid Preferred Drug List

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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	vienva	12/01/16				
G	wera	01/01/13				
G	zovia	10/01/11				
<b>Bi-phasic</b>						
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	pimtrex	01/01/16
				G	viorele (generic of Mircette)†	01/01/13
<b>Tri-phasic/Multi-phasic</b>						
G	alyacen 7/7/7	01/01/13		G	aranelle	10/01/11
G	caziant	01/01/16		B	Cyclessa	01/01/16
G	cyclafem 7/7/7	01/01/13		B	Estrostep FE	01/01/16
G	dasetta 7/7/7	01/01/13		G	leena	01/01/11
G	enpresse	01/01/11		B	Ortho Tri-Cyclen	01/01/16
G	levonest	01/01/13		G	tilia FE	01/01/11
G	levonorgestrel/ethinyl estradiol	03/15/16		G	tri-legest FE	01/01/11
G	myzilra	01/01/13		B	Tri-Norinyl	01/01/17
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				
B	Ortho-Novum 7/7/7	01/01/17				
G	pirmella 7/7/7	07/08/13				
G	tri femynor	06/01/17				
G	tri-estaryll	04/01/13				
G	tri-linyah	04/01/13				
G	trinessa	03/15/16				
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

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Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<b>Extended Cycle</b>				
G jolessa	01/01/16		G amethia, Lo	01/01/13
B Loseasonique	01/01/13		G amethyst	01/01/13
G quasense	01/01/16		G ashlyna	03/15/16
B Seasonique	01/01/13		G camrese, Lo	01/01/13
G setlakin	01/01/17		G daysee	01/01/13
			G fayosim	05/01/17
			G introvale	01/01/17
			G levonorgestrel/ethinyl estradiol	01/01/13
			B Quartette	01/01/14
			G rivelsa	05/01/17
<b>Emergency</b>				
G aftera	01/01/16		G econtra EZ	03/01/15
G opcicon	01/01/16		B Ella	01/01/16
B Plan B	10/01/11		G fallback	01/01/16
G take action	05/14/14		G levonorgestrel	01/01/16
			G my way	08/20/14
			G next choice	01/01/13
			G react	11/01/16
<b>Progestin Only</b>				
All generic products in this class are preferred.				
<b>Dermal</b>				
G Xulane	02/15/16			
<b>Vaginal</b>				
B Nuvaring	01/01/13			
<b>Cytokine Modulators</b>				
<b>Immunomodulators</b>				
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 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

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Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<b>Dermatological</b>				
<b>Acne Products</b>				
<b>Antibiotics &amp; Combinations (topical)</b>				
B Acanya	01/01/16	<a href="#">Class Clinical PA required for acne treatment in patients over 20</a> 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
B Evoclin	01/01/14		B Duac	01/01/16
B Onexton	01/01/16		B EryGel	01/01/16
B Ziana	01/01/13		G erythromycin pad	01/01/16
			G Neuac	01/01/16
		B Veltin	01/01/13	
<b>Retinoids (topical)</b>				
B Atralin	01/01/14	<a href="#">Class Clinical PA required for acne treatment in patients over 20</a> †Brand Preferred over Generic. <a href="#">refer to BOG Reference</a>	G adapalene <sup>†</sup>	01/01/14
B Avita	01/01/14		B Fabior	01/01/14
B Differin <sup>†</sup>	01/01/14		B Retin-A Micro	08/01/11
B Retin-A crm	01/01/14		G tazarotene <sup>†</sup>	05/01/17
B Retin-A gel	01/01/14		G tretinoin crm, gel	01/01/14
B Tazorac <sup>†</sup>	01/01/14			
<b>Miscellaneous (topical)</b>				
B Azelex	01/01/14	<a href="#">Class Clinical PA required for acne treatment in patients over 20</a>  For NP combination products, bill for preferred separate ingredient products.  BP=Benzoyl Peroxide SS=sodium sulfacetamide	BG all washes	08/01/11
G BP gel, lot	08/01/11		G benzepro	01/01/14
B Finacea gel	01/01/14		G BP foam	04/28/14
G SS cr	08/01/11		B Finacea foam	10/01/15
G SS lot	05/15/16		B Klaron lot	05/15/16
G SS/sulfur 10-5% liq	12/01/16		B Mirvaso	10/01/15
G sulfacleanse	01/01/13		B Ovace	01/01/12
			G rosaniil	01/01/14
			B Rosula 10-4.5%	02/19/15
			B Seb-Prev	04/01/12
			G SS/sulfur 10-5% foam, crm	12/01/16
			B Sumaxin TS	05/01/16
			G virti-sulf	01/01/14
<b>Oral</b>				
G claravis, 10, 20, 40mg	08/01/11	<a href="#">Class Clinical PA required for acne treatment in patients over 20</a>	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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# Utah Medicaid Preferred Drug List

