

Utah Medicaid Preferred Drug List

Effective March 1, 2018

	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Allergenic Extracts						
Allergen Immunotherapy						
B	Grastek*	01/01/15	*Clinical PA required			
B	Ragwitek*	01/01/15				
Analgesics						
Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)						
COX-2 Inhibitors						
G	Celecoxib	09/15/15		B	Celebrex	09/15/15
Non-Selective						
G	diclofenac potassium	07/01/12	*OTC not covered	B	Advil	01/01/16
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	**Clinical PA required	G	diclofenac sodium DR 25mg	01/01/13
B	Flector patch	01/01/18		G	diclofenac sol	05/30/14
G	flurbiprofen	01/01/12		G	diclofenex DC	10/01/17
G	ibuprofen	09/28/09		B	DicloPR kit**	01/01/18
B	Indocin susp	01/01/12		B	EC-Naprosyn	01/01/14
G	indomethacin [not CR]	01/01/12		G	etodolac 300mg	05/30/14
G	ketoprofen	01/01/12		G	etodolac ER	05/30/14
G	ketorolac tab	09/28/09		BG	Feldene (piroxicam)	01/01/13
G	meloxicam tab	09/28/09		G	ibuprofen crm 10%	04/30/13
G	nabumetone	09/28/09		G	indomethacin CR	01/01/12
G	naproxen sodium*	01/01/18		G	ketoprofen ER	01/01/12
G	naproxen tab, EC, susp	09/28/09		B	Lodine	08/01/17
B	Pennsaid	01/01/18		G	meclofenamate	01/01/13
G	sulindac	01/01/12		G	meloxicam susp	01/01/13
B	Voltaren gel†	04/01/12		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
				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 *Metastatic cancer diagnosis only. † Brand Preferred over Generic. Refer to BOG Reference	B Abstral*	01/01/15
G codeine	01/01/15		BG Demerol (meperidine)	01/01/15
B Dilaudid liq	01/01/15		B Dilaudid	01/01/15
B Fentora*	01/01/15		G fentanyl loz*†	01/01/15
G hydromorphone	01/01/15		B Ionsys*	10/15/15
G morphine tab, sol	01/01/15		B Lazanda*	01/01/15
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 Class quantity limits apply **Metastatic cancer diagnosis only. † Brand Preferred over Generic. Refer to BOG Reference	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	
		BG OxyContin (oxycodone ER)†	01/01/18	
		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 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	
Opioid Use Disorder Treatments						
G	naltrexone tab	12/01/17	Clinical PA required Class quantity limits apply *Must be dispensed to provider, not patient.	B	Bunavail	01/01/15
B	Suboxone [†]	01/01/12		G	buprenorphine	06/01/17
B	Vivitrol*	01/01/18		G	buprenorphine/naloxone [†]	01/01/15
				B	Sublocade*	01/01/18
				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 *Clinical PA required	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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Antibiotics						
Aminoglycosides						
Inhaled for CF						
B	Bethkis neb	01/01/15	BG	Tobi (tobramycin) neb	01/01/16	
B	Kitabis Pak neb	01/01/16	B	Tobi Podhaler cap	01/01/18	
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 60,80,100,120,150,300	01/01/18	BG	Arixtra (fondaparinux)	01/01/13	
B	Lovenox 30,40 [†]	01/01/18	G	enoxaparin 30,40 [†]	01/01/18	
			B	Fragmin	01/01/18	
			B	Lovenox 60,80,100,120,150,300	01/01/18	
Antidiabetics						
Insulin						
Rapid Acting						
B	Apidra, Solostar [vial, pen]	01/01/17	Class quantity limits apply	B	Admelog	02/01/18
B	Humalog [vial, pen]	09/28/09		B	Afrezza	07/01/17
B	Novolog [vial, pen]	02/01/10		B	Fiasp	02/01/18
				B	Humulin-R/Novolin-R [vial, pen]	01/01/17
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	Humulin 70/30 kwikpen	01/01/18
B	Humalog 75/25	09/28/09		B	Soliqua	07/01/17
B	Humulin 70/30 vials	01/01/18		B	Xultophy	04/01/17
B	Novolin 70/30	01/01/18				
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	Bydureon	01/01/18		B	Adlyxin	09/01/17
B	Tanzeum	01/01/16		B	Byetta	01/01/16
B	Trulicity	01/01/18		B	Ozempic	01/01/18
B	Victoza	01/01/14				
DPP- 4 Inhibitors						
B	Januvia	09/28/09		BG	Nesina (alogliptin)	04/01/16
B	Onglyza	01/01/18				
B	Tradjenta	11/01/16				
DPP- 4 Inhibitor Combinations						
G	alogliptin/metformin	02/01/18	†Brand Preferred over Generic. Refer to BOG Reference	BG	alogliptin/pioglitazone†	04/01/16
B	Janumet	09/28/09		B	Glyxambi	02/11/15
B	Janumet XR	11/01/16		B	Jentadueto XR	11/01/16
B	Jentadueto	11/01/16		B	Kazano	02/01/18
B	Kombiglyze	10/01/17				
B	Oseni†	12/01/17				
SGLT-2 Inhibitors						
B	Farxiga	01/01/18		B	Invokana	01/01/18
				B	Jardiance	01/01/16
				B	Steglatro	02/01/18
SGLT-2 Inhibitor Combinations						
B	Synjardy, XR	01/01/18		B	Invokamet, XR	01/01/18
B	Xigduo XR	01/01/18		B	Qtern	12/01/17
				B	Segluromet	03/01/18
				B	Steglujan	02/01/18
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		G	griseofulvin tab	10/01/11
G	ketoconazole	01/15/12		B	Gris-PEG	10/01/11
G	nystatin	10/01/11		B	Lamisil	10/01/11
G	terbinafine	10/01/11		B	Noxafil	10/01/11
G	voriconazole	10/01/15		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 Syrup	07/01/14	BG	carbinoxamine	07/01/14	
G	chlorpheniramine	01/01/18	BG	clemastine	07/01/14	
G	cyproheptadine	07/01/14	B	ED Chlorped liq	07/01/14	
BG	diphenhydramine	07/01/14	BG	Vanahist (triprolidine)	12/01/17	
BG	doxylamine	02/15/16	B	Vistaril	07/01/14	
G	ED-Chlortan	07/01/14				
G	hydroxyzine HCl, pamoate	07/01/14				
2nd Generation						
G	cetirizine tab, sol	01/01/18	G	cetirizine chw	01/01/18	
G	loratadine	07/01/14	BG	Clarinet (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		G	metronidazole 375mg	01/01/15
G	tinidazole	05/15/16		B	Nebupent	01/01/15
				G	paromomycin	01/01/15
				B	Pentam	01/01/15
			B	Solosec	02/01/18	
			B	Tindamax	05/15/16	
Antimalarials						
G	atovoquone/proguanil	12/01/17	*Clinical PA required	B	Coartem	01/01/16
G	chloroquine	01/01/16		B	Daraprim	01/01/16
G	hydroxychloroquine	01/01/18		B	Malarone	12/01/17
B	Primaquine	01/01/16		G	mefloquine	01/01/16
				B	Plaquenil	01/01/18
				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		B	Gynazole-1	10/01/11
G	clotrimazole 3%*	01/01/18		B	Metrogel vaginal gel	09/01/16
G	metronidazole vaginal gel	04/18/13		G	miconazole 1-3 kit	10/01/11
G	miconazole 4% crm	01/01/13		B	Monistat 7	10/01/11
G	miconazole 7%*	10/01/11		B	Nuversa	03/06/15
G	Vandazole	01/01/13		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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Antiparkinson Agents						
COMT Inhibitors & Combinations						
G	amantadine	06/01/13		G	carbidopa/levodopa ODT	10/01/09
G	carbidopa/levodopa, ER	01/01/14		G	carbidopa/levodopa/entacapone	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, XL	10/01/09
				G	ropinirole ER	10/01/09
Antivirals						
Anti-Influenza						
Oral						
G	amantadine	01/01/14	†Brand Preferred over Generic. Refer to BOG Reference	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
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	Vitekta	01/01/18
B	Tivicay	07/01/17				
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)						
B	Edurant	07/01/17	†Brand Preferred over Generic. Refer to BOG Reference	G	efavirenz†	01/01/18
B	Intelence	07/01/17		B	Rescriptor	07/01/17
G	nevirapine	07/01/17		B	Viramune	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 11/27/2017	B	Epivir	07/01/17
B	Emtriva	07/01/17		B	Retrovir	07/01/17
G	lamivudine	07/01/17	†Brand Preferred over Generic. Refer to BOG Reference	G	tenofovir disoproxil†	01/01/18
B	Viread†	07/01/17		BG	Videx (didanosine)	07/01/17
G	zidovudine	07/01/17		BG	Zerit (stavudine)	07/01/17
				B	Ziagen	07/01/17

