

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date
<b>Analgesics</b>				
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>				
<b>Non-Selective</b>				
G diclofenac Na DR 50, 75mg <sup>#</sup>	01/01/12		BG Daypro (oxaprozin)	02/01/16
G diclofenac Na SR	01/01/13		G diclofenac gel <sup>†</sup>	01/01/15
G diclofenac potassium	07/01/12		G diclofenac Na DR 25mg	01/01/13
G etodolac 200, 400, 500mg	01/01/12		G diclofenac sol	05/30/14
B Flector patch	01/01/18		G diclofenex DC	10/01/17
G flurbiprofen	01/01/12		B Diclofono	09/01/18
G ibuprofen <sup>#</sup>	09/28/09		G etodolac 300mg	05/30/14
B Indocin susp	01/01/12		G etodolac ER	05/30/14
G indomethacin [non-CR]	01/01/12		BG Feldene (piroxicam)	01/01/13
G ketorolac <sup>‡</sup>	09/28/09		B Indocin sup	09/01/18
G meloxicam tab <sup>#</sup>	09/28/09		G indomethacin CR	01/01/12
G nabumetone	09/28/09		G ketoprofen, ER	01/01/19
G naproxen tab <sup>#</sup> , 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 mefenamic acid	01/01/13
B Voltaren gel <sup>†</sup>	04/01/12		B Mobic	01/01/13
			BG Nalfon (fenoprofen)	01/01/13
			BG Naprelan (naproxen Na CR)	08/01/17
			G Naproxen Na	01/01/19
			B Prastera*	05/15/15
			B Sprix	09/28/09
			B Tivorbex	05/13/15
			B Tolmetin	01/01/13
			B Vivlodex	02/01/16
			B Ybuphen	12/01/18
			B Zipsor	07/01/12
			B Zorvolex	11/01/13
<b>Opioids</b>				
<b>Short Acting<sup>‡</sup></b>				
B Actiq <sup>††</sup>	01/01/15	†† Cancer-related pain only (G89.3 Neoplasm related pain).	B Abstral <sup>†</sup>	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 <sup>†</sup>	01/01/15		G fentanyl loz <sup>††</sup>	01/01/15
G hydromorphone tab, liq	01/01/15		G hydromorphone sup	09/01/18
G morphine tab, sol	01/01/15		B Lazanda <sup>†</sup>	01/01/15
B Nucynta	01/01/19		G levorphanol	01/01/15
G oxycodone tab, sol	01/01/15		G morphine sup	01/01/15
G tramadol	01/01/15		G Opana (oxymorphone)	08/01/17
			B Oxaydo	10/01/15
		G oxycodone con	02/01/16	
		B Roxicodone	09/01/18	
		B RoxyBond	07/01/18	
		B Subsys <sup>†</sup>	01/01/15	
		B Ultram	01/01/15	

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Long Acting**†</b>						
B	Butrans 5, 10, 15, 20mcg <sup>†</sup>	10/01/17	† Cancer-related pain only (G89.3 Neoplasm related pain).	B	Arymo ER	04/01/17
B	Embeda	01/01/17		B	Belbuca	01/01/16
G	fentanyl patch 75, 100mcg <sup>¶</sup>	01/01/19		G	buprenorphine patch <sup>†</sup>	10/30/14
G	fentanyl patch 12, 25, 50mcg	01/01/19		B	Butrans 7.5mcg <sup>†</sup>	10/30/14
G	morphine ER tab	01/01/14		B	Conzip 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, 87.5mcg	09/28/09
				B	Hysingla ER	12/15/14
				B	Kadian (morphine ER cap) <sup>†</sup>	01/01/17
				B	MorphaBond	06/01/17
				G	morphine beads ER cap	09/28/09
				B	MS Contin	09/01/16
			BG	Opana ER (oxymorphone ER)	07/01/17	
			BG	OxyContin (oxycodone ER) <sup>†</sup>	01/01/18	
			G	tramadol ER	01/01/16	
			B	Xtampza ER	06/01/16	
			B	Zohydro ER	01/01/14	
<b>Opioid Combinations<sup>‡</sup></b>						
G	apap/codeine	05/01/17		G	but/apap/caf/codeine*	05/01/17
G	hydrocodone/apap	05/01/17		B	Capital/codeine	05/01/17
G	oxycodone/apap	05/01/17		G	carisoprodol/asa/codeine	09/28/09
G	pentazocine/naloxone	08/01/18		B	Dvorah	01/01/19
G	tramadol/apap	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
				BG	Panlor (dihydrocodeine/apap/caf)	05/01/17
				B	Percocet	05/01/17
				B	Primlev	05/01/17
				BG	Reprexain (hydrocodone/ibu)	05/01/17
				B	Tylenol/codeine	05/01/17
				B	Ultracet	05/01/17
				B	Verdrocet	11/01/18
				B	Xodol	05/01/17
				BG	Xylon (hydrocodone/ibu)	05/01/17
<b>Opioid Use Disorder Treatments<sup>‡</sup></b>						
G	naltrexone tab**	12/01/17		B	Bunavail*	01/01/15
B	Sublocade <sup>##</sup>	01/01/19		G	buprenorphine*	06/01/17
B	Suboxone <sup>*†</sup>	01/01/12		G	buprenorphine/naloxone <sup>*†</sup>	01/01/15
B	Vivitrol <sup>##</sup>	01/01/18		B	Zubsolv*	01/01/17

