

# Utah Medicaid Preferred Drug List

Effective October 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	<sup>†</sup> Brand Preferred over Generic. Refer to BOG Reference	BG Daypro (oxaprozin)	02/01/16
G diclofenac sodium SR	01/01/13		G diclofenac gel <sup>†</sup>	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		G diclofenex DC	10/01/17
B Indocin susp	01/01/12		B Dyloject inj	08/12/15
G indomethacin (not CR)	01/01/12		B EC-Naprosyn	01/01/14
G ketoprofen	01/01/12		G etodolac 300mg	05/30/14
G ketorolac tab	09/28/09		G etodolac ER	05/30/14
G meloxicam tab	09/28/09		BG Feldene (piroxicam)	01/01/13
G nabumetone	09/28/09		B Flector patch	04/01/12
G naproxen sodium* (except 550mg)	09/28/09		G ibuprofen crm 10%	04/30/13
G naproxen tab, EC, susp	09/28/09		G indomethacin CR	01/01/12
G sulindac	01/01/12		G ketoprofen ER	01/01/12
B Voltaren gel <sup>†</sup>	04/01/12		B Lodine	08/01/17
			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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<b>Opioids</b>						
<b>Short Acting</b>						
B	Actiq*	01/01/15	Class quantity limits apply  *Metastatic 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	lonsys*	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	
<b>Long Acting</b>						
B	Butrans*† (except 7.5mcg/hr)	10/01/17	*Clinical PA required  Class quantity limits apply  **Metastatic cancer diagnosis only.	B	Arymo ER	04/01/17
B	Embeda	01/01/17		B	Belbuca	01/01/16
G	fentanyl patch (100)**	02/01/16		G	buprenorphine patch*†	10/30/14
G	fentanyl patch (12, 25, 50, 75)	02/01/10		B	Butrans 7.5 mcg/hr patch*†	10/30/14
G	morphine sulfate ER tab	01/01/14		B	Conzip ER (tramadol ER)	08/18/14
B	Nucynta ER	10/01/17		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	
			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>  Class quantity limits apply  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 Use Disorder Treatments</b>						
B	Suboxone	01/01/12	<a href="#">Clinical PA required</a>  Class quantity limits apply	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	01/01/16
B	Kitabis Pak neb	01/01/16				
B	Tobi Podhaler cap*	01/15/16				
<b>Oral and Injectable</b>						
All products in this class are preferred with generic preferred over brand where applicable.						
<b>Cephalosporins</b>						
<b>3rd Generation Oral</b>						
G	cefдинир	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	Baxdela	10/01/17
G	levofloxacin	02/01/16		B	Cipro, XR tab	02/01/10
				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		B	Bevyxxa	10/01/17
B	Eliquis	01/01/14		G	jantoven (warfarin)	01/01/14
B	Pradaxa	01/01/14		B	Savaysa	01/20/15
B	Xarelto	01/01/13		G	warfarin	01/01/14
<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 apply	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				
<b>Intermediate Acting</b>						
B	Humulin-N/Novolin-N (vial, pen)	09/28/09	Class quantity limits apply			
<b>Long Acting</b>						
B	Lantus, Solostar (vial, pen)	01/01/17	Class quantity limits apply	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 apply	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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<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		BG	Duetact (pioglitazone/glimepiride)	10/01/17
				G	glipizide/metformin	07/01/14
				B	Glucovance	07/01/14
<b>GLP-1 Agonists</b>						
B	Tanzeum	01/01/16		B	Adlyxin	09/01/17
B	Victoza	01/01/14		B	Bydureon	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	†Brand Preferred over Generic. Refer to BOG Reference	G	alogliptin/metformin†	08/01/17
B	Janumet XR	11/01/16		B	Glyxambi	02/11/15
B	Jentadueto	11/01/16		B	Jentadueto XR	11/01/16
B	Kazano	10/01/17		BG	Oseni (alogliptin/pioglitazone)	04/01/16
B	Kombiglyze	10/01/17				
<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†	01/01/14	†Brand Preferred over Generic. Refer to BOG Reference	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 cyproheptadine	07/01/14		BG carbinoxamine	07/01/14
BG diphenhydramine	07/01/14		G chlorpheniramine	07/01/14
BG doxylamine	02/15/16		BG clemastine	07/01/14
G ED-Chlortan	07/01/14		B ED Chlorped liq	07/01/14
G hydroxyzine HCl, pamoate	07/01/14		B Triaminic oral strip	07/01/14
			B Vanahist	07/01/14
			B Vistaril	07/01/14
<b>2nd Generation</b>				
G cetirizine tab	07/01/14		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	<a href="#">†Brand Preferred over Generic.</a> <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 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	
<b>Antimalarials</b>				
G chloroquine	01/01/16	<a href="#">†Brand Preferred over Generic.</a> <a href="#">Refer to BOG Reference</a>  <a href="#">*Clinical PA required</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 Quaalquin (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