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Protease Inhibitors							
B	Norvir	01/01/16	†Brand Preferred over Generic. Refer to BOG Reference	B	Aptivus	01/01/16	
B	Prezista	01/01/16		G	atazanavir†	01/01/18	
B	Reyataz†	01/01/16		B	Crixivan	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 11/27/2017	B	Combivir	07/01/17	
B	Atripla	07/01/17		B	Complera	07/01/17	
B	Biktarvy	03/01/18		B	Epzicom	07/01/17	
B	Descovy	07/01/17		B	Juluca	12/01/17	
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	Epclusa	10/01/17		Class requires Clinical PA	B	Daklinza	01/01/18
B	Harvoni	01/01/15	B		Olysio	09/01/17	
B	Mavyret	09/01/17	B		Sovaldi	01/01/18	
B	Technivie	01/01/16	B		Viekira Pak, Viekira XR	01/01/18	
B	Zepatier	04/01/16	B		Vosevi	08/01/17	
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	Prevymis	01/01/18	
				B	Sitavig	03/01/16	
				BG	Valcyte (valganciclovir)	06/01/13	
				B	Valtrex	01/01/14	
				B	Zovirax	06/01/13	

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Utah Medicaid Preferred Drug List

Effective March 1, 2018

Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
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	01/01/18			
Bone Density Regulators				
Osteoporosis Agents				
G alendronate 5-35mg, 70mg	10/01/09	*Clinical PA required	BG Actonel (risedronate)	01/01/18
			G alendronate 40mg	10/01/09
			BG Atelvia (risedronate)	01/01/18
			B Binosto	01/01/13
			BG Boniva (ibandronate)	04/15/13
			G etidronate	10/01/09
			B Forteo*	03/01/16
			BG Fortical (calcitonin)	01/01/16
			B Fosamax	10/01/09
			B Fosamax-D	10/01/09
			G Miacalcin	01/01/14
			B Prolia	01/01/14
			B Tymlos	06/01/17
			B Xgeva	10/15/15
Cardiovascular				
Antianginal Agents				
G isosorbide dinitrate	01/01/16		B Dilatrate SR	01/01/16
G isosorbide mononitrate, SR	01/01/16		B Gonitro powder	11/01/17
G nitroglycerin CR	01/01/16		B Isordil	01/01/16
B nitroglycerin patch	01/01/18		G isosorbide dinitrate SL,CR	01/01/16
BG Nitrostat (nitroglycerin SL)	11/01/17		B Minitran patch	01/01/18
			B Nitro-Bid oint	01/01/16
			B Nitro-Dur patch	01/01/16
			G nitroglycerin lingual spray	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 susp*	09/01/17
B Crestor [†]	01/01/14	†Brand Preferred over Generic. Refer to BOG Reference	B Lipitor	11/01/12
G simvastatin*	09/28/09		G rosuvastatin [†]	05/15/16
			B Zocor*	01/01/13