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<b>Antifungals</b>						
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	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		G	econazole nitrate (crm)	04/01/13
G	nystatin (oint, crm)	10/01/11		B	Exelderm	01/01/13
B	Nystop powder	10/01/11		B	Extina	10/01/11
B	Pediaderm AF Complete	01/01/13		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)	01/01/13
				B	Ketodan Kit	01/01/13
				B	Lamisil	10/01/11
				B	Loprox (gel)	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	
<b>Antivirals</b>						
B	Zovirax	05/15/16		G	acyclovir oint	05/15/16
				B	Denavir	01/01/14
				B	Xerese	06/01/13
<b>Corticosteroids</b>						
<b>Very Potent</b>						
G	betamethasone dip aug crm, lot	10/01/13		B	Apexicon E crm	10/01/13
G	clobetasol crm, gel, sol, oint, foam	01/01/16		G	betamethasone dip crm, gel, aug lot, oint, aug oint	10/01/13
B	Clobex spray	01/01/16		G	clobetasol lot, shampoo, spray	01/01/16
B	Clobex lot, shampoo	10/01/13		B	Clodan	10/01/15
B	Cormax Scalp sol	10/01/13		B	Cordran tape	10/01/13
B	Diprolene AF crm	10/01/13		G	diflorasone crm, oint	10/01/13
B	Diprolene lot	10/01/13		B	Diprolene oint	10/01/13
				G	fluocinonide 0.1% crm	01/01/14
				G	flurandrenolide	03/01/17
				B	Olux foam	06/01/16
				B	Sernivo spray	11/01/16
				B	Temovate	10/01/13
				BG	Ultravate (halobetasol)	10/01/15
				B	Vanos crm	10/01/13

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<b>Potent</b>						
G	fluocinonide 0.05% crm, gel, oint	10/01/13		G	amcinonide 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
<b>Midstrength</b>						
G	betamethasone val crm, oint	10/01/13	HC=hydrocortisone	G	betamethasone val lot, foam	10/01/13
G	fluocinolone 0.025% crm, oint	10/01/13		G	clocortolone crm	01/01/14
G	fluticasone lot, oint	10/01/13		B	Cloderm crm 0.1%	10/01/13
B	Kenalog spray	10/01/13		B	Cutivate 0.05% crm, lot	10/01/13
B	Luxiq foam	10/01/13		BG	Dermatop (prednicarbate)	01/01/15
G	mometasone 0.1% crm, sol	10/01/13		G	desoximetasone 0.05% crm, oint, gel	10/01/13
B	Pandel crm 0.1%	10/01/13		B	Elocon 0.1% crm, lot	01/01/16
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
				B	Synalar 0.025% crm, oint	10/01/13
				B	Topicort 0.05% crm, oint, gel	10/01/13
				B	Westcort 0.2% oint	01/01/16
<b>Mild strength</b>						
G	alclometasone dip crm	01/01/16	HC=hydrocortisone	B	Desowen	10/01/15
B	Capex Shampoo	10/01/13		G	fluocinolone ace 0.01% sol, oil	10/01/13
B	Corticoool gel	10/01/13		G	HC but 0.1% oint	01/01/16
B	Derma-Smoother/FS oil	10/01/13		B	Pediaderm HC kit	10/01/13
B	Desonate gel	11/01/16		B	Texacort 2.5% sol	10/01/13
G	desonide crm, lot, oint	10/01/13		B	Trianex oint	10/01/13
G	fluocinolone ace 0.01% crm	01/01/16		B	U-Cort	01/01/16
G	HC 0.5% crm, oint	10/01/13		B	Verdeso Aero 0.05% foam	10/01/13
G	HC 1% crm, lot, oint	10/01/13				
G	HC 2.5% crm, lot, oint	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				
<b>Steroid/Antifungal Combinations</b>						
G	clotrimazole/betamethasone	1/1/2017		B	Lotrisone	01/01/13
				G	nystatin/triamcinolone	01/01/17
<b>Immunomodulating Agents</b>						
B	Elidel	01/01/15	<a href="#">Class requires Clinical PA</a>	BG	Protopic (tacrolimus) oint	09/01/16

