Utah Medicaid Preferred Drug List

Effective August 1, 2017

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Allergenic Extracts						
Allergen Immunotherapy						
B	Grastek*	01/01/15	*Clinical PA required			
B	Ragwitek*	01/01/15				
Analgesics						
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)						
COX-2 Inhibitors						
G	Celecoxib	09/15/15		B	Celebrex	09/15/15
Non-Selective						
B	Anaprox DS	10/01/16	*OTC not covered	B	Advil	01/01/16
G	diclofenac potassium	07/01/12		B	Anaprox	09/28/09
G	diclofenac sodium DR 50mg, 75mg	01/01/12	†Brand Preferred over Generic. refer to BOG Reference	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
G	nabumetone	09/28/09		G	ibuprofen crm 10%	04/30/13
G	naproxen sodium* (except 550mg)	09/28/09		G	indomethacin CR	01/01/12
G	naproxen tab, EC, susp	09/28/09		G	ketoprofen ER	01/01/12
G	sulindac	01/01/12		B	Lodine	08/01/17
B	Voltaren gel†	04/01/12		G	meclofenamate	01/01/13
				G	meloxicam susp	01/01/13
				B	Mobic tab	01/01/13
				BG	Nalfon (fenoprofen)	01/01/13
				BG	Naprelan (naproxen sodium CR)	08/01/17
				B	Naprosyn	01/01/14
				G	naproxen sodium 550mg	10/01/16
				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	09/28/09
				B	Tivorbex	05/13/15
				B	Tolmetin	01/01/13
				B	Vivlodex	02/01/16
				BG	Voltaren-XR	01/01/14
				B	Zipsor	07/01/12
				B	Zorvolex	11/01/13

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Opioids						
Short Acting						
B	Actiq*	01/01/15	Class quantity limits apply.	B	Abstral*	01/01/15
G	codeine	01/01/15	*Terminal cancer diagnosis only.	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
G	oxycodone tab, sol	01/01/15		G	levorphanol	01/01/15
G	tramadol	01/01/15		G	morphine sup	01/01/15
				B	Nucynta	01/01/15
				G	Opana (oxymorphone)	08/01/17
				B	Oxaydo	10/01/15
				B	Oxecta	01/01/15
				G	oxycodone con	02/01/16
				B	Subsys*	01/01/15
				B	Ultram	01/01/15
Long Acting						
B	Embeda	01/01/17	*Clinical PA required	B	Arymo ER	04/01/17
G	fentanyl patch (100)**	02/01/16	Quantity limits	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	**Terminal cancer diagnosis only.	B	Conzip ER (tramadol ER)	08/18/14
				BG	Dolophine (methadone)	01/01/16
				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
				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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Opioid Combinations						
G	APAP/codeine, sol	05/01/17	*Clinical PA required	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	Quantity limits	G	dihydrocodeine/APAP/CAF	05/01/17
G	tramadol/APAP	05/01/17	APAP = acetaminophen ASA = aspirin BUT = butalbital CAF = caffeine IBU = ibuprofen	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	Zamicet sol	05/01/17
Opioid Agonist Antagonist Combination for Substance Abuse						
B	Suboxone	01/01/12	Clinical PA required	B	Bunavail	01/01/15
				G	buprenorphine	06/01/17
			Quantity limits	G	buprenorphine/naloxone	01/01/15
				B	Zubsolv	01/01/17

Androgens

Topical						
B	Androgel	10/01/16	Class requires PA	B	Androderm	01/01/13
				B	Axiron	01/01/13
				B	Fortesta	06/01/12
				B	Natesto	03/16/15
				B	Striant	02/15/16
				B	Testim	10/01/16
				G	testosterone 1%	06/24/14
				B	Vogelxo	06/09/14
Other						
G	danazol	02/15/16	Class requires PA	B	Anadrol-50	06/01/12
G	testosterone cypionate	06/01/16	*Clinical PA required	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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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				
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	Levaquin	02/01/16
				G	ofloxacin	02/01/10
Anticoagulants						
Oral						
B	Coumadin	01/01/14		G	jantoven (warfarin)	01/01/14
B	Eliquis	01/01/14		B	Savaysa	01/20/15
B	Pradaxa	01/01/14		G	warfarin	01/01/14
B	Xarelto	01/01/13				
Injectable						
G	enoxaparin	10/15/15		BG	Arixtra (fondaparinux)	01/01/13
B	Fragmin	10/01/10		B	Lovenox	10/15/15
Antidiabetics						
Insulin						
Rapid Acting						
B	Apidra, Solostar (vial, pen)	01/01/17	Class Quantity limits	B	Afrezza	07/01/17
B	Humalog (vial, pen)	09/28/09		B	Humulin-R/Novolin-R (vial, pen)	01/01/17
B	Novolog (vial, pen)	02/01/10				
Intermediate Acting						
B	Humulin-N/Novolin-N (vial, pen)	09/28/09	Class Quantity limits			
Long Acting						
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
Mixtures						
B	Humalog 50/50	09/28/09	Class Quantity limits	B	Soliqua	07/01/17
B	Humalog 75/25	09/28/09		B	Xultophy	04/01/17
B	Humulin/Novolin 70/30	09/28/09				
B	Novolog 70/30	02/01/10				