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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
Cholesterol-Lowering Combinations						
B	Vytorin [†]	01/01/13	[†] Brand Preferred over Generic. Refer to BOG Reference	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		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
			BG	Trilipix (choline fenofibrate)*	01/01/17	
Nicotinic Acid Derivatives						
B	Niaspan [†]	09/28/09	[†] Brand Preferred over Generic. Refer to BOG Reference	G	niacin ER [†]	01/01/16
				B	Niacor	01/01/16
Miscellaneous						
G	omega-3 acid ethyl esters	11/01/16	[†] Brand Preferred over Generic. Refer to BOG Reference	G	ezetimibe [†]	01/01/17
B	Zetia [†]	09/28/09		B	Lovaza	11/01/16
				B	Vascepa	11/01/15
Antihypertensives						
Alpha/Beta-Adrenergic Blocking Agents						
G	carvedilol	09/28/09	[†] Brand Preferred over Generic. Refer to BOG Reference	B	Coreg	09/28/09
G	labetalol	09/28/09		B	Coreg CR (carvedilol ER) [†]	12/01/17
G	prazosin	10/01/11		B	Minipress	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		G	moexipril	01/01/13
G	quinapril	09/28/09		G	perindopril	01/01/14
G	ramipril	09/28/09		B	Prinivil	09/28/09
G	trandolapril	01/01/14		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)						

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Utah Medicaid Preferred Drug List

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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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	†Brand Preferred over Generic. Refer to BOG Reference	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
Beta-Adrenergic Blocking Agents - Cardio Selective						
G	atenolol tab	09/28/09	*except non-preferred strengths as noted	G	acebutolol	08/01/17
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
				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

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Utah Medicaid Preferred Drug List

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Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
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		B	Calan, SR	09/28/09
G	felodipine ER	09/28/09		BG	Cardizem LA*	03/01/16
G	isradipine	09/28/09		B	Cardizem, CD	09/28/09
G	nicardipine	09/28/09		G	nimodipine	09/28/09
G	nifedipine, ER	01/01/14		B	Norvasc	09/28/09
G	verapamil tab	09/28/09		B	Nymalize sol	07/08/13
B	Verelan PM	05/15/16		B	Procardia, XL	01/01/14
				BG	Sular (nisoldipine)	04/01/13
				B	Tiazac	03/01/16
			G	verapamil cap	01/01/14	
			B	Verelan	05/15/16	
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
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		B	Brilinta	01/01/13
				G	clopidogrel 300mg	01/01/14
				G	dipyridamole	06/01/12
				B	Durlaza	07/01/16
				BG	Effient (prasugrel)	06/01/12
				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	[†] Brand Preferred over Generic. Refer to BOG Reference	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				

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Utah Medicaid Preferred Drug List

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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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
				B	Namenda tab	02/01/16
				B	Namenda XR (memantine ER) [†]	03/01/18
				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 limits apply	G	estazolam	06/01/13
G	temazepam 15mg, 30mg	06/01/13		BG	Halcion (triazolam)	06/01/13
				G	midazolam	11/01/16
				B	Restoril	06/01/13
				G	temazepam 7.5mg, 22.5mg	06/01/13
Non Benzodiazepines, Non Barbiturates						
G	zaleplon	10/15/15	Class quantity limits 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, Miscellaneous						
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						
B	Adzenys XR-ODT, ER sus	01/01/18	A prescriber may override a non-preferred prior authorization when both the brand and generic versions of a drug are non-preferred by writing "Dispense As Written" on the prescription. The pharmacy must submit a DAW Code = '1' on the claim. Only one version of the drug will be available using the DAW Code = '1' and the generic version of the drug will be required unless otherwise indicated. [†] Brand Required over Generic. Refer to BOG Reference	B	Adderall	07/01/16
G	amphetamine/dextroamphetamine tab	07/01/16		BG	Adderall XR	07/01/16
B	Aptensio XR	01/01/18		B	Daytrana	07/01/16
B	Concerta [†]	01/01/17		BG	Desoxyn (methamphetamine) [†]	07/01/16
B	Cotempla XR-ODT	01/01/18		BG	Dexedrine (dextroamphetamine)	07/01/16
B	Dyanavel XR	01/01/18		G	dexmethylphenidate, ER [†]	07/01/16
B	Evekeo	01/01/18		BG	Metadate (methylphenidate) ER tab	07/01/16
B	Focalin, XR [†]	01/01/18		G	methylphenidate ER tab	07/01/16
G	methylphenidate	07/01/16		G	methylphenidate sol, chw	07/01/16
B	Procentra [†]	01/01/18		B	Mydayis	07/01/17
B	Quillichew ER	01/01/18		B	Ritalin	07/01/16
B	Quillivant susp	01/01/18		BG	Ritalin LA (methylphenidate ER) cap	07/01/16
B	Vyvanse	01/01/18				
B	Zenzedi	01/01/18				

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Utah Medicaid Preferred Drug List

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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. †Brand Preferred over Generic. Refer to BOG Reference	B	Banzel	10/01/16
G	carbamazepine chw	01/01/17		B	Briviact	10/01/16
G	carbamazepine ER	08/01/17		G	carbamazepine 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
B	Fycompa	01/01/18		B	Dilantin chw, 100mg cap	01/01/17
G	gabapentin	10/01/16		BG	Felbatol (felbamate)	10/01/16
B	Gabitril [†]	01/01/18		B	Keppra	10/01/16
G	lamotrigine, chw	11/01/16		B	Klonopin	01/01/17
G	levetiracetam	10/01/16		B	Lamictal	10/01/16
B	Lyrica	10/01/16		B	Lamictal ODT [†]	10/01/16
G	oxcarbazepine tab	10/01/16		G	lamotrigine ODT [†] , ER	10/01/16
B	Peganone	10/01/16		B	Lyrica CR	02/01/18
G	phenytoin	01/01/17		B	Mysoline	01/01/17
G	primidone	01/01/17		B	Neurontin	10/01/16
B	Tegretol tab, sol [†]	01/01/17		B	Onfi	10/01/16
G	topiramate, ER	10/01/16		B	Oxtellar XR	10/01/16
G	valproic acid	01/01/17	B	Phenytek	01/01/17	
B	Vimpat	10/01/16	B	Potiga	10/01/16	
G	zonisamide	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	
			G	tiagabine [†]	01/01/18	
			B	Topamax	10/01/16	
			B	Trileptal	10/01/16	
			BG	Trileptal (oxcarbazepine) susp	10/01/16	
			B	Trokendi XR	10/01/16	
			BG	Zarontin (ethosuximide)	01/01/17	
			B	Zonegran	10/01/16	