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<b>Local Anesthetic Agents</b>						
G	lidocaine HC rectal crm non-kit*	01/01/15	*Clinical PA required	B	Captracin pad	01/15/15
G	lidocaine oint, sol, gel, crm*	01/01/15		B	Dermacinrx	10/15/15
G	lidocaine/prilocaine crm*	11/01/16		B	Epifoam	01/01/15
				G	lidocaine HC rectal crm, gel kit*	01/01/15
				BG	Lidoderm (lidocaine patch)*	03/01/16
				B	Lidotral*	11/01/16
				B	Lidotrex*	05/01/17
				B	PainGo	03/01/17
				BG	Pliaglis (lidocaine/tetracaine) crm*	10/15/15
				G	Pramcort	01/01/15
				B	Proctofoam	01/01/15
				B	Qutenza	01/01/15
				B	Synera patch*	01/01/15
			B	Xylocaine sol*	11/01/16	
<b>Scabicides/Pediculocides</b>						
B	Natroba†	01/01/15	†Brand Preferred over Generic. refer to BOG Reference	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		BG	Ovide (malathion)	01/01/15
				G	spinosad†	01/01/15
<b>Diagnostic Products</b>						
<b>Diabetic Test Supplies</b>						
	Abbott Products*	01/01/11	Class Quantity Limits Apply  *Abbott meters, use: RxBIN: 610020 Group number: 99992432 ID: ERXUTMED Free For Medicaid.  **Ascensia meters, use: RxBIN: 015251 PCN: PRX2000 Group number: MGD CARE ID: CNMC7246982 Expiration: 3/31/2018  Diabetic test supplies are not covered for Nursing Home clients. ***Bill through DME	BG	All other diabetic test strips***	01/01/11
B	Freestyle Products*	01/01/11				
B	Precision Products*	01/01/11				
	Ascensia Products**	09/28/09				
B	Breeze 2**	09/28/09				
B	Contour**	09/28/09				
<b>Epinephrine</b>						
<b>Autoinjectors</b>						
G	epinephrine	01/01/17		B	Adrenaclick	01/01/15
B	Epipen	01/01/15		B	Auvi-Q	02/01/17
B	Epipen-JR	01/01/15				

B = Brand  
 G= Generic  
 O= Over The Counter

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# Utah Medicaid Preferred Drug List

Effective June 1, 2017

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<b>Estrogens</b>				
<b>Oral</b>				
G estradiol	10/01/11		B Enjuvia	01/01/17
G estropipate	04/01/13		B Estrace	10/01/11
B Menest	10/01/11			
B Premarin	01/01/17			
<b>Combinations</b>				
B Climara Pro	01/01/16		B Activella	05/15/16
G estradiol-norethindrone	05/15/16		B Angeliq	10/01/11
G jevantique	12/01/16		B Duavee	11/01/16
B Premphase	01/01/17		B FemHRT	12/01/16
B Prempro	10/01/11		G fyavolv	11/01/16
			G jinteli	10/01/11
			G lopreeza	01/01/17
			G mimvey, mimvey lo	10/01/11
			B Prefest	10/01/11
<b>Topical &amp; Miscellaneous</b>				
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		G estradiol patch	10/01/11
B Vivelle-DOT patch	01/01/14		B Estrogel	10/01/11
			B Evamist spray	10/01/11
			B Menostar	10/01/11
			B Minivelle patch	01/01/14
<b>Vaginal</b>				
B Estring	10/01/11	<a href="#">†Brand (Vagifem) Required over Generic (yuvafem). Refer to BOG Reference</a>	B Estrace	10/01/11
B Premarin crm	10/01/11		G yuvafem <sup>†</sup>	01/01/17
B Vagifem <sup>†</sup>	01/01/17			