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date
<b>Androgens</b>				
<b>Topical*</b>				
B Androderm	01/01/19		B Axiron	01/01/13
B Androgel	10/01/16		B Fortesta	06/01/12
			B Natesto	03/16/15
			B Striant	02/15/16
			B Testim	10/01/16
			G testosterone gel, sol	06/24/14
			B Vogelxo	06/09/14
<b>Other*</b>				
G danazol	02/15/16		B Anadrol-50	06/01/12
G testosterone cypionate	06/01/16		B Android	01/01/13
			B Aveed	03/17/14
			B Depo-Testosterone	06/01/16
			B Methitest	01/01/13
			G methyltestosterone	02/15/16
			G oxandrolone*	01/01/13
			B Testred	01/01/13
			BG Xyosted (testosterone enanthate)	12/01/18
<b>Antibiotics</b>				
<b>Aminoglycosides</b>				
<b>Inhaled for CF</b>				
B Bethkis neb	01/01/15		B Arikayce	11/01/18
B Kitabis Pak neb	01/01/16		BG Tobi (tobramycin) neb	01/01/16
			B Tobi Podhaler cap	01/01/18
<b>Cephalosporins</b>				
<b>3rd Generation Oral</b>				
G cefdinir	02/01/10		G cefpodoxime tab	02/01/10
G cefixime susp	02/15/16		B Suprax	01/01/19
G cefpodoxime susp	01/01/13			
<b>Quinolones</b>				
B Cipro susp	02/01/10		BG Avelox (moxifloxacin)	01/01/14
G ciprofloxacin	02/01/10		B Baxdela	10/01/17
G levofloxacin	02/01/16		B Cipro, XR tab	02/01/10
			G ciprofloxacin SR	02/01/10
			B Levaquin	02/01/16
			G ofloxacin	02/01/10
<b>Anticoagulants</b>				
<b>Oral</b>				
B Coumadin	01/01/14		G jantoven (warfarin)	01/01/14
B Eliquis	01/01/14		B Savaysa	01/20/15
B Pradaxa	01/01/14		G warfarin	01/01/14
B Xarelto	01/01/13			
<b>Injectable</b>				
G enoxaparin	01/01/19		BG Arixtra (fondaparinux)	01/01/13
			B Fragmin	01/01/18
			B Lovenox	01/01/19

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Antidiabetics</b>						
<b>Insulin</b>						
<b>Rapid Acting<sup>†</sup></b>						
B	Apidra, Solostar vial, pen	01/01/17		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
<b>Intermediate Acting<sup>†</sup></b>						
B	Humulin vial	01/01/19		B	Humulin pen	01/01/19
B	Novolin-N vial, pen	09/28/09				
<b>Long Acting<sup>†</sup></b>						
B	Lantus, Solostar vial, pen	01/01/17		B	Basaglar	12/01/16
B	Levemir vial, pen	09/28/09		G	Toujeo Solostar	03/09/15
				B	Tresiba	03/15/16
<b>Mixtures<sup>†</sup></b>						
B	Humalog 50/50	09/28/09		B	Humulin 70/30 kwikpen	01/01/18
B	Humalog 75/25	09/28/09		B	Novolin 70/30	01/01/19
B	Humulin 70/30 vial	01/01/18		B	Soliqua	07/01/17
B	Novolog 70/30	02/01/10		B	Xultophy	04/01/17
<b>Non-Insulin</b>						
<b>Sulfonylureas</b>						
G	glimepiride <sup>#</sup>	07/01/14		B	Amaryl	07/01/14
G	glipizide <sup>#</sup>	07/01/14		G	chlorpropamide	07/01/14
G	glyburide <sup>#</sup>	05/15/16		B	Glucotrol	07/01/14
				B	Glynase	07/01/14
				G	tolazamide	07/01/14
				G	tolbutamide	07/01/14
<b>Sulfonylurea Combinations</b>						
G	glyburide/metformin <sup>#</sup>	07/01/14		BG	Duetact (pioglitazone/glimepiride)	10/01/17
				G	glipizide/metformin	07/01/14
				B	Glucovance	07/01/14
<b>GLP-1 Agonists</b>						
B	Bydureon	01/01/18		B	Adlyxin	09/01/17
B	Victoza	01/01/14		B	Bydureon BCise	01/01/19
				B	Byetta	01/01/16
				B	Ozempic	01/01/18
				B	Tanzeum	01/01/19
				B	Trulicity	01/01/19
<b>DPP- 4 Inhibitors</b>						
B	Januvia	09/28/09		BG	Nesina (alogliptin)	04/01/16
B	Tradjenta	11/01/16		B	Onglyza	01/01/19
<b>DPP- 4 Inhibitor Combinations</b>						
G	alogliptin/metformin	02/01/18		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	01/01/19
				BG	Oseni (alogliptin/pioglitazone) <sup>†</sup>	01/01/19