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Atypical Antipsychotics						
B	Abilify Maintena	10/01/16	A prescriber may override a non-preferred prior authorization when both the brand and generic versions of a drug are non-preferred by writing "Dispense As Written" on the prescription. The pharmacy must submit a DAW Code = '1' on the claim. Only one version of the drug will be available using the DAW Code = '1' and the generic version of the drug will be required unless otherwise indicated. *Bill J-Code †Brand Preferred over Generic. Refer to BOG Reference	B	Abilify	01/01/18
G	aripiprazole	01/01/18		B	Aristada 1064mg*	07/01/17
B	Aristada 441mg, 662mg, 882mg	10/01/16		B	Clozaril	10/01/16
G	clozapine	10/01/16		B	Fanapt	10/01/16
B	Latuda	01/01/18		BG	Fazacllo (clozapine ODT) [†]	10/01/16
G	olanzapine	10/01/16		B	Geodon	01/01/18
G	quetiapine, ER [≥ 100mg tab]	01/01/18		BG	Invega (paliperidone)	10/01/16
G	risperidone sol	01/01/18		B	Invega Sustenna	01/01/18
G	risperidone tab	10/01/16		B	Invega Trinza*	10/01/16
B	Saphris	01/01/18		G	olanzapine inj	10/01/16
B	Vraylar	01/01/18		G	quetiapine, ER tab 25mg, 50mg	10/01/16
G	ziprasidone	01/01/18		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	
			B	Seroquel, XR	10/01/16	
			B	Versacloz	10/01/16	
			B	Zyprexa	10/01/16	
			B	Zyprexa Relprevv	10/01/16	
			BG	Zyprexa Zydis (olanzapine ODT)	10/01/16	
Antidepressants - SSRI/SNRI						
G	citalopram tab	02/01/17	A prescriber may override a non-preferred prior authorization when both the brand and generic versions of a drug are non-preferred by writing "Dispense As Written" on the prescription. The pharmacy must submit a DAW Code = '1' on the claim. Only one version of the drug will be available using the DAW Code = '1' and the generic version of the drug will be required unless otherwise indicated. *Quantity limits apply †Brand Preferred over Generic. Refer to BOG Reference	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
B	Savella	01/01/18		B	Fetzima	10/01/16
G	sertraline	10/01/16		G	fluoxetine tab, weekly	01/01/18
G	venlafaxine ER cap	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 susp	10/01/16	
			B	Pexeva	10/01/16	
			BG	Pristiq (desvenlafaxine)*	08/01/17	
			B	Prozac	10/01/16	
			BG	Sarafem (fluoxetine)	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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Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
Antidepressants -TCAs						
G	amitriptyline	01/01/18	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	amitriptyline/chlordiazepoxide	01/01/18
G	doxepin	01/01/18		G	amitriptyline/perphenazine	01/01/18
G	imipramine HCl	01/01/18		G	amoxapine	01/01/18
G	nortriptyline cap	01/01/18		BG	Anafranil (clomipramine)	01/01/18
G	trimipramine	01/01/18		G	imipramine pamoate	01/01/18
				BG	Norpramin (desipramine)	01/01/18
				G	nortriptyline sol	01/01/18
				B	Pamelor	01/01/18
				G	protriptyline	01/01/18
				B	Surmontil	01/01/18
			B	Tofranil	01/01/18	
Antidepressants -MAOIs						
B	Marplan	01/01/18	<p style="text-align: center;"><u>*Clinical PA required</u></p> <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;"><u>†Brand Preferred over Generic.</u> <u>Refer to BOG Reference</u></p>	B	Emsam*	01/01/18
B	Parnate†	01/01/18		B	Nardil	01/01/18
G	phenelzine	01/01/18		G	tranylcypromine†	01/01/18
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 con, ODT	01/01/17
G	chlordiazepoxide	01/01/17		B	Ativan	01/01/17
G	diazepam	01/01/17		G	diazepam con, sol	01/01/17
G	lorazepam	01/01/17		G	lorazepam con	01/01/17
				G	oxazepam	01/01/17
				BG	Tranxene (clorazepate)	01/01/17
				B	Xanax, XR	01/01/17

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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.	B	Lithobid CR tab	08/01/17
G	lithium	01/01/18		B	Strattera	10/01/17

Contraceptives

Oral

Low Dose and Mono-phasic

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		B	Desogen	05/15/16
G	blisovi FE 1/20, 1.5/30	11/01/16		G	desogestrel/ethinyl estradiol	01/01/16
G	briellyn	01/01/18		G	drosiprone/ethinyl estradiol	01/01/16
G	chateal	01/01/14		G	ethynodiol/ethinyl estradiol	01/01/18
G	cryselle	10/01/11		B	FaLessa kit	01/01/16
G	cyclafem	01/01/13		B	Femcon FE chw	08/01/17
G	cyred	01/01/16		G	gianvi	01/01/13
G	dasetta	01/01/13		G	gildess 1.5/30	10/01/11
G	elinest	04/30/13		G	gildess 1/20	01/01/18
G	emoquette	01/01/14		G	gildess 24 FE 1/20	01/01/16
G	enskyce	01/01/14		G	junel 1.5/30	03/15/16
G	estarylla	01/01/14		G	junel 1/20	01/01/18
G	falmina	01/01/13		G	junel 24 FE 1/20	01/01/16
G	femynor	03/01/18		G	larin 1.5/30	01/01/18
B	Generess FE chw	01/01/18		G	larin 24 FE 1/20	01/01/16
G	gildagia	01/01/18		G	larin FE 1.5/30	03/15/16
G	gildess FE 1/20, 1.5/30	01/01/16		G	layolis FE chw	01/01/16
G	juleber	05/15/16		B	Loestrin	01/01/16
G	junel FE 1/20, 1.5/30	01/01/16		G	lomedina 24 FE	01/01/16
G	kelnor	01/01/13		G	loryna	10/01/14
G	kurvelo	01/01/14		G	melodetta 24 chw	10/01/17
G	larin 1/20	01/01/18		G	mibelas 24 chw	04/01/17
G	larin FE 1/20	01/01/16		G	microgestin 1/20, 1.5/30	01/01/12
G	larissia	09/01/17		G	microgestin 24 FE 1/20	01/01/18
G	lessina	10/01/11		G	necon 0.5/35	01/01/18
G	levonorgestrel/ethinyl estradiol	01/01/16		G	nikki	08/04/14
G	levora	03/15/16		G	norethindrone/ethinyl estradiol FE chw	01/01/16
G	lillow	09/01/17		B	Norinyl 1/50	09/01/16
G	low-ogestrel	10/01/11		G	nortrel	01/01/18