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<b>Antineoplastics</b>						
<b>Enzyme Inhibitors</b>						
All products in this class are preferred with generic preferred over brand where applicable.						
Some agents in this class require a clinical PA. See website for details.						
<b>Mitotic Inhibitors</b>						
All products in this class are preferred with generic preferred over brand where applicable.						
<b>Urinary Tract Protective Agents</b>						
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
				B	Gocovri	10/01/17
				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

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<b>Antiretrovirals</b>				
<b>Entry, Fusion Inhibitors</b>				
B Selzentry*	07/01/17	*Clinical PA required	B Fuzeon	07/01/17
<b>Integrase Inhibitors</b>				
B Isentress	07/01/17			
B Tivicay	07/01/17			
<b>Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)</b>				
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			
<b>Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)*</b>				
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
<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		BG Lexiva (fosamprenavir)	01/01/16
B Reyataz	01/01/16		B Prezcofix	01/01/16
			B Viracept	01/01/16
<b>Combination Products*</b>				
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 Prezcofix	07/01/17			
B Triumeq	07/01/17			
<b>Hepatitis C</b>				
<b>Direct Acting Antivirals (DAAs)</b>				
B Daklinza	01/01/16	Class requires Clinical PA	B Olysio	09/01/17
B Epclusa	10/01/17		B Vosevi	08/01/17
B Harvoni	01/01/15			
B Mavyret	09/01/17			
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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# Utah Medicaid Preferred Drug List

Effective October 1, 2017

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<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 Rebetol sol	01/01/14		B Moderiba Pak	03/01/16
G ribasphere 200mg	01/01/14		B Rebetol cap	07/01/12
G ribavirin	07/01/12		B Ribapak	07/01/12
			G ribasphere 400mg, 600mg	01/01/14
<b>Herpes Simplex, Varicella Zoster, &amp; Cytomegalovirus</b>				
<b>Oral</b>				
G acyclovir	01/01/14		BG Famvir (famciclovir)	06/01/13
G valacyclovir	01/01/14		B Sitavig	03/01/16
			BG Valcyte (valganciclovir)	06/01/13
			B Valtrex	01/01/14
			B Zovirax	06/01/13
<b>Appetite Stimulants</b>				
G megestrol	01/01/15		BG Marinol (dronabinol)	01/01/15
			B Megace susp	01/01/15
			B Syndros	07/01/17
<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	*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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<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	Altprev	01/01/13
G	pravastatin	09/28/09		G	fluvastatin	01/01/13
				BG	Lescol (fluvastatin), XL	11/01/16
				B	Livalo	01/01/13
				B	Pravachol	01/01/13
<b>HMG Co-A Reductase Inhibitors ("Statins") – High Potency</b>						
G	atorvastatin	11/01/12	*Doses > 40mg/day require PA	B	Flolipid sus*	09/01/17
B	Crestor	01/01/14		B	Lipitor	11/01/12
G	simvastatin*	09/28/09		G	rosuvastatin	05/15/16
				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

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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
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
<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>						
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
<b>Angiotensin Receptor Blocker (ARB) + Thiazide Combinations</b>						
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
<b>Angiotensin Receptor Blocker (ARB) Combinations - Other</b>						
G	amlodipine/olmesartan	08/01/17	<a href="#">*Clinical PA required</a>	G	amlodipine/valsartan HCT <sup>†</sup>	03/01/16
G	amlodipine/olmesartan HCT	08/01/17		G	amlodipine/valsartan <sup>†</sup>	10/08/14
B	Exforge HCT <sup>†</sup>	09/28/09		G	Azor	08/01/17
B	Exforge <sup>†</sup>	09/28/09		B	Byvalson	09/01/16
			<a href="#">†Brand Preferred over Generic. Refer to BOG Reference</a>	B	Entresto*	11/01/15
				B	Tribenzor	08/01/17
				BG	Twynsta (telmisartan/amlodipine)	01/01/12