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>SGLT-2 Inhibitors</b>						
B	Farxiga	01/01/18		B	Invokana	01/01/18
B	Jardiance	01/01/19		B	Steglatro	02/01/18
<b>SGLT-2 Inhibitor Combinations</b>						
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
<b>Antifungals</b>						
<b>Oral</b>						
B	Ancobon <sup>†</sup>	01/01/14		B	Cresemba	04/01/15
G	clotrimazole	10/01/11		B	Diflucan	01/01/13
G	fluconazole	10/01/11		G	flucytosine <sup>†</sup>	08/01/16
G	griseofulvin susp	01/01/13		G	griseofulvin tab	10/01/11
G	ketoconazole	01/15/12		B	Lamisil	10/01/11
G	nystatin	10/01/11		B	Noxafil	10/01/11
G	terbinafine	10/01/11		B	Onmel	01/01/14
G	voriconazole	10/01/15		B	Oravig	01/01/13
				BG	Sporanox (itraconazole) sol <sup>†</sup> , cap	04/01/13
				B	Tolsura	01/01/19
				B	Vfend	01/01/13
<b>Antihemophilia</b>						
<b>Factor VIII</b>						
B	Advate	10/01/18		B	Eloctate	10/01/18
B	Adynovate	10/01/18		B	Helixate FS	01/01/19
B	Afstyla	10/01/18		B	Hemofil M	10/01/18
B	Koate, DVI	10/01/18		B	Jivi	10/01/18
B	Monoclate-P	10/01/18		B	Kogenate FS	10/01/18
B	Novoeight	10/01/18		B	Kovaltry	10/01/18
B	Recombinate	10/01/18		B	Nuwiq	10/01/18
B	Xyntha	10/01/18				
<b>Factor VIII/von Willebrand Factor</b>						
B	Alphanate	01/01/19		B	Vonvendi	01/01/19
B	Humate P	01/01/19				
B	Wilate	01/01/19				
<b>Factor IX</b>						
B	Alphanine	01/01/19		B	Bebulin	01/01/19
B	Alprolix	01/01/19		B	Idelvion	01/01/19
B	Benefix	01/01/19		B	Mononine	01/01/19
B	Feiba	01/01/19		B	Profilnine	01/01/19
B	Ixinity	01/01/19		B	Rebinyn	01/01/19
B	Rixubis	01/01/19				
<b>Antihistamines</b>						
<b>1st Generation</b>						
G	chlorpheniramine	01/01/18		BG	carbinoxamine	07/01/14
G	cyproheptadine	07/01/14		BG	clemastine	07/01/14
BG	diphenhydramine	07/01/14		B	ED Chlorped liq	07/01/14
G	hydroxyzine HCl, pam	07/01/14		BG	triprolidine	12/01/17
				B	Vistaril	07/01/14

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date
<b>2nd Generation</b>				
G cetirizine tab <sup>#</sup> , sol	01/01/18		G cetirizine chw	01/01/18
G loratadine <sup>#</sup>	07/01/14		BG Clarinex (desloratadine)	07/01/14
G levocetirizine	01/01/19		G fexofenadine	07/01/14
			B Xyzal	01/01/19
<b>Anti-infectives (NOS)</b>				
<b>Amebicide &amp; Antiprotozoal Agents</b>				
B Alinia susp	01/01/15		B Flagyl 250, 500mg	01/01/15
B Flagyl 375mg <sup>†</sup>	01/01/15		G metronidazole 375mg	01/01/15
G metronidazole 250, 500mg	01/01/15		B Nebupent	01/01/15
G tinidazole	05/15/16		G paromomycin	01/01/15
			B Pentam	01/01/15
			B Solosec	02/01/18
			B Tindamax	05/15/16
<b>Antimalarials</b>				
G hydroxychloroquine <sup>#</sup>	01/01/18		B Arakoda	12/01/18
G primaquine	01/01/16		G atovoquone/proguanil	01/01/19
			G chloroquine	01/01/19
			B Coartem	01/01/16
			B Daraprim	01/01/16
			B Malarone	12/01/17
			G mefloquine	01/01/16
			B Plaquenil	01/01/18
			BG Qualaquin (quinine)	01/01/19
<b>Vaginal</b>				
B AVC	01/01/13		B Cleocin	03/01/16
G clindamycin	03/01/16		B Clindesse	11/01/16
G clotrimazole	01/01/18		B Gynazole-1	10/01/11
G metronidazole vaginal	04/18/13		B Metrogel vaginal	09/01/16
G miconazole crm	01/01/13		G miconazole 1, 3 kit	10/01/11
G miconazole 7	10/01/11		B Nuversa	03/06/15
G Vandazole	01/01/13		G terconazole	10/01/11
			G tioconazole	01/01/13
			B Vagistat kit	10/01/11
<b>Antivirals</b>				
<b>Anti-Influenza</b>				
<b>Oral</b>				
G amantadine	01/01/14		B Flumadine	01/01/14
B Relenza	03/01/16		G oseltamivir <sup>†</sup>	01/01/17
B Tamiflu <sup>†</sup>	06/01/13		G rimantadine	06/01/13
			BG Virazole (ribavirin)	01/01/14
			B Xofluza	11/01/18