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G	lutera	10/01/11		G	ocella	01/01/13
G	marlissa	01/01/13		B	Ogestrel	01/01/13
G	microgestin FE 1/20, 1.5/30	01/01/18		B	Ortho Micronor	11/01/17
B	Minastrin 24 FE chw	01/01/18		B	Ovcon-35	10/01/11
G	mono-linyah	04/01/13		G	rajani	08/01/17
G	mononessa	03/15/16		G	syeda	10/01/11
G	necon 1/35, 1/50	01/01/18		B	Taytulla	10/01/16
G	norethindrone/ethinyl estradiol	01/01/16		G	vestura	01/01/13
G	norethindrone/ethinyl estradiol FE	03/15/16		G	vyfemla	01/01/16
G	norgestimate/ethinyl estradiol	01/01/13		G	wera	01/01/18
B	Norinyl 1/35	01/01/17		G	wymzya	01/01/13
G	orsythia	01/01/13		B	Yasmin	01/01/16
B	Ortho-Cyclen	01/01/18		B	Yaz	01/01/16
B	Ortho-Novum	10/01/11		G	zarah	11/15/11
G	philit	01/01/18		G	zovia 1/50	01/01/18
G	pirmella	07/08/13				
G	portia	01/01/12				
G	previfem	01/01/13				
G	reclipsen	01/01/14				
B	Safyral	01/01/18				
G	sprintec	10/01/11				
G	sronyx	10/01/11				
G	tarina	01/01/16				
G	vienva	12/01/16				
G	vylibra	03/01/18				
G	zenchent	01/01/18				
G	zovia 1/35	01/01/18				
Bi-phasic						
G	azurette	01/01/18	Contraceptives may be filled for up to a 3-month supply	B	Lo Loestrin	01/01/12
G	bekyree	01/01/18		B	Lo Minastrin FE	03/15/16
G	desogestrel/ethinyl estradiol	01/01/18		B	Mircette	01/01/16
G	kariva	01/01/18				
G	kimidess	01/01/18				
G	pimtrea	01/01/18				
G	viorele	01/01/18				

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Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
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
B	Cyclessa	01/01/18		G	leena	01/01/11
G	dasetta 7/7/7	01/01/13		G	tilia FE	01/01/11
G	enpresse	01/01/11		G	tri-legest FE	01/01/11
B	Estrostep FE	01/01/18		B	Tri-Norinyl	01/01/17
G	levonest	01/01/13		G	velivet	09/01/17
G	levonorgestrel/ethinyl estradiol	03/15/16				
G	myzilra	01/01/13				
B	Natazia	01/01/16				
G	necon 7/7/7	11/15/11				
G	norgestimate/ethinyl estradiol	01/01/16				
G	nortrel 7/7/7	11/15/11				
B	Ortho Tri-Cyclen, Lo	01/01/18				
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	tri-marzia	01/01/18				
G	trinessa	03/15/16				
G	tri-previfem	01/01/13				
G	tri-sprintec	03/15/16				
G	trivora	01/01/11				
G	tri-vylibra	03/01/18				
Extended Cycle						
G	ashlyna	01/01/18	Contraceptives may be filled for up to a 3-month supply	G	amethia, Lo	01/01/13
G	introvale	01/01/18		G	amethyst	01/01/13
G	jolessa	01/01/16		G	camrese, Lo	01/01/13
B	Loseasonique	01/01/13		G	daysee	01/01/13
G	quasense	01/01/16		G	fayosim	05/01/17
B	Seasonique	01/01/13		G	levonorgestrel/ethinyl estradiol	01/01/13
G	setlakin	01/01/17		B	Quartette	01/01/14
				G	rivelsa	05/01/17
Emergency						
G	aftera	01/01/16		G	econtra EZ	03/01/15
B	Plan B	10/01/11		B	Ella	01/01/16
G	take action	05/14/14		G	fallback	01/01/16
				G	levonorgestrel	01/01/16
				G	my choice	03/01/18
				G	my way	08/20/14
				G	next choice	01/01/13
				G	opcicon	01/01/18
				G	option 2	11/01/17
				G	react	11/01/16

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Cytokine Modulators						
Immunomodulators						
B	Enbrel	02/01/10	*Clinical PA required	B	Actemra	01/01/16
B	Humira	02/01/10		B	Cimzia	01/01/13
				B	Cosentyx	01/01/16
				B	Dupixent*	01/01/18
				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
Dermatological						
Acne Products						
Antibiotics & Combinations (topical)						
B	Acanya	01/01/16	Class Clinical PA required for acne treatment in patients over 20 BP=Benzoyl Peroxide †Brand Preferred over Generic. Refer to BOG Reference	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 †Brand Preferred over Generic. Refer to BOG Reference *Clinical PA required for Kaposi's Sarcoma	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 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	benzebro	01/01/14
B	Finacea gel	01/01/14		G	BP foam	04/28/14
B	Mirvaso	01/01/18		G	BP/hydrocortisone lot	12/01/17
G	SS/sulfur susp, liq, emul	12/01/16		B	Finacea foam	10/01/15
				B	Klaron lot	05/15/16
				B	Ovace	01/01/12
				G	SS lot	01/01/18
				G	SS/sulfur foam, crm	12/01/16
				B	Sumadan XLT kit	10/01/17
				B	Sumaxin TS	05/01/16
				G	virt-sulf	01/01/14