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Non-Insulin						
Sulfonylureas						
G	glimepiride	07/01/14		B	Amaryl	07/01/14
G	glipizide	07/01/14		BG	Chlorpropam (chlorpropamide)	07/01/14
G	glyburide	05/15/16		B	Diabeta	05/15/16
G	glyburide micronized	07/01/14		B	Glucotrol	07/01/14
				B	Glynase	07/01/14
				G	tolazamide	07/01/14
				G	tolbutamide	07/01/14
Sulfonylurea Combinations						
G	glyburide/metformin	07/01/14		B	Glucovance	07/01/14
				G	glipizide/metformin	07/01/14
GLP-1 Agonists						
B	Tanzeum	01/01/16		B	Bydureon	01/01/14
B	Victoza	01/01/14		B	Byetta	01/01/16
				B	Trulicity	10/08/14
DPP- 4 Inhibitors						
B	Januvia	09/28/09		BG	Nesina (alogliptin)	04/01/16
B	Tradjenta	11/01/16		B	Onglyza	11/01/16
DPP- 4 Inhibitor Combinations						
B	Janumet	09/28/09		B	Glyxambi	02/11/15
B	Janumet XR	11/01/16		B	Kombiglyze XR	11/01/16
B	Jentadueto	11/01/16		B	Jentadueto XR	11/01/16
				BG	Kazano (alogliptin/metformin)	04/01/16
				BG	Oseni (alogliptin/pioglitazone)	04/01/16
SGLT-2 Inhibitors						
B	Invokana	01/01/17		B	Farxiga	01/01/17
				B	Jardiance	01/01/16
SGLT-2 Inhibitor Combinations						
B	Invokamet	01/01/17		B	Invokamet XR	10/01/16
				B	Synjardy	11/01/16
				B	Xigduo XR	01/01/17
Antifungals						
Oral						
B	Ancobon†	01/01/14		B	Cresemba	04/01/15
G	clotrimazole	10/01/11		B	Diflucan	01/01/13
G	fluconazole	10/01/11		G	flucytosine	08/01/16
G	griseofulvin susp	01/01/13		B	Grifulvin V	10/01/11
G	ketoconazole	01/15/12		G	griseofulvin tab	10/01/11
G	nystatin	10/01/11		B	Gris-PEG	10/01/11
G	terbinafine	10/01/11		B	Lamisil	10/01/11
G	voriconazole	10/01/15		B	Noxafil	10/01/11
				B	Onmel	01/01/14
				B	Oravig	01/01/13
				BG	Sporanox (itraconazole)	04/01/13
				B	Vfend	01/01/13

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Antihistamines						
1st Generation						
G	Aller-Chlor Syp	07/01/14		B	Atarax	07/01/14
G	cyproheptadine	07/01/14		BG	carbinoxamine	07/01/14
BG	diphenhydramine	07/01/14		G	chlorpheniramine	07/01/14
BG	doxylamine	02/15/16		BG	clemastine	07/01/14
G	ED-Chlortan	07/01/14		B	ED Chlorped liq	07/01/14
G	hydroxyzine HCl, pamoate	07/01/14		B	Triaminic oral strip	07/01/14
				B	Vanahist	07/01/14
				B	Vistaril	07/01/14
2nd Generation						
G	cetirizine tab	07/01/14		G	cetirizine 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
Anti-infectives (NOS)						
Amebicide & Antiprotozoal Agents						
B	Alinia susp	01/01/15	†Brand Preferred over Generic. refer to BOG Reference	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	†Brand Preferred over Generic. refer to BOG Reference	G	atovoquone/proguanil	01/01/16
B	Malarone†	01/01/16		B	Coartem	01/01/16
B	Plaquenil†	02/15/16		B	Daraprim	01/01/16
B	Primaquine	01/01/16		G	hydroxychloroquine	02/15/16
				G	mefloquine	01/01/16
				BG	Qualaquin (quinine)	01/01/16
Vaginal						
B	AVC	01/01/13	*crm with applicator	B	Cleocin	03/01/16
G	clindamycin	03/01/16		B	Clindesse	11/01/16
G	clotrimazole 1%*	10/01/11		G	clotrimazole 3*	10/01/11
G	metronidazole vaginal gel	04/18/13		B	Gynazole-1	10/01/11
G	miconazole 4% crm	01/01/13		B	Metrogel vaginal gel	09/01/16
G	miconazole 7*	10/01/11		G	miconazole 1-3 kit	10/01/11
G	Vandazole	01/01/13		B	Monistat 7	10/01/11
				B	Nuvessa	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

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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.						
Antiparkinson Agents						
COMT Inhibitors & Combinations						
G	amantadine	06/01/13		G	carbidopa/levodopa ODT	10/01/09
G	carbidopa/levodopa	10/01/09		G	carbidopa/levodopa/entacapone	01/01/14
G	carbidopa/levodopa ER	01/01/14		BG	Comtan (entacapone)	01/01/14
				B	Duopa	02/11/15
				BG	Lodosyn (carbidopa)	11/01/16
				B	Northera	08/15/14
				B	Rytary	10/01/15
				B	Sinemet	01/01/14
				B	Stalevo	01/01/14
				B	Tasmar (tolcapone)	10/01/09
MAO Inhibitors						
G	selegiline	02/01/10		BG	Azilect (rasagiline)	10/01/09
				B	Xadago	06/01/17
				B	Zelapar	10/01/09
Non-ergot Derived Dopamine Receptor Agonists and Others						
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
Antivirals						
Anti-Influenza						
Oral						
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