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Antiretrovirals</b>						
<b>Entry, Fusion Inhibitors</b>						
B	Selzentry	07/01/17		B	Fuzeon	07/01/17
<b>Integrase Inhibitors</b>						
B	Isentress	07/01/17		B	Vitekta	01/01/18
B	Tivicay	07/01/17				
<b>Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)</b>						
B	Edurant	07/01/17		G	efavirenz <sup>†</sup>	01/01/18
B	Intelence	07/01/17		B	Pifeltro	10/01/18
G	nevirapine <sup>#</sup>	07/01/17		B	Rescriptor	07/01/17
B	Sustiva <sup>†</sup>	07/01/17		B	Viramune	07/01/17
<b>Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)<sup>¶</sup></b>						
G	abacavir tab <sup>#</sup>	07/01/17	¶ See NIH Guidelines for recommendations accessed 09/17/2018	G	abacavir sol	07/01/17
B	Emtriva	07/01/17		B	Epivir	07/01/17
G	lamivudine	07/01/17		B	Retrovir	07/01/17
G	tenofovir disoproxil 300mg	07/01/18		BG	Videx (didanosine)	07/01/17
B	Viread 150mg, 200mg, 250mg, powder	07/01/18		G	Viread 300mg	07/01/18
B	Ziagen sol	07/01/17		BG	Zerit (stavudine)	07/01/17
G	zidovudine <sup>#</sup>	07/01/17		B	Ziagen tab	07/01/17
<b>Protease Inhibitors</b>						
B	Norvir <sup>†</sup>	01/01/16		B	Aptivus	01/01/16
B	Prezista	01/01/16		G	atazanavir <sup>†</sup>	01/01/18
B	Reyataz <sup>†</sup>	01/01/16		B	Crixivan	01/01/16
				B	Invirase	01/01/16
				BG	Lexiva (fosamprenavir)	01/01/16
				G	ritonavir <sup>†</sup>	04/01/18
				B	Viracept	01/01/16
<b>Combination Products<sup>¶</sup></b>						
G	abacavir/lamivudine	07/01/17	¶ See NIH Guidelines for recommendations accessed 09/17/2018	B	Combivir	07/01/17
B	Atripla	07/01/17		B	Complera	07/01/17
B	Biktarvy	03/01/18		B	Delstrigo	10/01/18
B	Cimduo	05/01/18		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		B	Symtuza	08/01/18
B	Odefsey	07/01/17		BG	Trizivir (abacavir/lamivudine/zidovudine)	07/01/17
B	Prezcobix	07/01/17		B	Truvada	07/01/17
B	Symfi, Lo	05/01/18				
B	Triumeq	07/01/17				
<b>Hepatitis C</b>						
<b>Direct Acting Antivirals (DAAs)*</b>						
B	Epclusa <sup>†</sup>	10/01/17		B	Daklinza	01/01/18
B	Harvoni <sup>†</sup>	01/01/15		G	sofosbuvir/ledipasvir <sup>†</sup>	12/01/18
B	Mavyret	09/01/17		G	sofosbuvir/velpatasvir <sup>†</sup>	12/01/18
B	Zepatier	04/01/16		B	Sovaldi	01/01/18
				B	Vosevi	08/01/17

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date
<b>Herpes Simplex, Varicella Zoster, &amp; Cytomegalovirus</b>				
<b>Oral</b>				
G acyclovir	01/01/14		G 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

<b>Appetite Stimulants</b>				
G megestrol	01/01/15		BG Marinol (dronabinol)	01/01/15
			B Megace susp	01/01/15
			B Syndros	07/01/17

<b>Bile Acid Sequestrants</b>				
G cholestyramine	01/01/15		G colestevlam <sup>†</sup>	06/01/18
G colestipol	01/01/15		B Colestid	01/01/15
B Welchol <sup>†</sup>	01/01/18		B Questran	01/01/15

<b>Bone Density Regulators</b>				
<b>Osteoporosis Agents</b>				
G alendronate 5, 10, 35, 70mg <sup>#</sup>	10/01/09		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 calcitonin	01/01/16
			G etidronate	10/01/09
			B Forteo*	03/01/16
			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



# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Cardiovascular</b>						
<b>Antianginal Agents</b>						
G	isosorbide dinitrate	01/01/16		B	Dilatrate SR	01/01/16
G	isosorbide mononitrate	01/01/16		B	Gonitro powder	11/01/17
G	nitroglycerin CR	01/01/16		B	Isordil	01/01/16
B	nitroglycerin patch	01/01/18		B	Minitran patch	01/01/18
BG	Nitrostat (nitroglycerin SL)	11/01/17		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
<b>Antihyperlipidemics</b>						
<b>HMG Co-A Reductase Inhibitors ("Statins") – Lower Potency</b>						
G	lovastatin <sup>#</sup>	09/28/09		B	Altoprev	01/01/13
G	pravastatin <sup>#</sup>	09/28/09		G	fluvastatin	10/01/18
				BG	Lescol XL (fluvastatin ER)	10/01/18
				B	Livalo	01/01/13
				B	Pravachol	01/01/13
				B	Zypitamag	04/01/18
<b>HMG Co-A Reductase Inhibitors ("Statins") – High Potency</b>						
G	atorvastatin <sup>#</sup>	11/01/12		B	Lipitor	11/01/12
B	Crestor <sup>†</sup>	01/01/14		G	rosuvastatin <sup>†</sup>	05/15/16
G	simvastatin <sup>**#</sup>	09/28/09		B	Zocor <sup>**</sup>	01/01/13
<b>Cholesterol-Lowering Combinations</b>						
B	Vytorin <sup>†</sup>	01/01/13		BG	Caduet (amlodipine/atorvastatin)	01/01/14
				G	ezetimibe/simvastatin <sup>†</sup>	05/01/17
<b>PCSK-9 Inhibitors*</b>						
B	Praluent	04/01/16		B	Repatha	04/01/16
<b>Fibrates</b>						
G	fenofibrate <sup>¶</sup>	01/01/17	¶ Only the following strengths of fenofibrate are preferred: 48, 50, 54, 145, 150, 160mg	BG	Antara (fenofibrate) <sup>¶</sup>	01/01/12
G	gemfibrozil <sup>#</sup>	09/28/09		G	fenofibrate micronized <sup>¶</sup>	09/28/09
				BG	Fenoglide (fenofibrate) <sup>¶</sup>	07/01/15
				BG	Fibricor (fenofibric acid)	01/01/13
				B	Lipofen	05/14/14
				B	Lopid	01/01/13
				B	Tricor	01/01/17
				B	Triglide	01/01/17
			BG	Trilipix (choline fenofibrate) <sup>¶</sup>	01/01/17	
<b>Nicotinic Acid Derivatives</b>						
B	Niaspan <sup>†</sup>	09/28/09		G	niacin ER <sup>†</sup>	01/01/16
				B	Niacor	01/01/16
<b>Miscellaneous</b>						
B	Lovaza <sup>†</sup>	01/01/19		G	ezetimibe <sup>†</sup>	01/01/17
B	Zetia <sup>†</sup>	09/28/09		G	omega-3 acid ethyl esters <sup>†</sup>	01/01/19
				B	Vascepa	11/01/15