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# Utah Medicaid Preferred Drug List

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<b>Beta-Adrenergic Blocking Agents - Cardio Selective</b>						
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
<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
				B	Dyrenium	07/01/17
				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	†Brand Preferred over Generic. Refer to BOG Reference	B	Brilinta	01/01/13
B	Persantine	06/01/12		G	clopidogrel 300mg	01/01/14
				G	dipyridamole	06/01/12
				BG	Effient (prasugrel)†	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	clopidogrel/ASA pack	10/01/17				
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 Hetlioz	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.</a> <a href="#">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 Cotempla XR-ODT	09/01/17
B Vyvanse cap	07/01/16		B Daytrana	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 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 Zenedi	07/01/16	

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<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	Briviact	10/01/16
G	carbamazepine ER	08/01/17		G	carbamazepine (Epiol) 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	Lyrca	10/01/16		BG	Gabitril (tiagabine)	10/01/16
G	oxcarbazepine tab	10/01/16		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 <sup>†</sup>	10/01/16
B	Tegretol tab, sol	01/01/17		G	lamotrigine ODT <sup>†</sup> , 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 (vigabatrin) <sup>†</sup>	09/01/17	
			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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# Utah Medicaid Preferred Drug List

Effective October 1, 2017

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<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 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	Fazacllo (clozapine ODT) <sup>†</sup>	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	
<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>	BG	Brisdelle (paroxetine 7.5mg) <sup>†</sup>	10/01/17
G	duloxetine	10/01/16		B	Celexa	10/01/16
G	escitalopram	10/01/16		G	citalopram sol	10/01/16
G	fluoxetine cap	10/01/16		B	Cymbalta	10/01/16
G	fluoxetine sol	10/01/16		B	Effexor XR	10/01/16
G	paroxetine	10/01/16		B	Fetzima	10/01/16
G	sertraline	10/01/16		G	fluoxetine tab	10/01/16
G	venlafaxine ER cap	10/01/16		G	fluvoxamine, ER	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) <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	Zoloft	10/01/16	
			BG	Zoloft (sertraline) con	10/01/16	

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# Utah Medicaid Preferred Drug List

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Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Antidepressants - Miscellaneous</b>						
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	Olepto	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	
<b>Anxiolytic Benzodiazepines</b>						
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
<b>Miscellaneous Mood Stabilizers</b>						
G	atomoxetine	10/01/17	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	lithium tab (non-ER)	10/01/16
G	lithium cap	10/01/16		B	Lithobid CR tab	08/01/17
G	lithium ER tab	08/01/17		B	Strattera	10/01/17
G	lithium sol	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	Contraceptives may be filled for up to a 3-month supply	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	elimest	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	ethynodiol/ethinyl estradiol	10/01/17		G	junel 1.5/30	03/15/16
G	falmina	01/01/13		G	junel 24 FE 1/20	01/01/16
G	gildess 1/20	01/01/14		G	larin 1/20, 1.5/30	01/01/16
G	gildess FE 1/20, 1.5/30	01/01/16		G	larin 24 FE 1/20	01/01/16
G	juleber	05/15/16		G	larin FE 1.5/30	03/15/16
G	junel 1/20	01/01/17		G	layolis FE chw	01/01/16
G	junel FE 1/20, 1.5/30	01/01/16		B	Loestrin	01/01/16
G	kelnor	01/01/13		G	lomedina 24 FE	01/01/16
G	kurvelo	01/01/14		G	loryna	10/01/14
G	larin FE 1/20	01/01/16		G	melodetta 24 chw	10/01/17
G	larissia	09/01/17		G	mibelas 24 chw	04/01/17
G	lessina	10/01/11		G	microgestin 1/20, 1.5/30	01/01/12
G	levonorgestrel/ethinyl estradiol	01/01/16		BG	Minastrin 24 FE chw	01/01/14
G	levora	03/15/16		G	nikki	08/04/14
G	lillow	09/01/17		G	norethindrone/ethinyl estradiol FE chw	01/01/16
G	low-ogestrel	10/01/11		B	Norinyl 1/50	09/01/16
G	lutera	10/01/11		G	ocella	01/01/13
G	marlissa	01/01/13		B	Ogestrel	01/01/13
G	microgestin FE	03/15/16	B	Ortho-Cyclen	01/01/13	
B	Modicon	01/01/12	B	Ovcon-35	10/01/11	
G	mono-linyah	04/01/13	G	philith	01/01/13	
G	mononessa	03/15/16	G	rajani	08/01/17	
G	necon	11/15/11	B	Safyral	08/01/17	
G	norethindrone/ethinyl estradiol	01/01/16	G	syeda	10/01/11	
G	norethindrone/ethinyl estradiol FE	03/15/16	B	Taytulla	10/01/16	
G	norgestimate/ethinyl estradiol	01/01/13	G	vestura	01/01/13	
B	Norinyl 1/35	01/01/17	G	vyfemla	01/01/16	
G	nortrel	11/15/11	G	wymzya	01/01/13	
G	orsythia	01/01/13	B	Yasmin	01/01/16	
B	Ortho-Novum	10/01/11	B	Yaz	01/01/16	