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Antiretrovirals						
Entry, Fusion Inhibitors						
B	Selzentry*	07/01/17	*Clinical PA required	B	Fuzeon	07/01/17
Integrase Inhibitors						
B	Isentress	07/01/17				
B	Tivicay	07/01/17				
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)						
B	Edurant	07/01/17		B	Rescriptor	07/01/17
B	Intelence	07/01/17		B	Viramune	07/01/17
G	nevirapine	07/01/17				
B	Sustiva	07/01/17				
Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)*						
G	abacavir	07/01/17	*See NIH Guidelines for recommendations accessed 5/31/2017	B	Epivir	07/01/17
B	Emtriva	07/01/17		B	Retrovir	07/01/17
G	lamivudine	07/01/17		BG	Videx (didanosine)	07/01/17
B	Viread	07/01/17		BG	Zerit (stavudine)	07/01/17
G	zidovudine	07/01/17		B	Ziagen	07/01/17
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
Combination Products*						
G	abacavir/lamivudine	07/01/17	*See NIH Guidelines for recommendations accessed 5/31/2017	B	Combivir	07/01/17
B	Atripla	07/01/17		B	Complera	07/01/17
B	Descovy	07/01/17		B	Epzicom	07/01/17
B	Evotaz	07/01/17		BG	Kaletra (lopinavir/ritonavir)	07/01/17
B	Genvoya	07/01/17		B	Stribild	07/01/17
G	lamivudine/zidovudine	07/01/17		BG	Trizivir (abacavir/lamivudine/zidovudine)	07/01/17
B	Odefsey	07/01/17		B	Truvada	07/01/17
B	Prezcobix	07/01/17				
B	Triumeq	07/01/17				
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
Hepatitis C						
Direct Acting Antivirals (DAAs)						
B	Daklinza	01/01/16	Class requires Clinical PA	B	Epclusa	09/01/16
B	Harvoni	01/01/15		B	Vosevi	08/01/17
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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	Interferons					
B	Pegasys	10/01/09		B	Intron-A	01/01/14
B	Peg-Intron	01/01/14		B	Sylatron	01/01/14
	Nucleoside Analogues					
G	moderiba 200mg	03/01/16		B	Copegus	07/01/12
B	Rebetol sol	01/01/14		B	Moderiba Pak	03/01/16
G	ribasphere 200mg	01/01/14		B	Rebetol cap	07/01/12
G	ribavirin	07/01/12		B	Ribapak	07/01/12
				G	ribasphere 400mg, 600mg	01/01/14
	Herpes Simplex, Varicella Zoster, & Cytomegalovirus					
	Oral					
G	acyclovir	01/01/14		BG	Famvir (famciclovir)	06/01/13
G	valacyclovir	01/01/14		B	Sitavig	03/01/16
				BG	Valcyte (valganciclovir)	06/01/13
				B	Valtrex	01/01/14
				B	Zovirax	06/01/13
	Appetite Stimulants					
G	megestrol	01/01/15		BG	Marinol (dronabinol)	01/01/15
				B	Megace susp	01/01/15
				B	Syndros	07/01/17
	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
	Bone Density Regulators					
	Osteoporosis Agents					
G	alendronate 5-35mg, 70mg	10/01/09	*Clinical PA required	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
				G	pamidronate	10/01/09
				B	Prolia	01/01/14
				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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Cardiovascular						
Antianginal Agents						
G	isosorbide dinitrate	01/01/16		B	Dilatrate SR	01/01/16
G	isosorbide mononitrate	01/01/16		B	Isordil	01/01/16
G	isosorbide mononitrate SR	01/01/16		G	isosorbide dinitrate SL,CR	01/01/16
B	Minitran patch	01/01/16		B	Nitro-Bid oint	01/01/16
G	nitroglycerin CR	01/01/16		B	Nitro-Dur patch	01/01/16
B	Nitrostat	01/01/16		G	nitroglycerin lingual spray	01/01/16
				G	nitroglycerin patch	01/01/16
				B	Nitrolingual	01/01/16
				B	Nitromist	01/01/16
				B	Ranexa	01/01/16
Antihyperlipidemics						
HMG Co-A Reductase Inhibitors ("Statins") – Lower Potency						
G	lovastatin	09/28/09		B	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
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
Cholesterol-Lowering Combinations						
B	Vytorin	01/01/13		BG	Caduet (amlodipine/atorvastatin)	01/01/14
				G	ezetimibe/simvastatin	05/01/17
PCSK-9 Inhibitors						
B	Praluent	04/01/16	Class requires Clinical PA	B	Repatha	04/01/16
Fibrates						
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
Nicotinic Acid Derivatives						
B	Niaspan	09/28/09		G	niacin ER	01/01/16
				B	Niacor	01/01/16
Miscellaneous						
G	omega-3 acid ethyl esters	11/01/16		G	ezetimibe	01/01/17
B	Zetia	09/28/09		B	Lovaza	11/01/16
				B	Vascepa	11/01/15