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	Key	Non Preferred Drugs	Date
<b>Antihypertensives</b>				
<b>Alpha/Beta-Adrenergic Blocking Agents</b>				
G carvedilol <sup>#</sup>	09/28/09		B Coreg	09/28/09
G labetalol <sup>#</sup>	09/28/09		B Coreg CR (carvedilol ER) <sup>†</sup>	12/01/17
G prazosin	10/01/11		B Minipress	10/01/11
			B Trandate	09/28/09
<b>Angiotensin Converting Enzyme (ACE) Inhibitors</b>				
G benazepril <sup>#</sup>	09/28/09		B Accupril	09/28/09
G captopril <sup>#</sup>	09/28/09		B Altace	09/28/09
G enalapril <sup>#</sup>	09/28/09		B Epaned	04/18/14
G fosinopril <sup>#</sup>	09/28/09		B Lotensin	09/28/09
G lisinopril <sup>#</sup>	09/28/09		G moexipril	01/01/13
G quinapril <sup>#</sup>	09/28/09		G perindopril	01/01/14
G ramipril <sup>#</sup>	09/28/09		B Prinivil	09/28/09
Gtrandolapril <sup>#</sup>	01/01/14		B Qbrelis	09/01/16
			B Vasotec	09/28/09
			B Zestril	09/28/09
<b>Angiotensin Converting Enzyme (ACE) Inhibitor Combinations</b>				
G captopril/hctz	09/28/09		B Accuretic	09/28/09
G enalapril/hctz <sup>#</sup>	09/28/09		G benazepril/hctz	01/01/19
G lisinopril/hctz <sup>#</sup>	09/28/09		G fosinopril/hctz	01/01/19
B Lotensin HCT	01/01/19		G moexipril/hctz	01/01/13
G quinapril/hctz	09/28/09		B Vaseretic	09/28/09
			B Zestoretic	09/28/09
<b>Angiotensin Receptor Blockers (ARBs)</b>				
B Benicar <sup>†#</sup>	01/01/19		BG Atacand (candesartan)	10/15/15
B Diovan <sup>†#</sup>	01/01/19		B Avapro	10/15/15
B Edarbi	01/01/19		B Cozaar	09/28/09
G irbesartan <sup>#</sup>	10/15/15		G eprosartan	09/28/09
G losartan <sup>#</sup>	04/01/12		G olmesartan <sup>†</sup>	01/01/19
B Micardis <sup>†#</sup>	01/01/19		G telmisartan <sup>†</sup>	01/01/19
			G valsartan <sup>†</sup>	01/01/19
<b>Angiotensin Receptor Blocker (ARB) + Thiazide Combinations</b>				
B Edarbyclor	01/01/19		BG Atacand HCT (candesartan/hctz)	01/01/14
G irbesartan/hctz <sup>#</sup>	01/01/14		B Avalide	01/01/14
G losartan/hctz <sup>#</sup>	09/28/09		B Benicar/hctz	08/01/17
B Micardis HCT <sup>†</sup>	01/01/12		B Diovan/hctz	10/15/15
G olmesartan/hctz <sup>#</sup>	08/01/17		B Hyzaar	09/28/09
G valsartan/hctz <sup>#</sup>	10/15/15		G telmisartan/hctz <sup>†</sup>	01/01/14
<b>Angiotensin Receptor Blocker (ARB) Combinations - Other</b>				
G amlodipine/olmesartan	08/01/17		G amlodipine/valsartan/hctz <sup>†</sup>	03/01/16
G amlodipine/olmesartan/hctz	08/01/17		G Azor	08/01/17
G amlodipine/valsartan	01/01/19		B Byvalson	09/01/16
B Exforge HCT <sup>†</sup>	09/28/09		B Entresto*	11/01/15
			B Exforge	01/01/19
			B Tribenzor	08/01/17
			BG Twynsta (telmisartan/amlodipine)	01/01/12