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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	amnestem	08/01/11
				G	claravis 30 mg	01/01/14
				G	isotretinoin	03/01/18
				G	myorisan	01/01/18
				G	zenatane	08/11/11
Antifungals						
G	butenafine crm	12/01/17	Class not OTC †Brand Preferred over Generic. Refer to BOG Reference	G	ciclodan	01/01/13
G	ciclopirox shmp, gel, crm, susp	08/01/17		G	clotrimazole crm	10/01/11
G	clotrimazole sol	10/01/11		B	CNL 8 Nail kit	10/01/11
B	Ertaczo	01/01/14		G	econazole nitrate crm	04/01/13
G	ketoconazole shmp, crm	10/01/11		B	Exelderm	01/01/13
B	Naftin 1% crm & gel†	01/01/13		B	Extina	10/01/11
G	nystatin oint, crm	10/01/11		B	Fungoid tincture	01/01/13
B	Nystop powder	10/01/11		G	gentian violet sol	06/01/13
B	Pediaderm AF Complete	01/01/13		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)	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	†Brand Preferred over Generic. Refer to BOG Reference	G	acyclovir oint†	05/15/16
				B	Denavir	01/01/14
				B	Xerese	06/01/13

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Corticosteroids						
Very Potent						
G	betamethasone dip aug crm, lot	10/01/13		B	Apexicon E	10/01/13
G	betamethasone dip crm	01/01/18		G	betamethasone dip gel, aug lot, oint, aug oint	10/01/13
G	clobetasol crm, sol, oint	01/01/18		G	clobetasol gel, foam, lot, shmp, spray	01/01/18
B	Clobex lot, shmp	10/01/13		B	Clodan	10/01/15
B	Clobex spray	01/01/16		B	Cordran tape	10/01/13
G	halobetasol	01/01/18		B	Diprolene oint	10/01/13
				G	fluocinonide 0.1% crm	01/01/14
				G	flurandrenolide	03/01/17
				B	Impoyz	02/01/18
				B	Olux	06/01/16
				BG	Psorcon (diflorasone)	11/01/17
				B	Sernivo	11/01/16
				B	Temovate	10/01/13
				B	Ultravate	01/01/18
				B	Vanos crm	10/01/13
Potent						
G	fluocinonide 0.05%	01/01/18		G	amcinonide crm, lot, oint	10/01/13
G	mometasone 0.1% oint	10/01/13		B	Elocon oint	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, foam	01/01/18	HC=hydrocortisone	G	betamethasone val lot	10/01/13
G	fluocinolone 0.025% crm, oint	10/01/13	[†] Brand Preferred over Generic. Refer to BOG Reference	BG	Cloderm (clocortolone)	01/01/14
G	fluticasone lot, oint	10/01/13		B	Cutivate	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 crm, lot	01/01/16
B	Pandel crm 0.1%	10/01/13		G	fluticasone crm, lot	01/01/18
G	triamcinolone 0.1% oint, crm, lot	10/01/13		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
				G	triamcinolone spray [†]	01/01/18
Mild strength						
G	alclometasone dip crm	01/01/16	HC=hydrocortisone	B	Desowen	10/01/15
B	Capex	10/01/13		G	fluocinolone 0.01% sol, oil	10/01/13
B	Corticool gel	10/01/13		G	HC but 0.1% oint, lot	01/01/16
B	Derma-Smoothe/FS oil	10/01/13		B	MiCort HC	01/01/18
B	Desonate	11/01/16		B	Pediaderm HC kit	10/01/13
G	desonide crm, lot, oint	10/01/13		B	Texacort	10/01/13
G	fluocinolone 0.01% crm	01/01/16		B	Trianex	10/01/13
G	HC 0.5% crm, oint	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				

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[†]=BOG
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Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Epinephrine				
Autoinjectors				
G Mylan epinephrine*	01/01/18	*Only Mylan authorized generic is preferred. This includes the following NDCs: 49502-0101-## 49502-0201-##	B AdrenaClick	01/01/15
			G epinephrine*	01/01/18
			B EpiPen, JR	01/01/18
Estrogens				
Oral Single Ingredient				
G estradiol	10/01/11		B Enjuvia	01/01/17
B Menest	10/01/11		B Estrace	10/01/11
B Premarin	01/01/17		G estropipate	01/01/18
Oral Combination				
B Activella	01/01/18		G amabelz	01/01/18
B Premphase	01/01/17		B Angeliq	10/01/11
B Prempro	10/01/11		B Duavee	11/01/16
			G estradiol-norethindrone	01/01/18
			B FemHRT	12/01/16
			G fyavolv	11/01/16
			G jevantique	01/01/18
			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 Climara Pro	01/01/16		G estradiol patch	10/01/11
B Combipatch patch	01/01/14		B Evamist spray	10/01/11
B Divigel	01/01/16		B Menostar	10/01/11
B Elestrin gel	01/01/18		B Minivelle patch	01/01/14
			B Vivelle-DOT patch	01/01/18
Vaginal				
B Premarin crm	10/01/11	†Brand (Vagifem) Required over Generic (yuvafem). Refer to BOG Reference	BG Estrace (estriadiol)	02/01/18
B Vagifem†	01/01/17		B Estring	01/01/18
			B Femring	11/01/17
			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 Compro sup	01/01/15
G promethazine	01/01/15		B Diclegis	01/01/15
B Tigan cap†	01/01/15		G dimenhydrinate tab, inj	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 (scopolamine)	06/01/16	
		G trimethobenzamide cap†	01/01/15	

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Miscellaneous newer classes					
G	ondansetron tab, ODT**, inj	01/01/13	*Clinical PA required	B Akynzeo	10/15/15
			**Coverage is for children under 12. For all other patients, a prior authorization is required.	BG Anzemet (granisetron)	12/01/17
				BG Emend (aprepitant)*	09/30/09
				B Emend (fosaprepitant)*	09/30/09
				G ondansetron sol	01/01/13
				B Sancuso patch	04/01/12
				B Varubi	10/15/15
				B Zofran	09/30/09
				B Zuplenz	04/01/12
Bowel Evacuant Combinations					
B	Colyte	01/01/18		B Clenpiq	01/01/18
G	gavilyte-c, g, n	01/01/18		G gavilyte-h	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 Suprep	01/01/16
G	PEG-3350/electrolytes	01/01/18			
G	trilyte	01/01/18			
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	†Brand Required over Generic. Refer to BOG Reference	B Azulfidine	07/01/14
B	Asacol HD	01/01/18		B Colazal	07/01/14
G	balsalazide	07/01/14		B Delzicol	01/01/17
B	Lialda†	01/01/18		B Dipentum	07/01/14
B	Pentasa	01/01/17		B Giazio	07/01/14
G	sulfasalazine	07/01/14		G mesalamine tab	01/01/18
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	Amitiza	01/01/18	†Brand Required over Generic. Refer to BOG Reference	G alosetron†	01/01/18
B	Linzess	01/01/16		B Trulance	03/01/17
B	Lotronex†	01/01/18		B Viberzi	01/01/16
Pancreatic Enzymes					
B	Creon	08/01/11		B Pancreaze	01/01/12
B	Zenpep	08/01/11		G pancrelipase	01/01/18
				B Pertzeye	01/01/14
				B Viokace	12/01/17
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		G sevelamer	01/01/18
B	Renagel	07/01/14		B Velphoro	07/01/14
B	Renvela	01/01/18			

