# Utah Medicaid Preferred Drug List

**Effective November 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 | | 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† | 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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| | | | **Opioids** | | | |
| | | | **Short Acting** | | | |
| B | Actiq* | 01/01/15 | Class quantity limits apply | B | Abstral* | 01/01/15 |
| G | codeine | 01/01/15 | *Metastatic 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 | Butrans*† (except 7.5mcg/hr) | 10/01/17 | *Clinical PA required | B | Arymo ER | 04/01/17 |
| B | Embeda | 01/01/17 | Class quantity limits apply | 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 | **Metastatic cancer diagnosis only. | 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 | †Brand Preferred over Generic. Refer to BOG Reference | 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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| | **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 | Class quantity limits apply | 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 | APAP = acetaminophen<br>ASA = aspirin<br>BUT = butalbital<br>CAF = caffeine<br>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 Use Disorder Treatments** | | | | | |
| B | Suboxone | 01/01/12 | Clinical PA required | B | Bunavail | 01/01/15 |
| | | | | G | buprenorphine | 06/01/17 |
| | | | Class quantity limits apply | 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. | BG | Tobi (tobramycin) neb | 01/01/16 |
| B | Kitabis Pak neb | 01/01/16 | | | | |
| B | Tobi Podhaler cap* | 01/15/16 | | | | |
| **Oral and Injectable** | | | | | | |
| All products in this class are preferred with generic preferred over brand where applicable. | | | | | | |
| **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 | 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 |
| **Anticoagulants** | | | | | | |
| **Oral** | | | | | | |
| 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 |
| **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 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 | | | | |
| **Intermediate Acting** | | | | | | |
| B | Humulin-N/Novolin-N (vial, pen) | 09/28/09 | Class quantity limits apply | | | |
| **Long Acting** | | | | | | |
| 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 |
| **Mixtures** | | | | | | |
| 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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|---|---|---|---|---|---|---|
| | | | **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 | | BG | Duetact (pioglitazone/glimepiride) | 10/01/17 |
| | | | | G | glipizide/metformin | 07/01/14 |
| | | | | B | Glucovance | 07/01/14 |
| | | | **GLP-1 Agonists** | | | |
| 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 |
| | | | **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 | †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 | | | | |
| | | | **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 | †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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| **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<br>*Clinical PA required | 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 |
| | | | | 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 |
| **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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# Utah Medicaid Preferred Drug List

**Effective November 1, 2017**

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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 10/11/2017 | 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 | Norvir | 01/01/16 | | B | Aptivus | 01/01/16 |
| B | Prezista | 01/01/16 | | B | Crixivan | 01/01/16 |
| B | Reyataz | 01/01/16 | | B | Invirase | 01/01/16 |
| | | | | BG | Lexiva (fosamprenavir) | 01/01/16 |
| | | | | B | Viracept | 01/01/16 |
| **Combination Products*** | | | | | | |
| G | abacavir/lamivudine | 07/01/17 | *See NIH Guidelines for recommendations accessed 10/11/2017 | 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 | 01/01/17 | | 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 | | | | |
| **Hepatitis C** | | | | | | |
| **Direct Acting Antivirals (DAAs)** | | | | | | |
| 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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| | **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 | Gonitro powder | 11/01/17 |
| G | isosorbide mononitrate SR | 01/01/16 | | B | Isordil | 01/01/16 |
| B | Minitran patch | 01/01/16 | | G | isosorbide dinitrate SL,CR | 01/01/16 |
| G | nitroglycerin CR | 01/01/16 | | B | Nitro-Bid oint | 01/01/16 |
| B | Nitrostat (nitroglycerin SL) | 11/01/17 | | B | Nitro-Dur patch | 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 | | 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 | 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 |
| | **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 | *Only the following strengths of fenofibrate are preferred: 48mg, 50mg, 54mg, 145mg, 150mg, 160mg | 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 (fenofibrate)* | 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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**Effective November 1, 2017**