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Beta-Adrenergic Blocking Agents - Cardio Selective</b>						
G	atenolol <sup>#</sup>	09/28/09		G	acebutolol	08/01/17
B	Bystolic	01/01/19		G	betaxolol	01/01/14
G	metoprolol succinate <sup>#</sup>	10/15/15		G	bisoprolol	01/01/14
G	metoprolol tartrate 25, 50, 100mg <sup>#</sup>	01/01/13		B	Kapsargo	08/01/18
				B	Lopressor	09/28/09
				G	metoprolol tartrate 37.5, 75mg	03/15/16
				B	Tenormin	09/28/09
				B	Toprol XL	10/15/15
<b>Beta-Adrenergic Blocking Agents - Cardio Nonselective</b>						
G	nadolol	10/15/15		B	Betapace	09/28/09
G	pindolol	09/28/09		B	Betapace AF	01/01/19
G	propranolol SR <sup>^^</sup>	03/01/16		B	Corgard	10/15/15
G	propranolol <sup>#^^</sup>	04/01/13		B	Hemangeol	05/07/14
G	sotalol AF	01/01/19		B	Inderal LA, XL <sup>^^</sup>	03/01/16
G	sotalol <sup>#</sup>	01/01/14		B	Innopran XL <sup>^^</sup>	09/28/09
G	timolol <sup>^^</sup>	09/28/09		B	Sotylize	02/19/15
<b>Beta-Adrenergic Blocking Agent Combinations</b>						
G	atenolol/chlorthalidone <sup>#</sup>	09/28/09		BG	Corzide (nadolol/bendroflumethiazide)	11/01/16
G	bisoprolol/hctz <sup>#</sup>	09/28/09		B	Dutoprol	09/28/09
				G	metoprolol/hctz	01/01/13
				G	propranolol/hctz	01/01/19
				B	Tenoretic	09/28/09
				B	Ziac	09/28/09
<b>Calcium Channel Blocking Agents</b>						
G	amlodipine <sup>#</sup>	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 <sup>¶</sup>	09/28/09		B	Calan, SR	09/28/09
G	felodipine ER <sup>#</sup>	09/28/09		BG	Cardizem LA (diltiazem ER) <sup>¶</sup>	03/01/16
G	nifedipine, ER	01/01/14		B	Cardizem, CD	09/28/09
G	verapamil tab	09/28/09		G	isradipine	01/01/19
B	Verelan PM	05/15/16		G	nicardipine	01/01/19
				G	nimodipine	09/28/09
			B	Norvasc	09/28/09	
			B	Nymalize	07/08/13	
			B	Procardia, XL	01/01/14	
			BG	Sular (nisoldipine)	04/01/13	
			B	Tiazac	03/01/16	
			G	verapamil cap	01/01/14	
			B	Verelan	05/15/16	
<b>Diuretics</b>						
<b>Loop</b>						
G	furosemide <sup>#</sup>	01/01/16		BG	Bumex (bumetanide)	01/01/16
G	toremide <sup>#</sup>	01/01/16		B	Demadex	01/01/16
				BG	Edecrin (ethacrynic acid)	11/01/17
				B	Lasix	01/01/16
<b>Thiazide</b>						
G	chlorothiazide	12/01/16		G	chlorthalidone	01/01/16
B	Diuril	01/01/19		G	methyclothiazide	01/01/16
G	hydrochlorothiazide <sup>#</sup>	01/01/16		G	metolazone	01/01/16
G	indapamide <sup>#</sup>	01/01/16		B	Microzide	01/01/16

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	Key	Non Preferred Drugs	Date
<b>Potassium Sparing &amp; Combination</b>				
G amiloride	01/01/19		B Aldactazide	01/01/16
G amiloride/hctz <sup>#</sup>	01/01/16		B Aldactone	01/01/16
G spironolactone <sup>#</sup>	01/01/16		B CaroSpir	11/01/17
G spironolactone/hctz	01/01/16		B Dyazide	01/01/16
G triamterene/hctz 37.5/25mg, 75/50mg	01/01/16		B Dyrenium	07/01/17
			BG Inspra (eplerenone)	01/01/16
			B Maxzide	01/01/16
			G triamterene/hctz 50/25mg	01/01/16
<b>Platelet Aggregation Inhibitors</b>				
<b>Platelet Aggregation Inhibitors</b>				
G clopidogrel 75mg <sup>#</sup>	06/01/12		B Brilinta	01/01/13
G prasugrel	07/01/18		G clopidogrel 300mg	01/01/14
			G dipyridamole	06/01/12
			B Effient	07/01/18
			B Plavix	01/01/13
			G ticlopidine	06/01/12
			B Zontivity	10/01/15
<b>Platelet Aggregation Inhibitors-Miscellaneous, Combinations</b>				
B Aggrenox <sup>†</sup>	07/01/12		B Agrylin	07/01/12
G anagrelide	07/01/12		G asa/dipyridamole <sup>†</sup>	10/15/15
G cilostazol	11/01/12		G clopidogrel/asa pack <sup>*</sup>	01/01/19
G pentoxifylline	07/01/12			
<b>Central Nervous System</b>				
<b>Antidementia Agents</b>				
<b>Oral</b>				
G donepezil 5, 10mg <sup>#</sup>	10/01/13		B Aricept	01/15/13
G donepezil ODT	01/01/19		G donepezil 23mg	10/01/13
G memantine tab <sup>#</sup>	02/01/16		G memantine sol	03/15/16
G rivastigmine cap	05/15/16		B Namenda tab	02/01/16
			B Namenda XR (memantine ER) <sup>†</sup>	03/01/18
			B Namzaric	04/15/15
			BG Razadyne (galantamine)	09/28/09
<b>Topical</b>				
B Exelon	09/28/09		G rivastigmine patch	09/15/15