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Utah Medicaid Preferred Drug List

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Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
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	Cuvitru	01/01/18
B	Gamunex-C	01/01/16		B	Flebogamma	01/01/16
				B	Gammaked	01/01/16
				B	Gammaplex	01/01/18
				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	*Brand Preferred over Generic. Refer to BOG Reference	BG	Amerge (naratriptan)	01/01/13
G	rizatriptan	01/01/17		BG	Axert (almotriptan)	01/01/13
G	sumatriptan tab	01/01/13		BG	Cafergot (Ergotamine/Caffeine)	01/01/16
B	Sumavel	01/01/17		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
				BG	Migranal (dihydroergotamine) spray	12/01/17
				B	Onzetra	05/01/16
				B	Treximet (sumatriptan/naproxen) [†]	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 **Step-through required. Must fail a preferred injectable agent first.	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	Gilenya**	01/01/18		B	Extavia	01/01/16
B	Tecfidera**	01/01/18		G	glatiramer	07/01/15
				B	Rebif	01/01/15
				B	Zinbryta	08/01/16

Utah Medicaid Preferred Drug List

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Preferred Drugs	Date	Comments	Non Preferred Drugs	Date		
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	Extra-Virt	01/01/18
B	Citranatal Assure	01/01/17		B	Focalgin 90 DHA	01/01/15
B	Citranatal DHA	01/01/17		B	Focalgin CA	01/01/15
B	Citranatal Harmony	01/01/15		B	Infanate Cap Plus	01/01/15
B	Concept DHA	01/01/15		B	Nestabs ABC	01/01/15
B	Select-OB+DHA	01/01/18		B	Nexa Plus	01/01/18
B	Vitafol Fe+	01/01/17		BG	NON-DHA/Folate products	01/01/16
B	Vitafol One	01/01/18		B	OB Complete, Gold	01/01/18
B	Vitafol Ultra	01/01/17		B	PreferaOb +DHA	01/01/15
B	Vitafol-OB+DHA	04/01/17		B	Prenaisance, Plus	01/01/18
				B	Prenatal DHA Pak	03/01/18
BG	ALL OTHERS with DHA/Folate †	01/01/16		B	Prenate DHA	01/01/15
				B	Prenate Enhance	01/01/18
			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	Rulavite DHA	01/01/18	
			B	Tricare	01/01/18	
			B	Tristart DHA	01/01/15	
			B	Vinate DHA	01/01/15	
			B	Virt-Select	01/01/18	
			B	VP-CH, Heme, Plus, 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)*
G	tizanidine tab*	10/15/15	G		tizanidine cap*	10/15/15
			B		Zanaflex*	09/28/09

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Utah Medicaid Preferred Drug List

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Preferred Drugs	Date	Comments	Non Preferred Drugs	Date
Nasal				
Antihistamines				
G azelastine	05/15/16	†Brand Preferred over Generic. Refer to BOG Reference *Clinical PA required	B Astepro	05/15/16
B Dymista	01/01/18		B Azenase Pak*	01/01/18
B Patanase†	10/01/10		G olapatadine†	01/01/16
Corticosteroids				
B Beconase AQ	01/01/13	†Brand Preferred over Generic. Refer to BOG Reference	G mometasone†	01/01/18
G flunisolide	01/01/13		B Qnasl	01/01/13
G fluticasone propionate	10/01/09		B Zetonna	01/01/14
B Nasonex†	01/01/18			
B Omnaris	01/01/13			
B Veramyst	10/01/09			
Ophthalmics				
Anti-Glaucoma Agents				
Alpha Adrenergics				
B Alphagan P 0.15%†	01/01/13	†Brand Preferred over Generic. Refer to BOG Reference	G apraclonidine HCl	10/01/10
B Alphagan P 0.1%	01/01/14		G brimonidine 0.15%†	10/01/10
G brimonidine 0.2%	10/01/10		B lopicol	01/01/14
B Simbrinza	06/30/14			
Beta Blockers				
G dorzolamide/timolol	04/01/16	†Brand Preferred over Generic. Refer to BOG Reference	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
			BG Istalol (timolol once daily)†	01/01/18
			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 Vyzulta	12/01/17
			B Xalatan	12/02/11
Cholinergic Agonists				
G pilocarpine	04/01/16		B Isopto Carpine	04/01/16
Antibiotics				
Quinolones				
B Besivance	01/01/18		B Ciloxan	11/01/16
G ciprofloxacin	06/01/12		G levofloxacin	06/01/12
B Moxeza	01/01/13		G moxifloxacin	08/01/17
			B Ocuflox	06/01/12
			G ofloxacin	06/01/12
			B Vigamox	01/01/18
			B Zymaxid	06/01/12

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Utah Medicaid Preferred Drug List