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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 |
| | | | | G | acebutolol | 08/01/17 |
| | | | | B | Tenormin | 09/28/09 |
| | | | | B | Toprol XL | 10/15/15 |
| **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 | 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 |
| | | | | BG | Edecrin (ethacrynic acid) | 11/01/17 |
| | | | | 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 | CaroSpir | 11/01/17 |
| | | | | 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 | †Brand Preferred over Generic. Refer to BOG Reference | B | Brilinta | 01/01/13 |
| | | | | 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 |
| | | | **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 | clopidogrel/ASA pack | 10/01/17 | | | | |
| 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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†=BOG

# Utah Medicaid Preferred Drug List

**Effective November 1, 2017**

| | Preferred Drugs | Date | Comments | | Non Preferred Drugs | Date |
|---|---|---|---|---|---|---|
| | **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 | 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 |
| | **Barbiturates, Miscellanous** | | | | | |
| G | phenobarb 15, 30, 60, 100mg | 06/01/13 | | B | Butisol | 11/01/17 |
| G | phenobarb elixir | 06/01/13 | | G | phenobarb 16.2, 32.4, 64.8, 97.2mg | 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. | B | Adderall | 07/01/16 |
| B | Concerta | 01/01/17 | | BG | Adderall XR† | 07/01/16 |
| B | Focalin tab | 07/01/16 | | B | Adzenys XR | 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)† | 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 |
| | | | †Brand Required over Generic. Refer to BOG Reference | 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 tab | 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 (vigabatrin)† | 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 November 1, 2017**

| | Preferred Drugs | Date | Comments | | Non Preferred Drugs | Date |
|---|---|---|---|---|---|---|
| | **Atypical Antipsychotics** | | | | | |
| B | Abilify Maintena | 10/01/16 | A prescriber may override a non-preferred prior authorization when both the brand and generic versions of a drug are non-preferred by writing "Dispense As Written" on the prescription. The pharmacy must submit a DAW Code = '1' on the claim. Only one version of the drug will be available using the DAW Code = '1' and the generic version of the drug will be required unless otherwise indicated.<br><br>*Bill J-Code<br><br>†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 |
| B | Invega Sustenna | 11/01/17 | | B | Fanapt | 10/01/16 |
| G | olanzapine | 10/01/16 | | BG | Fazaclo (clozapine ODT)† | 10/01/16 |
| G | quetiapine ( ≥ 100mg tab) | 10/01/16 | | BG | Geodon (ziprasidone) | 10/01/16 |
| G | risperidone tab | 10/01/16 | | BG | Invega (paliperidone) | 10/01/16 |
| | | | | B | Invega 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.<br><br>*Quantity limits apply<br><br>†Brand Preferred over Generic. Refer to BOG Reference | BG | Brisdelle (paroxetine 7.5mg)† | 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 | | G | duloxetine 40mg | 10/01/16 |
| G | paroxetine | 10/01/16 | | B | Effexor XR | 10/01/16 |
| G | sertraline | 10/01/16 | | B | Fetzima | 10/01/16 |
| G | venlafaxine ER cap | 10/01/16 | | G | fluoxetine tab | 10/01/16 |
| | | | | G | fluvoxamine, ER | 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 ER tab | 10/01/16 |
| | | | | G | venlafaxine tab (non-ER) | 10/01/16 |
| | | | | B | Zoloft | 10/01/16 |
| | | | | BG | Zoloft (sertraline) con | 10/01/16 |

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# Utah Medicaid Preferred Drug List

**Effective November 1, 2017**

| | 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 | 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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# Utah Medicaid Preferred Drug List