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Antihypertensives						
Alpha/Beta-Adrenergic Blocking Agents						
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
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	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				
Angiotensin Receptor Blockers (ARBs)						
G	irbesartan	10/15/15		BG	Atacand (candesartan)	10/15/15
G	losartan	04/01/12		B	Avapro	10/15/15
G	olmesartan	08/01/17		B	Benicar	08/01/17
G	telmisartan	11/01/16		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
				B	Micardis	11/01/16
Angiotensin Receptor Blocker (ARB) + Thiazide Combinations						
G	irbesartan/HCTZ	01/01/14		BG	Atacand (candesartan) HCT	01/01/14
G	losartan/HCTZ	09/28/09		B	Avalide	01/01/14
B	Micardis HCT	01/01/12		B	Benicar HCT	08/01/17
G	olmesartan HCT	08/01/17		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						
G	amlodipine/olmesartan	08/01/17	*Clinical PA required	G	amlodipine/valsartan HCT†	03/01/16
G	amlodipine/olmesartan HCT	08/01/17		G	amlodipine/valsartan†	10/08/14
B	Exforge HCT†	09/28/09		G	Azor	08/01/17
B	Exforge†	09/28/09		B	Byvalson	09/01/16
			†Brand Preferred over Generic. refer to BOG Reference	B	Entresto*	11/01/15
				B	Tribenzor	08/01/17
				BG	Twynsta (telmisartan/amlodipine)	01/01/12

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Beta-Adrenergic Blocking Agents - Cardio Selective						
G	atenolol tab	09/28/09	*except non-preferred strengths as noted	G	atenolol susp	05/01/17
G	metoprolol succinate	10/15/15		G	betaxolol	01/01/14
G	metoprolol tartrate*	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
				BG	Sectral (acebutolol)	08/01/17
				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
Beta-Adrenergic Blocking Agent Combinations						
G	atenolol/chlorthalidone	09/28/09		BG	Corzide (nadolol/bendroflumethiazide)	11/01/16
G	bisoprolol/HCTZ	09/28/09		B	Dutoprol	09/28/09
G	propranolol/HCTZ	01/01/14		B	Lopressor HCT	01/01/14
				G	metoprolol/HCTZ	01/01/13
				B	Tenoretic	09/28/09
				B	Ziac	09/28/09
Calcium Channel Blocking Agents						
G	amlodipine 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
Direct Renin Inhibitors/Combinations						
B	Amturnide	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

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Thiazide						
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
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
				B	Dyrenium	07/01/17
				BG	Inspra (eplerenone)	01/01/16
				B	Maxzide	01/01/16
				G	triamterene/HCTZ (50/25mg)	01/01/16
Platelet Aggregation Inhibitors						
Platelet Aggregation Inhibitors						
G	clopidogrel 75mg	06/01/12		B	Brilinta	01/01/13
B	Persantine	06/01/12		G	clopidogrel 300mg	01/01/14
				G	dipyridamole	06/01/12
				B	Effient	06/01/12
				B	Durlaza	07/01/16
				B	Plavix	01/01/13
				G	ticlopidine	06/01/12
				B	Zontivity	10/01/15
Platelet Aggregation Inhibitors-Miscellaneous, Combinations						
B	Aggrenox	07/01/12		B	Agrylin	07/01/12
G	anagrelide	07/01/12		G	ASA/dipyridamole	10/15/15
G	cilostazol	11/01/12		B	Pletal	01/01/13
G	pentoxifylline	07/01/12				

Central Nervous System

Antidementia Agents						
Oral						
G	donepezil 5mg, 10mg	10/01/13		B	Aricept, ODT	01/15/13
G	memantine tab	02/01/16		G	donepezil 23mg, ODT	10/01/13
B	Namenda sol	03/15/16		B	Exelon	05/15/16
G	rivastigmine	05/15/16		G	memantine sol	03/15/16
				G	Namenda, XR tab	02/01/16
				B	Namzaric	04/15/15
				BG	Razadyne (galantamine)	09/28/09
Topical						
B	Exelon patch	09/28/09		G	rivastigmine patch	09/15/15
Hypnotics						
Benzodiazepines						
G	flurazepam	06/01/13	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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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, Miscellanous						
G	phenobarb 15, 30, 60, 100mg	06/01/13		G	phenobarb 16.2, 32.4, 64.8, 97.2mg	06/01/13
G	phenobarb elixir	06/01/13		B	Seconal	06/01/13
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. †Brand Required over Generic. Refer to BOG Reference	B	Adderall	07/01/16
B	Concerta	01/01/17		BG	Adderall XR†	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	07/01/16		BG	Desoxyn (methamphetamine)†	07/01/16
				BG	Dexedrine (dextroamphetamine)	07/01/16
				G	dexmethylphenidate	07/01/16
				B	Dyanavel XR	07/01/16
				B	Evekeo	07/01/16
				BG	Metadate (methylphenidate) ER tab	07/01/16
				G	methylphenidate ER tab	07/01/16
				G	methylphenidate sol, chw	07/01/16
				B	Mydayis	07/01/17
				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	Vyvanse chw	07/01/17
				B	Zenzedi	07/01/16