<b>Gastrointestinal (GI)</b>				
<b>Antiemetics</b>				
<b>Anticholinergics</b>				
G meclizine	11/01/16	<a href="#">†Brand Required over Generic. Refer to BOG Reference</a>	B Cesamet	01/01/15
G prochlorperazine tab	01/01/15		B Compazine tab	01/01/15
G promethazine	01/01/15		B Compro sup	01/01/15
B Tigan cap <sup>†</sup>	01/01/15		B Diclegis	01/01/15
G trimethobenzamide inj	01/01/15		G dimenhydrinate inj, tab	01/01/15
			G phenadoz	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	



# Utah Medicaid Preferred Drug List

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Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Miscellaneous newer classes</b>						
G	ondansetron inj	01/01/13	*Clinical PA required  **Coverage is for children under 12. For all other patients, a prior authorization is required.	B	Akynzeo	10/15/15
G	ondansetron ODT**	01/01/13		B	Anzemet	09/30/09
G	ondansetron tab	01/01/13		BG	Emend (aprepitant)*	09/30/09
				B	Emend (fosaprepitant)*	09/30/09
				G	granisetron HCL	01/01/13
				G	ondansetron sol	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
<b>Bowel Evacuant Combinations</b>						
G	gavilyte-c	01/01/16		B	Colyte	01/01/16
G	gavilyte-g	01/01/16		G	gavilyte-h	01/01/16
G	gavilyte-n	01/01/16		G	PEG-3350/electrolytes	01/01/16
B	Golytely	01/01/16		B	Prepopik	01/01/16
B	Moviprep	01/01/16		B	Suclear	01/01/16
B	Nulytely	01/01/16		B	Suprep	01/01/16
<b>PAMORAs</b>						
B	Movantik*	04/01/16	*Clinical PA required	B	Relistor*	04/01/16
<b>Inflammatory Bowel Agents</b>						
<b>Oral</b>						
B	Apriso	01/01/15		B	Asacol, HD	01/01/15
G	balsalazide	07/01/14		B	Azulfidine	07/01/14
B	Pentasa	01/01/17		B	Colazal	07/01/14
G	sulfasalazine	07/01/14		B	Delzicol	01/01/17
				B	Dipentum	07/01/14
				B	Giazo	07/01/14
				B	Lialda	01/01/16
				G	mesalamine DR tab	09/01/16
<b>Rectal</b>						
B	Canasa sup	07/01/14		BG	Rowasa (mesalamine) kit	07/01/14
G	mesalamine enema	07/01/14		B	SfRowasa enema	07/01/14
<b>Irritable Bowel Syndrome Agents</b>						
B	Linzess	01/01/16		B	Amitiza	01/01/16
				BG	Lotronex (alosetron)	01/01/16
				B	Trulance	03/01/17
				B	Viberzi	01/01/16
<b>Pancreatic Enzymes</b>						
B	Creon	08/01/11		B	Pancreaze	01/01/12
G	pancrelipase	10/15/15		B	Pertzye	01/01/14
B	Zenpep	08/01/11				
<b>Phosphate Binders</b>						
G	calcium acetate	10/15/15		B	Auryxia	10/15/15
B	Eliphos	07/01/14		B	Fosrenol	07/01/14
B	Phoslyra sol	07/01/14		BG	Renvela (sevelamer)	07/01/14
B	Renagel	07/01/14		B	Velphoro	07/01/14
<b>Ulcer Drugs</b>						
<b>H2 Antagonists</b>						
G	cimetidine	06/01/13		BG	Axid (nizatidine)	06/01/13
G	famotidine	06/01/13		B	Pepcid	06/01/13
G	ranitidine	06/01/13		B	Tagamet	06/01/13
				B	Zantac	06/01/13