**Effective November 1, 2017**

## Contraceptives

### Oral

#### Low Dose and Mono-phasic

| | Preferred Drugs | Date | Comments | | Non Preferred Drugs | Date |
|---|---|---|---|---|---|---|
| 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 | 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 | 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 | lomedia 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 Micronor | 11/01/17 |
| B | Modicon | 01/01/12 | | B | Ortho-Cyclen | 01/01/13 |
| G | mono-linyah | 04/01/13 | | B | Ovcon-35 | 10/01/11 |
| G | mononessa | 03/15/16 | | G | philith | 01/01/13 |
| G | necon | 11/15/11 | | G | rajani | 08/01/17 |
| G | norethindrone/ethinyl estradiol | 01/01/16 | | B | Safyral | 08/01/17 |
| G | norethindrone/ethinyl estradiol FE | 03/15/16 | | G | syeda | 10/01/11 |
| G | norgestimate/ethinyl estradiol | 01/01/13 | | B | Taytulla | 10/01/16 |
| B | Norinyl 1/35 | 01/01/17 | | G | vestura | 01/01/13 |
| G | nortrel | 11/15/11 | | G | vyfemla | 01/01/16 |
| G | orsythia | 01/01/13 | | G | wymzya | 01/01/13 |
| B | Ortho-Novum | 10/01/11 | | B | Yasmin | 01/01/16 |

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|---|---|---|---|---|---|---|
| G | pirmella | 07/08/13 | | B | Yaz | 01/01/16 |
| G | portia | 01/01/12 | | G | zarah | 11/15/11 |
| G | previfem | 01/01/13 | | G | zenchent | 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 | | | | |
| | **Bi-phasic** | | | | | |
| 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 | pimtrea | 01/01/16 |
| | | | | G | viorele (generic of Mircette) | 01/01/13 |
| | **Tri-phasic/Multi-phasic** | | | | | |
| 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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|---|---|---|---|---|---|---|
| | | | **Extended Cycle** | | | |
| 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 |
| | | | **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 | option 2 | 11/01/17 |
| | | | | 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 | Kevzara | 11/01/17 |
| | | | | 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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**Effective November 1, 2017**

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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<br>BP=Benzoyl Peroxide<br><br>†Brand Preferred over Generic. Refer to BOG Reference | BG | Aczone (dapsone) gel† | 11/01/17 |
| 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 | Avita | 01/01/14 | Class Clinical PA required for acne treatment in patients over 20<br><br>†Brand Preferred over Generic. Refer to BOG Reference<br><br>*Clinical PA required | G | adapalene† | 01/01/14 |
| B | Differin† | 01/01/14 | | B | Atralin | 11/01/17 |
| B | Retin-A crm* | 01/01/14 | | B | Fabior | 01/01/14 |
| B | Retin-A gel* | 01/01/14 | | B | Retin-A Micro* | 08/01/11 |
| B | Tazorac† | 01/01/14 | | G | tazarotene† | 05/01/17 |
| | | | | G | tretinoin crm, gel* | 01/01/14 |
| **Miscellaneous (topical)** | | | | | | |
| B | Azelex | 01/01/14 | Class Clinical PA required for acne treatment in patients over 20<br><br>For NP combination products, bill for preferred separate ingredient products.<br><br>BP=Benzoyl Peroxide<br>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 |
| **Oral** | | | | | | |
| G | claravis, 10, 20, 40mg | 08/01/11 | Class Clinical PA required for acne treatment in patients over 20 | B | Absorica | 01/01/14 |
| G | myorisan | 01/01/14 | | G | amnesteem | 08/01/11 |
| | | | | G | claravis 30 mg | 01/01/14 |
| | | | | G | zenatane | 08/11/11 |

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|---|---|---|---|---|---|---|
| | | | **Antifungals** | | | |
| G | 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 |
| | | | | 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 |
| | | | | BG | Psorcon (diflorasone) | 11/01/17 |
| | | | | 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 | | 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 |
| | | | **Midstrength** | | | |
| 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 |
| | | | **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 | | G | iodoquinol/HC | 10/01/17 |
| | | | | B | Lotrisone | 01/01/13 |
| | | | | G | nystatin/triamcinolone | 01/01/17 |