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	Anticonvulsants					
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.	B	Banzel	10/01/16
G	carbamazepine chw	01/01/17		B	Briviact	10/01/16
G	carbamazepine ER	08/01/17		G	carbamazepine (Epitol) tab, sol	01/01/17
B	Celontin	01/01/17		B	Carbatrol	01/01/17
G	clonazepam	01/01/17		G	clonazepam ODT	01/01/17
B	Diastat	01/01/17		B	Depakene	01/01/17
B	Dilantin 30mg cap	01/01/17		B	Depakote	01/01/17
G	divalproex	01/01/17		G	diazepam rectal	01/01/17
G	gabapentin	10/01/16		B	Dilantin chw, 100mg cap	01/01/17
G	lamotrigine, chw	11/01/16		BG	Felbatol (felbamate)	10/01/16
G	levetiracetam	10/01/16		B	Fycompa, sus	01/01/17
B	Lyrica	10/01/16		BG	Gabitril (tiagabine)	10/01/16
G	oxcarbazepine	10/01/16	†Brand Preferred over Generic. refer to BOG Reference	B	Keppra	10/01/16
B	Peganone	10/01/16		B	Klonopin	01/01/17
G	phenytoin	01/01/17		B	Lamictal	10/01/16
G	primidone	01/01/17		B	Lamictal ODT†	10/01/16
B	Tegretol tab, sol	01/01/17		G	lamotrigine ODT†, ER	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	Tegretol XR	08/01/17
				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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Atypical Antipsychotics						
B	Abilify Maintena	10/01/16	A prescriber may override a non-preferred prior authorization when both the brand and generic versions of a drug are non-preferred by writing "Dispense As Written" on the prescription. The pharmacy must submit a DAW Code = '1' on the claim. Only one version of the drug will be available using the DAW Code = '1' and the generic version of the drug will be required unless otherwise indicated. *Bill J-Code †Brand Preferred over Generic. refer to BOG Reference	BG	Abilify (aripiprazole)	10/01/16
B	Aristada 441mg, 662mg, 882mg	10/01/16		B	Aristada 1064mg*	07/01/17
G	clozapine	10/01/16		B	Clozaril	10/01/16
G	olanzapine	10/01/16		B	Fanapt	10/01/16
G	quetiapine (≥ 100mg tab)	10/01/16		BG	Fazaclo (clozapine ODT)†	10/01/16
G	risperidone tab	10/01/16		BG	Geodon (ziprasidone)	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	10/01/16
				BG	Seroquel XR (quetiapine ER)	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
Antidepressants - SSRI/SNRI						
G	citalopram tab	02/01/17	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. *Quantity limits apply †Brand Preferred over Generic. refer to BOG Reference	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
G	sertraline	10/01/16		G	fluvoxamine, ER	10/01/16
G	venlafaxine ER cap	10/01/16		BG	Irenka (duloxetine)	10/01/16
				BG	Khedezla (desvenlafaxine)*	10/01/16
				B	Lexapro	10/01/16
				BG	Lexapro (escitalopram) sol	10/01/16
				B	Paxil	10/01/16
				BG	Paxil CR (paroxetine ER)	10/01/16
				B	Paxil sus	10/01/16
				B	Pexeva	10/01/16
				BG	Pristiq (desvenlafaxine)*	08/01/17
				B	Prozac	10/01/16
				BG	Prozac Weekly (fluoxetine)†	10/01/16
				BG	Sarafem (fluoxetine)	10/01/16
				B	Savella	10/01/16
				BG	Symbyax (olanzapine/fluoxetine)†	10/01/16
				G	venlafaxine tab (non-ER)	10/01/16
				G	venlafaxine ER tab	10/01/16
				B	Zoloft	10/01/16
				BG	Zoloft (sertraline) con	10/01/16

Utah Medicaid Preferred Drug List

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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Antidepressants - Miscellaneous						
G	bupropion	10/19/16	A prescriber may override a non-preferred prior authorization when both the brand and generic versions of a drug are non-preferred by writing "Dispense As Written" on the prescription. The pharmacy must submit a DAW Code = '1' on the claim. Only one version of the drug will be available using the DAW Code = '1' and the generic version of the drug will be required unless otherwise indicated.	B	Aplenzin	10/01/16
G	mirtazapine 15,30, 45mg tab	10/01/16		B	Forfivo XL	10/01/16
G	mirtazapine ODT	10/01/16		G	mirtazapine 7.5mg tab	10/01/16
G	trazodone 50, 100, 150mg	10/01/16		G	nefazodone	10/01/16
				B	Oleptro	10/01/16
				B	Remeron, ODT	10/01/16
				G	trazodone 300 mg	10/01/16
				B	Trintellix	10/01/16
				B	Viibryd	10/01/16
				B	Wellbutrin	10/19/16
				B	Zyban	10/01/16
Anxiolytic Benzodiazepines						
G	alprazolam, ER	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.	G	alprazolam conc, ODT	01/01/17
G	chlordiazepoxide	01/01/17		B	Ativan	01/01/17
G	diazepam	01/01/17		G	diazepam conc, sol	01/01/17
G	lorazepam	01/01/17		G	lorazepam conc	01/01/17
				G	oxazepam	01/01/17
				BG	Tranxene (clorazepate)	01/01/17
				B	Xanax, XR	01/01/17
Miscellaneous Mood Stabilizers						
G	lithium cap	10/01/16	A prescriber may override a non-preferred prior authorization when both the brand and generic versions of a drug are non-preferred by writing "Dispense As Written" on the prescription. The pharmacy must submit a DAW Code = '1' on the claim. Only one version of the drug will be available using the DAW Code = '1' and the generic version of the drug will be required unless otherwise indicated.	G	atomoxetine	06/01/17
G	lithium ER tab	08/01/17		G	lithium tab (non-ER)	10/01/16
G	lithium sol	10/01/16		B	Lithobid CR tab	08/01/17
B	Strattera†	10/01/16				
			†Brand Preferred over Generic. refer to BOG Reference			