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# Utah Medicaid Preferred Drug List

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Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Proton Pump Inhibitors</b>						
B	Nexium cap	01/01/16	Class Quantity limits apply. *Coverage is for children under 12. For patients with G, J tubes a prior authorization is required.  **Rx only	B	Aciphex	01/01/16
G	omeprazole cap 20mg, 40mg**	01/01/13		B	Dexilant	01/01/16
G	pantoprazole	01/01/13		G	esomeprazole	03/01/15
B	Protonix susp packet*	01/01/13		G	lansoprazole, susp*	01/01/13
				B	Nexium susp	01/01/14
				B	omeprazole 10mg, susp*, tab	01/01/13
				B	Prevacid	02/01/10
				B	Prevacid Solutabs*	02/01/10
				B	Prilosec OTC	01/01/13
				B	Protonix tab 20, 40mg	09/28/09
				G	rabeprazole	11/13/13
				B	Yosprala	10/01/16

<b>Growth Hormone</b>						
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	Zomacton	11/01/16
				B	Zorbtive	01/01/13

<b>Hematopoietics</b>						
<b>Erythropoiesis Stimulating Agents (ESAs)</b>						
B	Epogen 10,000 mg/ml	07/01/14		B	Aranesp	07/01/14
B	Procrit	01/01/16		B	Epogen, except 10,000 mg/ml	07/01/14

<b>Immune Globulin</b>						
B	Gamastan S/D	01/01/16		B	Bivigam	01/01/16
B	Gammagard	01/01/16		B	Carimune	01/01/16
B	Gammagard S/D	01/01/16		B	Flebogamma	01/01/16
B	Gamunex-C	01/01/16		B	Gammaked	01/01/16
				B	Hizentra	01/01/16
				B	Hyqvia	01/01/16
				B	Octagam	01/01/16
				B	Privigen	01/01/16

<b>Migraine Agents</b>						
B	Relpax	01/01/13		B	Alsuma	03/24/14
G	rizatriptan	01/01/17		BG	Amerge (naratriptan)	01/01/13
G	sumatriptan tab	01/01/13		BG	Axert (almotriptan)	01/01/13
B	Sumavel	01/01/17		BG	Cafergot (Ergotamine/Caffeine)	01/01/16
				B	Cambia	01/01/16
				BG	Frova (frovatriptan)	04/01/16
				BG	Imitrex (sumatriptan) spray, inj	01/01/17
				B	Imitrex tab	01/01/12
				B	Maxalt	01/01/14
				B	Onzetra	05/01/16
				B	Treximet	09/28/09
				B	Zembrace	04/01/16
				BG	Zomig (zolmitriptan)	06/01/13

# Utah Medicaid Preferred Drug List

Effective June 1, 2017

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Multiple Sclerosis Agents</b>						
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	

<b>Multivitamins</b>						
<b>Prenatal Vitamins</b>						
B	Citranatal 90 DHA	01/01/15	*All rebate eligible prescription prenatal vitamins not listed here should be considered PREFERRED if they contain folic acid and DHA.	B	Active OB Cap	01/01/15
B	Citranatal Assure	01/01/17		B	Enbrace HR Cap	01/01/16
B	Citranatal DHA	01/01/17		B	Focalgin 90 DHA	01/01/15
B	Citranatal Harmony	01/01/15		B	Focalgin CA	01/01/15
B	Concept DHA	01/01/15		B	Infanate Cap Plus	01/01/15
B	Vitafof Fe+	01/01/17		B	Nestabs ABC	01/01/15
B	Vitafof Ultra	01/01/17		BG	NON-DHA/Folate products	01/01/16
B	Vitafof-Nano	01/01/17		B	PreferaOb +DHA	01/01/15
B	Vitafof-OB+DHA	04/01/17		B	Prenate DHA	01/01/15
BG	ALL OTHERS with DHA/Folate	01/01/16		B	Prenate Essential	01/01/15
			B	Prenate Mini	01/01/16	
			B	Prenate Pixie	01/01/15	
			B	Prenate Restore	01/01/17	
			B	Provida DHA	01/01/15	
			B	Tristart DHA	01/01/15	
			B	Vinate DHA	01/01/15	
			B	VP Ultra	01/01/15	