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# Utah Medicaid Preferred Drug List

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G	pirmella	07/08/13		G	zarah	11/15/11
G	portia	01/01/12		G	zenchent	01/01/13
G	previfem	01/01/13				
G	reclipsen	01/01/14				
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	Contraceptives may be filled for up to a 3-month supply	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	pimtra	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	Contraceptives may be filled for up to a 3-month supply	G	aranelle	10/01/11
G	cyclafem 7/7/7	01/01/13		G	caziant	09/01/17
G	dasetta 7/7/7	01/01/13		B	Cyclessa	01/01/16
G	enpresse	01/01/11		B	Estrostep FE	01/01/16
G	levonest	01/01/13		G	leena	01/01/11
G	levonorgestrel/ethinyl estradiol	03/15/16		B	Ortho Tri-Cyclen	01/01/16
G	myzilra	01/01/13		G	tilia FE	01/01/11
B	Natazia	01/01/16		G	tri-legest FE	01/01/11
G	necon 7/7/7	11/15/11		B	Tri-Norinyl	01/01/17
G	norgestimate/ethinyl estradiol	01/01/16		G	velivet	09/01/17
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				

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<b>Extended Cycle</b>				
G jolessa	01/01/16	Contraceptives may be filled for up to a 3-month supply	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 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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<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  †Brand Preferred over Generic. <a href="#">Refer to BOG Reference</a>	B Aczone	04/01/12
B Benzacilin	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 <sup>†</sup>	08/01/17
B Ziana <sup>†</sup>	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	
<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 lot	05/15/16		B Finacea foam	10/01/15
G SS/sulfur sus, liq, emul	12/01/16		B Klaron lot	05/15/16
			B Mirvaso	10/01/15
			B Ovace	01/01/12
			G SS/sulfur foam, crm	12/01/16
			B Sumadan XLT Kit	10/01/17
			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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<b>Antifungals</b>						
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	
<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	
			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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# Utah Medicaid Preferred Drug List

Effective October 1, 2017

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<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		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
			BG Topicort (desoximetasone) 0.25%	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	10/01/13
G betamethasone val foam	10/01/17		G clocortolone crm	01/01/14
G fluocinolone 0.025% crm, oint	10/01/13		B Cloderm crm 0.1%	10/01/13
G fluticasone lot, oint	10/01/13		B Cutivate 0.05% crm, lot	10/01/13
B Kenalog spray	10/01/13		BG Dermatop (prednicarbate)	01/01/15
G mometasone 0.1% crm, sol	10/01/13		B Elocon 0.1% crm, lot	01/01/16
B Pandel crm 0.1%	10/01/13		G fluticasone crm	10/01/13
G triamcinolone 0.1% oint, crm, lot	10/01/13		G fluticasone lot	01/01/16
			G HC val 0.2% crm, oint	01/01/16
			B Luxiq	10/01/17
			B Synalar 0.025% crm, oint	10/01/13
			BG Topicort (desoximetasone) 0.05%	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 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			
<b>Steroid/Antifungal Combinations</b>				
G clotrimazole/betamethasone	1/1/2017		G iodoquinol/HC	10/01/17
			B Lotrisone	01/01/13
			G nystatin/triamcinolone	01/01/17