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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Contraceptives						
Oral						
Low Dose and Mono-phasic						
G	altavera	01/01/12		G	balziva	01/01/13
G	alyacen	01/01/13		B	Beyaz	08/01/17
G	apri	01/01/14		G	blisovi 24 FE 1/20	03/15/16
G	aubra	05/05/15		B	Brevicon	01/01/16
G	aviane	03/15/16		G	briellyn	01/01/13
G	blisovi FE 1/20, 1.5/30	11/01/16		B	Desogen	05/15/16
G	chateal	01/01/14		G	desogestrel/ethinyl estradiol	01/01/16
G	cryselle	10/01/11		G	drospirenone/ethinyl estradiol	01/01/16
G	cyclafem	01/01/13		B	FaLessa Kit	01/01/16
G	cyred	01/01/16		B	Femcon FE chw	08/01/17
G	dasetta	01/01/13		B	Generess FE chw	10/01/11
G	elinest	04/30/13		G	gianvi	01/01/13
G	emoquette	01/01/14		G	gildagia	01/01/14
G	enskyce	01/01/14		G	gildess 1.5/30	10/01/11
G	estarylla	01/01/14		G	gildess 24 FE 1/20	01/01/16
G	falmina	01/01/13		G	junel 1.5/30	03/15/16
G	gildess 1/20	01/01/14		G	junel 24 FE 1/20	01/01/16
G	gildess FE 1/20, 1.5/30	01/01/16		G	larin 1/20, 1.5/30	01/01/16
G	juleber	05/15/16		G	larin 24 FE 1/20	01/01/16
G	junel 1/20	01/01/17		G	larin FE 1.5/30	03/15/16
G	junel FE 1/20, 1.5/30	01/01/16		G	layolis FE chw	01/01/16
G	kelnor	01/01/13		B	Loestrin	01/01/16
G	kurvelo	01/01/14		G	lomedia 24 FE	01/01/16
G	larin FE 1/20	01/01/16		G	loryna	10/01/14
G	lessina	10/01/11		G	mibelas 24 chw	04/01/17
G	levonorgestrel/ethinyl estradiol	01/01/16		G	microgestin 1/20, 1.5/30	01/01/12
G	levora	03/15/16		BG	Minastrin 24 FE chw	01/01/14
G	low-ogestrel	10/01/11		G	nikki	08/04/14
G	lutera	10/01/11		G	norethindrone/ethinyl estradiol FE chw	01/01/16
G	marlissa	01/01/13		B	Norinyl 1/50	09/01/16
G	microgestin FE	03/15/16		G	ocella	01/01/13
B	Modicon	01/01/12		B	Ogestrel	01/01/13
G	mono-linyah	04/01/13		B	Ortho-Cyclen	01/01/13
G	mononessa	03/15/16		B	Ovcon-35	10/01/11
G	necon	11/15/11		G	philith	01/01/13
G	norethindrone/ethinyl estradiol	01/01/16		G	rajani	08/01/17
G	norethindrone/ethinyl estradiol FE	03/15/16		B	Safyral	08/01/17
G	norgestimate/ethinyl estradiol	01/01/13		G	syeda	10/01/11
B	Norinyl 1/35	01/01/17		B	Taytulla	10/01/16
G	nortrel	11/15/11		G	vestura	01/01/13
G	orsythia	01/01/13		G	vyfemla	01/01/16
B	Ortho-Novum	10/01/11		G	wymzya	01/01/13

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G	pirmella	07/08/13		B	Yasmin	01/01/16
G	portia	01/01/12		B	Yaz	01/01/16
G	previfem	01/01/13		G	zarah	11/15/11
G	reclipsen	01/01/14		G	zenchent	01/01/13
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				
Bi-phasic						
B	Necon 10/11-28	01/01/12	†Brand Preferred over Generic. Refer to BOG Reference	G	azurette	01/01/13
				G	belkyree	03/15/16
				G	desogestrel/ethinyl estradiol	01/01/16
				G	kariva (generic of Mircette)†	01/01/12
				G	kimidess	01/01/16
				B	Lo Loestrin	01/01/12
				B	Lo Minastrin FE	03/15/16
				B	Mircette†	01/01/16
				G	pimtrea	01/01/16
				G	viorele (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		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
Extended Cycle						
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
Emergency						
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
Progestin Only						
All generic products in this class are preferred.						
Dermal						
G	Xulane	02/15/16				
Vaginal						
B	Nuvaring	01/01/13				