<b>Muscle Relaxants</b>						
<b>Antispasmodic Agents</b>						
G	chlrorzoxazone 500mg	09/28/09	Class quantity limits apply	B	Amrix	09/28/09
G	cyclobenzaprine 5mg, 10mg	09/28/09		G	carisoprodol/aspirin	09/28/09
				G	cyclobenzaprine 7.5mg	01/01/14
				B	Fexmid	04/01/12
				B	Lorzone	01/01/14
				G	orphenadrine	09/28/09
				B	Parafon Forte	01/01/16
				BG	Robaxin (methocarbamol)	01/01/13
				BG	Skelaxin (metaxalone)	01/01/16
				BG	Soma (carisoprodol)	01/01/14
<b>Antispasticity Agents</b>						
G	baclofen	09/28/09	*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

# Utah Medicaid Preferred Drug List

Effective June 1, 2017

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<b>Nasal</b>				
<b>Antihistamines</b>				
G azelastine	05/15/16	†Brand Preferred over Generic. refer to BOG Reference	B Astepro	05/15/16
B Patanase†	10/01/10		B Dymista	09/04/14
			G olapatadine†	01/01/16
<b>Corticosteroids</b>				
B Beconase AQ	01/01/13		B Flonase	01/01/14
G flunisolide	01/01/13		B Nasacort AQ	01/01/14
G fluticasone propionate	10/01/09		B Nasonex	05/15/16
G mometasone	05/15/16		B Qnasl	01/01/13
B Omnaris	01/01/13		B Rhinocort AQ	10/01/09
B Veramyst	10/01/09		G triamcinolone spray	01/01/13
			B Zetonna	01/01/14
<b>Ophthalmics</b>				
<b>Anti-Glaucoma Agents</b>				
<b>Alpha Adrenergics</b>				
B Alphagan P 0.15%	01/01/13		G apraclonidine HCL	10/01/10
B Alphagan P 0.1%	01/01/14		G brimonidine 0.15%	10/01/10
G brimonidine 0.2%	10/01/10		B lopicol	01/01/14
B Simbrinza	06/30/14			
<b>Beta Blockers</b>				
G dorzolamide/timolol	04/01/16		B Betagan	04/01/16
G levobunolol	04/01/16		G betaxolol	04/01/16
G timolol	04/01/16		B Betoptic-S	04/01/16
			G carteolol	04/01/16
			B Combigan	04/01/16
			B Cosopt, PF	04/01/16
			B Istalol	04/01/16
			B Timoptic	04/01/16
			BG Timoptic Occudose (timolol PF)	04/01/16
			BG Timoptic-XE gel	04/01/16
<b>Prostaglandins</b>				
G latanoprost	12/02/11		G bimatoprost	05/06/15
B Travatan Z	01/01/12		B Lumigan	01/01/12
B Zioptan	04/18/13		G travoprost	04/30/13
			B Xalatan	12/02/11
<b>Cholinergic Agonists</b>				
G pilocarpine	04/01/16		B Isopto Carpine	04/01/16
<b>Antibiotics</b>				
<b>Quinolones</b>				
G ciprofloxacin	06/01/12		B Besivance	06/01/12
B Moxeza	01/01/13		B Ciloxan	11/01/16
B Vigamox	06/01/12		G levofloxacin	06/01/12
			B Ocuflox	06/01/12
			G ofloxacin	06/01/12
			B Zymaxid	06/01/12

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# Utah Medicaid Preferred Drug List