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	Key	Non Preferred Drugs	Date
<b>Hypnotics</b>				
<b>Benzodiazepines<sup>†</sup></b>				
G flurazepam	06/01/13		G estazolam	06/01/13
G temazepam 15, 30mg	06/01/13		BG Halcion (triazolam)	06/01/13
			G midazolam	11/01/16
			B Restoril	06/01/13
			G temazepam 7.5, 22.5mg	06/01/13
<b>Non Benzodiazepines, Non Barbiturates<sup>†</sup></b>				
G zaleplon	10/15/15		B Ambien	06/01/13
G zolpidem	06/01/13		BG Ambien CR (zolpidem CR)	06/01/13
			B Belsomra	12/10/14
			B Edluar	06/01/13
			B Hetlioz	03/17/14
			BG Intermezzo (zolpidem SL) <sup>†</sup>	11/01/18
			BG Lunesta (eszopiclone)	04/28/14
			B Rozerem	06/01/13
			B Silenor	10/01/15
			B Sonata	06/01/13
			B Zolpimist	06/01/13
<b>Barbiturates, Miscellaneous</b>				
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
<b>Mental Health</b>				
<b>ADHD Stimulants<sup>§§</sup></b>				
G amph/damph tab	07/01/16		B Adderall	07/01/16
B Aptensio XR	01/01/18		BG Adderall XR (amph/damph ER)	07/01/16
B Concerta <sup>†</sup>	01/01/17		B Adzenys	01/01/19
B Dyanavel XR	01/01/18		G amph sulfate tab <sup>†</sup>	10/01/18
B Evekeo <sup>†</sup>	01/01/18		B Cotempla	01/01/19
B Focalin, XR <sup>†</sup>	01/01/18		B Daytrana	07/01/16
B Methylin sol	10/01/18		BG Desoxyn (methamphetamine) <sup>†</sup>	07/01/16
G mph tab	07/01/16		BG Dexedrine (damph)	07/01/16
B Quillichew ER	01/01/18		G dmph, ER <sup>†</sup>	07/01/16
B Quillivant susp	01/01/18		BG Metadate (mph ER)	07/01/16
B Vyvanse	01/01/18		G mph ER osmotic release <sup>†</sup>	07/01/16
			G mph sol, chw	07/01/16
			B Mydayis	07/01/17
			B Procentra (damph sol)	01/01/19
			B Ritalin	07/01/16
			BG Ritalin LA (mph ER) cap	07/01/16
			B Zenedi	01/01/19

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	<a href="#">Key</a>	Non Preferred Drugs		Date
<b>Anticonvulsants<sup>SS</sup></b>						
B	Aptiom	01/01/17		B	Banzel	10/01/16
G	carbamazepine chw <sup>#</sup>	01/01/17		B	Briviact	10/01/16
G	carbamazepine ER	08/01/17		G	carbamazepine tab, sol <sup>†</sup>	01/01/17
B	Celontin	01/01/17		B	Carbatrol	01/01/17
G	clonazepam <sup>†</sup>	01/01/17		G	clonazepam ODT	01/01/17
B	Diastat <sup>†</sup>	01/01/17		B	Depakene	01/01/17
B	Dilantin 30mg	01/01/17		B	Depakote <sup>^^</sup>	01/01/17
G	divalproex <sup>^^</sup>	01/01/17		G	diazepam rectal <sup>†</sup>	01/01/17
G	gabapentin	10/01/16		B	Dilantin chw, 100mg	01/01/17
B	Gabitril <sup>†</sup>	01/01/18		B	Epidiolex <sup>*</sup>	01/01/19
G	lamotrigine tab, chw <sup>#</sup>	11/01/16		BG	Felbatol (felbamate) <sup>†</sup>	10/01/16
G	levetiracetam <sup>#</sup>	10/01/16		B	Fycompa	01/01/19
B	Lyrica cap	01/01/19		B	Gralise	09/01/18
G	oxcarbazepine tab <sup>#</sup>	10/01/16		B	Horizant	09/01/18
B	Peganone	10/01/16		B	Keppra	10/01/16
G	phenytoin	01/01/17		B	Klonopin <sup>†</sup>	01/01/17
G	primidone	01/01/17		B	Lamictal	10/01/16
B	Tegretol tab, sol <sup>†</sup>	01/01/17		BG	Lamictal (lamotrigine) ODT <sup>†</sup>	10/01/16
G	topiramate [non-ER] <sup>^^</sup>	01/01/19		BG	Lamictal XR (lamotrigine ER)	10/01/16
G	valproic acid	01/01/17		B	Lyrica CR, sol	01/01/19
B	Vimpat	10/01/16		B	Mysoline	01/01/17
G	zonisamide <sup>#</sup>	10/01/16		B	Neurontin	10/01/16
				BG	Onfi (clobazam)	11/01/18
				B	Oxtellar XR	10/01/16
				B	Phenytek	01/01/17
				B	Potiga	10/01/16
				B	Qudexy XR (topiramate ER) <sup>^^</sup>	01/01/19
				BG	Sabril (vigabatrin) <sup>†</sup>	09/01/17
				B	Spritam	10/01/16
				B	Sympazan	12/01/18
				B	Tegretol XR	08/01/17
				G	tiagabine <sup>†</sup>	01/01/18
				B	Topamax	10/01/16
				B	Trileptal	10/01/16
				BG	Trileptal (oxcarbazepine) susp	10/01/16
				B	Trokendi XR <sup>^^</sup>	10/01/16
				BG	Zarontin (ethosuximide)	01/01/17
				B	Zonegran	10/01/16