Cytokine Modulators

Immunomodulators						
B	Enbrel	02/01/10		B	Actemra	01/01/16
B	Humira	02/01/10		B	Cimzia	01/01/13
				B	Cosentyx	01/01/16
				B	Kineret	01/01/16
				B	Orencia	01/01/14
				B	Otezla	04/02/14
				B	Siliq	07/01/17
				B	Simponi	02/01/10
				B	Stelara	10/01/11
				B	Taltz	05/01/16
				B	Tremfya	08/01/17
				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 †Brand Preferred over Generic. refer to BOG Reference	B	Aczone	04/01/12
B	Benzaclin	01/01/13		G	adapalene/BP gel	08/01/17
G	BP/erythromycin	01/01/13		B	Benzamycin	08/01/11
G	clindamycin lot, sol, pad	01/01/13		B	Cleocin T	08/01/11
B	Epiduo, Forte	01/01/14		B	Clindacin Kit	08/01/11
G	erythromycin 2% gel, sol	01/01/13		G	clindamycin gel, foam	04/01/13
B	Evoclin	01/01/14		G	clindamycin/BP gel	04/01/13
B	Onexton	01/01/16		G	clindamycin/tretinoin†	08/01/17
B	Ziana†	01/01/13		B	Duac	01/01/16
				B	EryGel	01/01/16
				G	erythromycin pad	01/01/16
				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 †Brand Preferred over Generic. refer to BOG Reference	G	adapalene†	01/01/14
B	Avita	01/01/14		B	Fabior	01/01/14
B	Differin†	01/01/14		B	Retin-A Micro	08/01/11
B	Retin-A crm	01/01/14		G	tazarotene†	05/01/17
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 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	rosanil	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
	Oral					
G	claravis, 10, 20, 40mg	08/01/11	Class Clinical PA required for acne treatment in patients over 20	B	Absorica	01/01/14
G	myorisan	01/01/14		G	amnesteem	08/01/11
				G	claravis 30 mg	01/01/14
				G	zenatane	08/11/11

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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
	Antifungals					
G	ciclopirox (shampoo, gel, crm, sus)	08/01/17	Class not OTC	G	ciclodan	01/01/13
G	clotrimazole sol	10/01/11		G	clotrimazole crm	10/01/11
B	Ertaczo	01/01/14		B	CNL 8 Nail Kit	10/01/11
G	ketoconazole (shampoo, crm)	10/01/11		G	econazole nitrate (crm)	04/01/13
B	Naftin (1% crm & gel)	01/01/13		B	Exelderm	01/01/13
G	nystatin (oint, crm)	10/01/11		B	Extina	10/01/11
B	Nystop powder	10/01/11		B	Fungoid tincture	01/01/13
B	Pediaderm AF Complete	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	08/01/17
				B	Luzu	02/26/14
				B	Mentax	10/01/11
				G	miconazole	10/01/11
				G	naftifine 1% crm	08/01/17
				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
				BG	Penlac (ciclopirox)	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
	Corticosteroids					
	Very Potent					
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
				G	diflorasone crm, oint	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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Potent						
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
Midstrength						
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
Mild strength						
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	Corticool gel	10/01/13		G	HC but 0.1% oint	01/01/16
B	Derma-Smoothe/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				
Steroid/Antifungal Combinations						
G	clotrimazole/betamethasone	1/1/2017		B	Lotrisone	01/01/13
				G	nystatin/triamcinolone	01/01/17
Immunomodulating Agents						
B	Elidel	01/01/15	Class requires Clinical PA	BG	Protopic (tacrolimus) oint	09/01/16

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Local Anesthetic Agents						
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
Scabicides/Pediculocides						
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

Diagnostic Products

Diabetic Test Supplies						
	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: MGDCARE 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 Test Strips*	01/01/11				
B	Precision Test Strips*	01/01/11				
	Ascensia Products**	09/28/09				
B	Breeze 2 Test Strips**	09/28/09				
B	Contour Test Strips**	09/28/09				
	Lancets and lancing devices					
B	Accu-Check Fastclix products	07/01/17				
B	Accu-Check Softclix products	07/01/17				
B	Fora lancets	07/01/17				

B = Brand
G= Generic
O= Over The Counter

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†=BOG

Utah Medicaid Preferred Drug List

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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Epinephrine						
Autoinjectors						
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				
Estrogens						
Oral						
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				
Combinations						
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
Topical & Miscellaneous						
B	Alora patch	01/01/14		B	Climara patch	01/01/16
B	Combipatch patch	01/01/14		B	Elestrin gel	10/01/11
B	Divigel	01/01/16		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
Vaginal						
B	Estring	10/01/11	†Brand (Vagifem) Required over Generic (yuvafem). Refer to BOG Reference	B	Estrace	10/01/11
B	Premarin crm	10/01/11		G	yuvafem†	01/01/17
B	Vagifem†	01/01/17				
Gastrointestinal (GI)						
Antiemetics						
Anticholinergics						
G	meclizine	11/01/16	†Brand Required over Generic. Refer to BOG Reference	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†	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