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Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Non-Quinolones</b>						
B	Gentak	01/01/13		G	AK-POLY-BAC	01/01/13
G	gentamicin (drops, oint)	06/01/12		B	Azasite	06/01/12
BG	Ilotycin (erythromycin oint)	01/01/13		G	bacitracin	06/01/12
BG	Neosporin (neo/poly/gram) sol	06/01/12		G	bacitracin/polymyxin B	01/01/13
G	polymyxin B/trimethoprim	06/01/12		B	Natacyn	06/01/12
				G	neomycin/bacitracin/polymyxin	01/01/13
				G	polycin	01/01/13
				B	Polytrim	01/01/13
				G	tobramycin drops	01/01/13
				B	Tobrex drops	06/01/12
				B	Tobrex oint	01/01/13
<b>Antihistamines</b>						
B	Alomide	01/01/14		O	Alaway	10/01/10
G	cromolyn	01/01/14		B	Alocril	01/01/14
B	Pataday	01/01/13		G	azelastine HCL	10/01/10
B	Pazeo	01/01/17		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	Patanol	01/01/17
				B	Zaditor	10/01/10
<b>Anti-Inflammatory</b>						
<b>Corticosteroids</b>						
B	Alrex	06/01/12		G	dexamethasone sodium	01/01/13
B	Flarex	06/01/12		B	Durezol	06/01/12
G	fluorometholone	06/01/12		B	FML liquifilm, oint	01/01/13
B	FML Forte	06/01/12		B	Lotemax (oint, gel)	06/01/12
B	Lotemax drops	06/01/12		B	Omnipred	06/01/12
B	Maxidex	06/01/12		B	Pred Forte	01/01/13
B	Pred Mild	06/01/12		G	prednisolone sod phosphate 1%	06/01/12
G	prednisolone acetate	06/01/12		B	Vexol	06/01/12
<b>NSAIDs</b>						
B	Acuvail	06/01/12		B	Acular, Acular LS	06/01/12
G	diclofenac sodium drops	06/01/12		B	Bromfenac	01/01/13
G	flurbiprofen sodium	06/01/12		B	Bromsite	11/01/16
G	ketorolac tromethamine	06/01/12		B	Cystaran	01/01/14
				G	fluorescein/benoxinate	01/01/14
				B	Ilevro	01/01/14
				B	Nevanac	06/01/12
				B	Ocufen	06/01/12
				B	Prolensa	04/16/13

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<b>Combinations</b>						
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	Maxitrol oint	01/01/16
G	sulfacetamide sodium drops	01/01/13		G	neomycin/bacitracin/polymyxin-HC	06/01/12
B	Tobradex (0.3/0.1% drops)	01/01/13		G	neomycin-polymyxin-HC	06/01/12
B	Tobradex oint	01/01/16		B	Pred-G	01/01/13
B	Tobradex ST (0.3/0.05%) drops	01/01/16		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

<b>Otic Agents</b>						
<b>Antibiotics</b>						
G	ciprofloxacin HCl Otic sol 0.2%	01/01/16		G	ofloxacin sol 0.3%	10/01/16
<b>Corticosteroids</b>						
B	DermOtic	11/01/15		B	Acetasol HC SOL 1-2%	10/01/13
				G	fluocinonide oil 0.01%	10/01/13
				G	hydrocortisone-acetic acid 1-2%	10/01/13
<b>Combinations</b>						
B	Cipro HC	10/01/13		B	Cortisporin susp - TC	11/01/15
B	CiproDex susp 0.3-0.1%	01/01/14		B	Myoxin susp	10/01/13
B	Coly-Mycin susp	11/01/15		G	neomycin-polymyxin-HC sol 1%	11/01/15
G	neomycin-polymyxin-HC susp 1%	11/01/15		B	Otovel	09/01/16
				B	Otozin	01/01/14
				B	Pinnacaine drops 20%	10/01/13

<b>Prostatic Hypertrophy Agents</b>						
G	alfuzosin	01/01/14	<u>†Brand Preferred over Generic. refer to BOG Reference</u>	BG	Avodart (dutasteride)	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) <sup>†</sup>	10/01/11
G	terazosin	10/01/11		B	Proscar	10/01/11
				B	Rapaflo	10/01/11
				B	Uroxatral	01/01/13