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<b>Immunomodulating Agents</b>				
B Elidel	01/01/15	<a href="#">Class requires Clinical PA</a>	BG Protopic (tacrolimus) oint	09/01/16
<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
			BG Lidotral (lidocaine 3.88% crm)*	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. <a href="#">Refer to BOG Reference</a>	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>				
<b>Abbott Products*</b>	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 Test Strips*	01/01/11			
B Precision Test Strips*	01/01/11			
<b>Ascensia Products**</b>	09/28/09			
B Breeze 2 Test Strips**	09/28/09			
B Contour Test Strips**	09/28/09			
<b>Lancets and lancing devices</b>				
B Accu-Check Fastclix products	07/01/17			
B Accu-Check Softclix products	07/01/17			
B Fora lancets	07/01/17			

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<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>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	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			
		<a href="#">†Brand (Vagifem) Required over Generic (yuvafem). Refer to BOG Reference</a>			
<b>Gastrointestinal (GI)</b>					
<b>Antiemetics</b>					
<b>Anticholinergics</b>					
G	meclizine	11/01/16	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
			BG	Transderm-SC dis (scopolamine)	06/01/16
			G	trimethobenzamide cap	01/01/15

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Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<b>Miscellaneous newer classes</b>						
G	ondansetron inj	01/01/13	<a href="#">*Clinical PA required</a>	B	Akynzeo	10/15/15
G	ondansetron ODT**	01/01/13	**Coverage is for children under 12. For all other patients, a prior authorization is required.	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	Poly-Prep kit	10/01/17
B	Moviprep	01/01/16		B	Prepopik	01/01/16
B	Nulytely	01/01/16		B	Suclear	01/01/16
				B	Suprep	01/01/16
<b>PAMORAs</b>						
B	Movantik*	04/01/16	<a href="#">*Clinical PA required</a>	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
				BG	Lialda (mesalamine 1.2g)	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	<a href="#">†Brand Required over Generic. Refer to BOG Reference</a>	B	Auryxia	10/15/15
B	Eliphos	07/01/14		BG	Fosrenol (lanthanum) <sup>†</sup>	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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Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<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
<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		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 Protonix tab 20, 40mg	09/28/09
			G rabeprazole	11/13/13
			B Yosprala	10/01/16
			BG Zegerid (omeprazole/bicarb)**	01/01/14
<b>Gout</b>				
<b>Acute</b>				
G colchicine cap	07/01/17	<a href="#">Class requires Clinical PA</a>	G colchicine tab	07/01/17
			B Colcrys	07/01/17
			B Mitigare	07/01/17
			G probenecid/colchicine	07/01/17
<b>Chronic</b>				
G allopurinol	07/01/17	<a href="#">*Clinical PA required</a>	B Duzallo	10/01/17
G probenecid	07/01/17		B Uloric*	07/01/17
			B Zurampic	07/01/17
			B Zylprim	07/01/17
<b>Growth Hormone</b>				
B Genotropin	10/01/10	<a href="#">Class requires Clinical PA</a>	B Humatrope	01/01/15
B Norditropin	01/01/14		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

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<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
				G	eletriptan	09/01/17
				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

<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

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<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	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	chlorzoxazone 250mg	10/01/17
				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

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<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 lolidine	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
			G moxifloxacin	08/01/17
			B Ocuflox	06/01/12
			G ofloxacin	06/01/12
			B Zymaxid	06/01/12

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<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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# Utah Medicaid Preferred Drug List

Effective October 1, 2017

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
<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
				BG	prednisolone/moxifloxacin/ketorolac	10/01/17
				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		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

<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	<a href="#">Class requires Clinical PA</a>	B	Adcirca	01/01/14
				B	Revatio	09/01/13



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<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	Velettri	06/01/12
				B	Ventavis	01/01/14
<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	Seebri Neohaler	09/01/17
B	Spiriva Handihaler	01/01/11		B	Spiriva Respimat	01/01/17
				B	Tudorza Pressair	01/01/13
<b>Short Acting Beta Agonists (SABA)</b>						
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				
<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

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†=BOG  
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# Utah Medicaid Preferred Drug List

Effective October 1, 2017

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
<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 Armonair	09/01/17
G ipratropium/albuterol	01/01/14		B Combivent, Respimat	04/01/13
B Symbicort	01/01/13			
<b>LABA/LAMA Combinations</b>				
B Anoro Ellipta	09/01/17		B Bevespi	08/01/16
			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