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Non-Quinolones						
G	erythromycin oint	12/01/17		G	AK-POLY-BAC	01/01/13
B	Gentak	01/01/13		B	Azasite	06/01/12
G	gentamicin drops, oint	06/01/12		G	bacitracin	06/01/12
G	neomycin/polymyxin/gram sol	12/01/17		G	bacitracin/polymyxin B	01/01/13
G	polymyxin B/trimethoprim	06/01/12		B	Bleph-10	12/01/17
G	sulfacetamide sodium drops	12/01/17		B	Natacyn	06/01/12
				G	neomycin/bacitracin/polymyxin	01/01/13
				G	polycin	01/01/13
				B	Polytrim	01/01/13
				G	sulfacetamide sodium oint	12/01/17
				G	tobramycin drops	01/01/13
				B	Tobrex drops	06/01/12
				B	Tobrex oint	01/01/13
Antihistamines						
B	Alomide	01/01/14		B	Alocril	01/01/14
B	Bepreve	01/01/18		G	azelastine HCl	10/01/10
G	cromolyn	01/01/14		B	Elestat	10/01/10
B	Lastacaft	1/1/2018		B	Emadine	01/01/13
B	Pazeo	01/01/17		G	epinastine	01/01/14
				G	olopatadine	01/01/16
				B	Pataday	01/01/18
				B	Patanol	01/01/17
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	01/01/18
B	FML oint, Forte	01/01/18		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		G	bromfenac	01/01/13
G	flurbiprofen sodium	06/01/12		B	Bromsite	11/01/16
G	ketorolac tromethamine	06/01/12		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	†Brand Preferred over Generic. Refer to BOG Reference	B	Blephamide S.O.P. oint	01/01/16
B	Maxitrol drops	06/01/12		B	Maxitrol oint	01/01/16
G	neomycin/polymyxin/dexamethasone	06/01/12		G	neomycin/polymyxin/bacitracin	01/01/18
B	Pred-G, S.O.P.	01/01/18		G	neomycin/polymyxin/bacitracin/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 S.O.P.	06/01/12
				G	sulfacetamide sodium oint	01/01/13
				G	sulfacetamide/prednisolone drops	06/01/12
				B	Tobradex ST	01/01/18
				G	tobramycin/dexamethasone†	06/01/12
			B	Zylet	06/01/12	

Otic Agents

Antibiotics						
G	ciprofloxacin HCl Otic sol 0.2%	01/01/16		BG	Floxin otic (ofloxacin)	12/01/17
Corticosteroids						
B	DermOtic	11/01/15		G	fluocinonide oil 0.01%	10/01/13
G	hydrocortisone/acetic acid	01/01/18				
Combinations						
B	Cipro HC	10/01/13		G	neomycin-polymyxin-HC sol	11/01/15
B	CiproDex	01/01/14		B	Otovel	09/01/16
B	Coly-Mycin susp	11/01/15				
G	neomycin-polymyxin-HC susp	11/01/15				

Prostatic Hypertrophy Agents

G	alfuzosin	01/01/14		B	Avodart	01/01/18
G	doxazosin	10/01/11		B	Cardura, Cardura XL	04/01/12
G	dutasteride	01/01/18		B	Flomax	10/01/11
G	finasteride 5mg	10/01/11		BG	Jalyn (Dutasteride/Tamsulosin)	10/01/11
B	Rapaflo	01/01/18		B	Proscar	10/01/11
G	tamsulosin	01/01/12		B	Uroxatral	01/01/13
G	terazosin	10/01/11				

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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	Preferred Drugs	Date	Comments		Non Preferred Drugs	Date
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	Lonhala Magnair	03/01/18
B	Spiriva Handihaler	01/01/11		B	Seebri Neohaler	09/01/17
				B	Spiriva Respimat	01/01/17
				B	Tudorza Pressair	01/01/13
Short Acting Beta Agonists (SABA)						
G	albuterol neb	01/01/13	†Brand Preferred over Generic. Refer to BOG Reference	G	levalbuterol HFA	12/01/16
G	levalbuterol neb	05/15/16		B	ProAir RespiClick	12/01/17
B	ProAir HFA	09/28/09		B	Xopenex neb	05/15/16
B	Proventil HFA	01/01/13				
B	Ventolin HFA	09/28/09				
B	Xopenex HFA†	01/01/12				
Long Acting Beta Agonists (LABA)						
B	Perforomist	09/28/09		B	Arcapta	10/01/15
B	Serevent Diskus	09/28/09		B	Brovana	01/01/16
				B	Striverdi	04/30/15
Corticosteroids						
B	Alvesco	01/01/18		B	Aerospan	02/01/17
B	Flovent Diskus, HFA	06/28/11		B	Armonair	09/01/17
B	Pulmicort 0.25/2ml, 0.5/2ml	01/01/13		B	Arnuity Ellipta	01/01/15
B	Pulmicort Flexhaler	01/01/13		B	Asmanex	01/01/15
B	Qvar	09/28/09		G	budesonide ampules	01/01/13
				B	Pulmicort 1mg/2ml	09/28/09
Leukotriene Receptor Antagonists						
G	montelukast tab, chw	01/01/13		BG	Accolate (zafirlukast)	01/01/18
				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.

Utah Medicaid Preferred Drug List

Effective March 1, 2018

Preferred Drugs		Date	Comments	Non Preferred Drugs		Date
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	Stiolto Respimat	09/01/17
B	Bevespi	01/01/18		B	Trelegy Ellipta	11/01/17
				B	Utibron	09/01/17

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		BG	Detrol (tolterodine)	09/28/09
				G	flavoxate	09/28/09
				G	tropium chloride	10/01/13
				B	Urecholine	01/01/14
Long Acting						
G	oxybutynin ER	02/01/10		BG	Detrol LA (tolterodine ER)	01/01/14
B	Toviaz	09/28/09		B	Ditropan XL	01/01/12
B	Vesicare	09/28/09		BG	Enablex (darifenacin)	04/01/16
				B	Gelnique	05/01/17
				B	Myrbetriq	05/09/13
				B	Oxytrol Rx patch	10/01/16
				G	tropium chloride ER	10/01/13

Vitamin D Analogs						
G	calcitriol cap	01/01/18		G	calcitriol sol [†]	01/01/18
B	Rocaltrol sol [†]	01/01/18		G	doxercalciferol	01/01/15
G	vitamin D*	01/01/15		B	Hectorol	01/01/18
				B	Rayaldee	05/01/17
				B	Rocaltrol cap	01/01/18
				BG	Zemplar (paricalcitol)	01/01/15

*Rx only
[†]Brand Preferred over Generic.
 Refer to BOG Reference