<b>Pulmonary Hypertension</b>						
<b>Endothelin Antagonists</b>						
B	Letairis	01/01/12		B	Opsumit	10/01/13
B	Tracleer	01/01/12				
<b>Phosphodiesterase-5 Enzyme (PDE-5) Inhibitors</b>						
G	sildenafil	09/01/13	<u>Class requires Clinical PA</u>	B	Adcirca	01/01/14
				B	Revatio	09/01/13
<b>Prostacyclins</b>						
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	Uptravi	01/15/16
				B	Veletri	06/01/12
				B	Ventavis	01/01/14

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# Utah Medicaid Preferred Drug List

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Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<b>Respiratory</b>				
<b>Asthma &amp; COPD</b>				
<b>Anticholinergics</b>				
B Atrovent HFA	04/01/12	Dosage limit	B Incruse Ellipta	01/01/15
G ipratropium	04/01/12		B Spiriva Respimat	01/01/17
B Spiriva Handihaler	01/01/11		B Tudorza Pressair	01/01/13
<b>Short Acting Beta Agonists (SABA)</b>				
G albuterol (.63mg/3ml) (1.25mg/3ml)	04/01/13	<a href="#">†Brand Preferred over Generic. refer to BOG Reference</a>	G levalbuterol HFA	12/01/16
G albuterol (2.5mg/3ml) (5mg/ml)	01/01/13		B Xopenex neb	05/15/16
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			
<b>Long Acting Beta Agonists (LABA)</b>				
B Foradil	01/01/16		B Arcapta	10/01/15
B Perforomist	09/28/09		B Brovana	01/01/16
B Serevent Diskus	09/28/09		B Striverdi	04/30/15
<b>Corticosteroids</b>				
B Flovent Diskus, HFA	06/28/11		B Aerospan	02/01/17
B Pulmicort 0.25/2ml, 0.5/2ml	01/01/13		B Alvesco	01/01/14
B Pulmicort Flexhaler	01/01/13		B Arnuity Ellipta	01/01/15
B Qvar	09/28/09		B Asmanex	01/01/15
			G budesonide ampules	01/01/13
			B Pulmicort 1mg/2ml	09/28/09
<b>Leukotriene Receptor Antagonists</b>				
G montelukast tab, chw 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 (zileuton), CR	10/15/15
<b>Oral Beta Agonists</b>				
G albuterol tab, syp	01/01/13		G albuterol ER	01/01/16
G metaproterenol syp	01/01/13		G metaproterenol tab 10mg, 20mg	01/01/13
G terbutaline	01/01/13		B Vospire ER	01/01/13
<b>Phosphodiesterase 4 (PDE-4) Inhibitors</b>				
B Daliresp	01/01/14			
<b>Combinations</b>				
B Advair Diskus	09/28/09		B Advair HFA	01/01/16
B Breo Ellipta	01/01/16		BG AirDuo (fluticasone/salmeterol)	05/01/17
B Dulera	05/23/11		B Anoro Ellipta	01/01/14
G ipratropium/albuterol	01/01/14		B Bevespi	08/01/16
B Symbicort	01/01/13		B Combivent, Respimat	04/01/13
			B Stiolto Respimat	10/01/15

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.

# Utah Medicaid Preferred Drug List

Effective June 1, 2017

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date	
<b>Smoking Deterrents</b>							
<b>Nicotine Replacement Products</b>							
All products in this class are preferred with generic preferred over brand where applicable.							
<b>Urinary</b>							
<b>Antispasmodics</b>							
<b>Short Acting Agents</b>							
G	bethanechol 10mg, 25mg	01/01/14		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	
				G	tolterodine	04/15/13	
				G	tropium chloride	10/01/13	
				B	Urecholine	01/01/14	
<b>Long Acting</b>							
B	Gelnique 3%	09/28/09			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		Gelnique 10%	05/01/17	
			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	
<b>Vitamin D Analogs</b>							
B	Hectorol	01/01/15	*Rx only	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	
				B	Rayaldee	05/01/17	
				BG	Zemplar (paricalcitol)	01/01/15	