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|---|---|---|---|---|---|---|
| | **Immunomodulating Agents** | | | | | |
| B | Elidel | 01/01/15 | Class requires Clinical PA | BG | Protopic (tacrolimus) oint | 09/01/16 |
| | **Local Anesthetic Agents** | | | | | |
| G | lidocaine HC rectal crm 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 | VP GKL crm kit* | 11/01/17 |
| | | | | 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 | BG | All other diabetic test strips*** | 01/01/11 |
| B | Freestyle Test Strips* | 01/01/11 | *Abbott meters, use: RxBIN: 610020 Group number: 99992432 ID: ERXUTMED Free For Medicaid. | | | |
| 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 | **Ascensia meters, use: RxBIN: 015251 PCN: PRX2000 Group number: MGDCARE ID: CNMC7246982 Expiration: 3/31/2018 | | | |
| | | | | | | |
| | **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 | Diabetic test supplies are not covered for Nursing Home clients. ***Bill through DME | | | |

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|---|---|---|---|---|---|---|
| **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 | | B | Femring | 11/01/17 |
| B | Vagifem† | 01/01/17 | | G | yuvafem† | 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 |
| | | | | BG | Transderm-SC dis (scopolamine) | 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 | 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 |
| | **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 | 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 |
| | **PAMORAs** | | | | | |
| B | Movantik* | 04/01/16 | *Clinical PA required | B | Relistor* | 04/01/16 |
| | | | | B | Symproic* | 11/01/17 |
| | **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 | †Brand Required over Generic. Refer to BOG Reference | B | Auryxia | 10/15/15 |
| B | Eliphos | 07/01/14 | | BG | Fosrenol (lanthanum)† | 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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# Utah Medicaid Preferred Drug List

**Effective November 1, 2017**

| | Preferred Drugs | Date | Comments | | Non Preferred Drugs | Date |
|---|---|---|---|---|---|---|
| | | | **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 | B | Aciphex | 01/01/16 |
| G | omeprazole cap 20mg, 40mg** | 01/01/13 | | B | Dexilant | 01/01/16 |
| G | pantoprazole | 01/01/13 | *Coverage is for children under 12. | G | esomeprazole | 03/01/15 |
| B | Protonix susp packet* | 01/01/13 | For patients with G, J tubes a prior authorization is required. | B | Nexium susp | 01/01/14 |
| | | | | B | omeprazole 10mg tab | 01/01/13 |
| | | | **Rx only | 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 |
| | **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 | Duzallo | 10/01/17 |
| G | probenecid | 07/01/17 | | B | Uloric* | 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 |
| | | | | 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 |
| | **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 | glatiramer | 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 | 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 |
| | **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 |
| | | | | 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 |

## 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 | Seebri Neohaler | 09/01/17 |
| B | Spiriva Handihaler | 01/01/11 | | B | Spiriva Respimat | 01/01/17 |
| | | | | 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 | Armonair | 09/01/17 |
| B | Qvar | 09/28/09 | | B | Arnuity Ellipta | 01/01/15 |
| | | | | 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 |

B = Brand
G= Generic
O= Over The Counter

Drugs not listed are covered via regular pharmacy provider manual policy.
Non-preferred Drugs require a Prior Authorization effective 5/15/2009.

†=BOG

# Utah Medicaid Preferred Drug List

**Effective November 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 | Combivent, Respimat | 04/01/13 |
| G | ipratropium/albuterol | 01/01/14 | | | | |
| B | Symbicort | 01/01/13 | | | | |
| | **LABA/LAMA Combinations** | | | | | |
| B | Anoro Ellipta | 09/01/17 | | B | Bevespi | 09/01/17 |
| | | | | B | Stiolto Respimat | 09/01/17 |
| | | | | B | Trelegy Ellipta | 11/01/17 |
| | | | | B | Utibron | 09/01/17 |

## 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 |

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