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Miscellaneous newer classes						
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
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	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
				BG	Lialda (mesalamine 1.2g)	01/01/16
				G	mesalamine DR tab	09/01/16
Rectal						
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
Irritable Bowel Syndrome Agents						
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
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				
Phosphate Binders						
G	calcium acetate	10/15/15		B	Auryxia	10/15/15
B	Eliphos	07/01/14		B	Fosrenol	07/01/14
B	Phoslyra sol	07/01/14		BG	Renvela (sevelamer)	07/01/14
B	Renagel	07/01/14		B	Velphoro	07/01/14

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Ulcer Drugs						
H2 Antagonists						
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
Proton Pump Inhibitors						
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		B	Nexium susp	01/01/14
				B	omeprazole 10mg tab	01/01/13
				BG	Prevacid (lansoprazole)	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
Gout						
Acute						
G	colchicine cap	07/01/17	Class requires Clinical PA	G	colchicine tab	07/01/17
				B	Colcrys	07/01/17
				B	Mitigare	07/01/17
				G	probenecid/colchicine	07/01/17
Chronic						
G	allopurinol	07/01/17	*Clinical PA required	B	Uloric*	07/01/17
G	probenecid	07/01/17		B	Zurampic	07/01/17
				B	Zyloprim	07/01/17
Growth Hormone						
B	Genotropin	10/01/10	Class requires Clinical PA	B	Humatrope	01/01/15
B	Norditropin	01/01/14		B	Nutropin	01/01/13
				B	Omnitrope	01/01/13
				B	Saizen	10/01/10
				B	Serostim	10/01/10
				B	Zomacton	11/01/16
				B	Zorbtive	01/01/13
Hematopoietics						
Erythropoiesis Stimulating Agents (ESAs)						
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

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	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	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
	Multiple Sclerosis Agents					
B	Avonex	02/01/10	*Clinical PA required	B	Ampyra*	01/01/13
B	Betaseron	01/01/16		B	Aubagio	01/01/13
B	Copaxone 20mg	09/28/09		B	Copaxone 40mg	05/30/14
B	Tecfidera	01/01/16		B	Extavia	01/01/16
				B	Gilenya	01/01/13
				G	Glatopa	07/01/15
				B	Lemtrada	01/01/16
				B	Rebif	01/01/15
				B	Zinbryta	08/01/16

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Multivitamins						
Prenatal Vitamins						
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	Vitafol Fe+	01/01/17		B	Nestabs ABC	01/01/15
B	Vitafol Ultra	01/01/17		BG	NON-DHA/Folate products	01/01/16
B	Vitafol-Nano	01/01/17		B	PreferaOb +DHA	01/01/15
B	Vitafol-OB+DHA	04/01/17		B	Prenate DHA	01/01/15
				B	Prenate Essential	01/01/15
BG	ALL OTHERS with DHA/Folate*	01/01/16		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
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/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
Antispasticity Agents						
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

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Nasal						
Antihistamines						
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
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	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
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		B	Iopidine	01/01/14
B	Simbrinza	06/30/14				
Beta Blockers						
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
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						
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
				G	moxifloxacin	08/01/17
				B	Ocuflox	06/01/12
				G	ofloxacin	06/01/12
				B	Zymaxid	06/01/12

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	Non-Quinolones					
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
	Antihistamines					
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
	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	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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	Combinations					
B	Blephamide drops	06/01/12		B	Bleph-10	01/01/13
B	Maxitrol drops	06/01/12		B	Blephamide S.O.P. oint	01/01/16
G	neomycin/polymyxin/dexamethasone	06/01/12		B	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
	Otic Agents					
	Antibiotics					
G	ciprofloxacin HCl Otic sol 0.2%	01/01/16		G	ofloxacin sol 0.3%	10/01/16
	Corticosteroids					
B	DermOtic	11/01/15		B	Acetasol HC SOL 1-2%	10/01/13
				G	fluocinonide oil 0.01%	10/01/13
				G	hydrocortisone-acetic acid 1-2%	10/01/13
	Combinations					
B	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
	Prostatic Hypertrophy Agents					
G	alfuzosin	01/01/14		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)	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	Class requires Clinical PA	B	Adcirca	01/01/14
				B	Revatio	09/01/13

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Prostacyclins						
G	epoprostenol inj	06/01/12		B	Flolan inj	06/01/12
				B	Orenitram	04/02/14
				B	Remodulin inj	06/01/12
				B	Tyvaso	06/01/12
				B	Uptravi	01/15/16
				B	Veletri	06/01/12
				B	Ventavis	01/01/14

Respiratory

Asthma & COPD

Anticholinergics

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

Short Acting Beta Agonists (SABA)

G	albuterol (.63mg/3ml) (1.25mg/3ml)	04/01/13	†Brand Preferred over Generic. refer to BOG Reference	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				

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	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

Leukotriene Receptor Antagonists

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

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

Utah Medicaid Preferred Drug List

Effective August 1, 2017

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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		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	Utibron	07/01/17

Smoking Deterrents

Nicotine Replacement Products

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

Urinary

Antispasmodics

Short Acting Agents

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	trospium chloride	10/01/13
				B	Urecholine	01/01/14
Long Acting						
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	trospium chloride ER	10/01/13

Vitamin D Analogs

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	Ergocal	07/01/17
				B	Hectorol 4mcg/2ml inj	01/01/15
				B	Rayaldee	05/01/17
				BG	Zemplar (paricalcitol)	01/01/15