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	<a href="#">Key</a>	Non Preferred Drugs		Date
<b>Atypical Antipsychotics<sup>SS</sup></b>						
B	Abilify Maintena <sup>##</sup>	10/01/16		B	Abilify	01/01/18
G	aripiprazole tab	01/01/18		B	Abilify Mycite*	12/01/18
B	Aristada <sup>##</sup>	05/01/18		G	aripiprazole sol, ODT	01/01/18
G	clozapine	10/01/16		B	Clozaril	10/01/16
B	Invega Sustenna <sup>##</sup>	05/01/18		B	Fanapt	10/01/16
B	Invega Trinza <sup>#,##</sup>	05/01/18		BG	Fazaclo (clozapine ODT) <sup>†</sup>	10/01/16
B	Latuda <sup>§</sup>	01/01/19		B	Geodon	01/01/18
G	olanzapine <sup>#</sup>	10/01/16		BG	Invega (paliperidone)	10/01/16
B	Perseris <sup>##</sup>	01/01/19		B	Rexulti	10/01/16
G	quetiapine, ER <sup>#</sup>	01/01/19		B	Risperdal	10/01/16
G	risperidone tab <sup>#</sup> , sol	01/01/18		BG	Risperdal Consta (risperidone inj) <sup>###</sup>	10/01/16
B	Saphris	01/01/18		G	risperidone ODT	10/01/16
G	ziprasidone	01/01/18		B	Seroquel, XR	10/01/16
				B	Versacloz	10/01/16
				B	Vraylar	01/01/19
				B	Zyprexa	10/01/16
				BG	Zyprexa Relprevv (olanzapine inj) <sup>###</sup>	10/01/16
				BG	Zyprexa Zydys (olanzapine ODT)	10/01/16
<b>Antidepressants - SSRI/SNRI<sup>SS</sup></b>						
G	citalopram tab <sup>#</sup>	02/01/17		BG	Brisdelle (paroxetine 7.5mg) <sup>†</sup>	10/01/17
G	duloxetine 20, 30, 60mg <sup>#</sup>	10/01/16		B	Celexa	10/01/16
G	escitalopram <sup>#</sup>	10/01/16		G	citalopram sol	10/01/16
G	fluoxetine cap <sup>#</sup> , sol	10/01/16		B	Cymbalta	10/01/16
G	paroxetine <sup>#</sup>	10/01/16		G	duloxetine 40mg	10/01/16
B	Savella	01/01/18		B	Effexor XR	10/01/16
G	sertraline tab <sup>#</sup>	10/01/16		G	escitalopram sol	10/01/16
G	venlafaxine ER cap <sup>#</sup>	10/01/16		B	Fetzima	10/01/16
G	venlafaxine tab [non-ER]	01/01/19		G	fluoxetine tab, weekly	01/01/18
				G	fluvoxamine, ER	10/01/16
				BG	Khedezla (desvenlafaxine)	10/01/16
				B	Lexapro	10/01/16
				BG	Paxil CR (paroxetine ER)	10/01/16
				B	Paxil tab, 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
				G	sertraline con	10/01/16
				BG	Symbyax (olanzapine/fluoxetine) <sup>†</sup>	10/01/16
				G	venlafaxine ER tab	10/01/16
				B	Zoloft	10/01/16

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	Key	Non Preferred Drugs	Date
<b>Antidepressants -TCAs<sup>SS</sup></b>				
G amitriptyline^^	01/01/18		G amitriptyline/chlordiazepoxide	01/01/18
G doxepin	01/01/18		G amitriptyline/perphenazine	01/01/18
G imipramine HCl <sup>#</sup>	01/01/18		G amoxapine	01/01/18
G nortriptyline cap	01/01/18		BG Anafranil (clomipramine)	01/01/18
			G imipramine pam	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
			BG Surmontil (trimipramine)	01/01/19
			B Tofranil	01/01/18
<b>Antidepressants -MAOIs<sup>SS</sup></b>				
B Marplan	01/01/18		B Emsam	01/01/18
B Parnate <sup>†</sup>	01/01/18		B Nardil	01/01/18
G phenelzine	01/01/18		G tranylcypromine <sup>†</sup>	01/01/18
<b>Antidepressants - Miscellaneous<sup>SS</sup></b>				
G bupropion	10/19/16		B Aplenzin	10/01/16
G mirtazapine 15, 30, 45mg <sup>#</sup>	10/01/16		B Forfivo XL (bupropion 450mg ER) <sup>†</sup>	10/01/18
G mirtazapine ODT	10/01/16		G mirtazapine 7.5mg	10/01/16
G trazodone 50, 100, 150mg <sup>#</sup>	10/01/16		G nefazodone	10/01/16
			B Oleptro	10/01/16
			B Remeron, ODT	10/01/16
			G trazodone 300mg	10/01/16
			B Trintellix	10/01/16
			B Viibryd	10/01/16
			B Wellbutrin	10/19/16
			B Zyban	10/01/16
<b>Anxiolytic Benzodiazepines<sup>SS</sup></b>				
G alprazolam tab	01/01/17		G alprazolam con, ODT	01/01/17
G chlordiazepoxide	01/01/17		B Ativan	01/01/17
G diazepam tab	01/01/17		G diazepam con, sol	01/01/17
G lorazepam tab	01/01/17		G lorazepam con	01/01/17
			G oxazepam	01/01/17
			BG Tranxene (clorazepate)	01/01/17
			B Xanax	01/01/17
<b>Miscellaneous Mood Stabilizers<sup>SS</sup></b>				
G atomoxetine	10/01/17		B Lithobid	08/01/17
G lithium	01/01/18		B Strattera	10/01/17



# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Contraceptives</b>						
<b>Oral</b>						
<b>Low Dose and Mono-phasic<sup>#</sup></b>						
G	altavera	01/01/12		B	Balcoltra	05/01/18
G	alyacen 1/35	01/01/13		G	balziva	01/01/13
G	apri	01/01/14		B	Beyaz	08/01/17
G	aubra	05/05/15		G	blisovi 24 FE 1/20	03/15/16
G	aviane	03/15/16		G	briellyn	01/01/19
G	blisovi FE 1/20, 1.5/30	11/01/16		G	desogestrel/ee	01/01/16
G	chateal	01/01/14		G	drospirenone/ee	01/01/16
G	cryselle	10/01/11		G	ethynodiol/ee	01/01/18
G	cyclafem 1/35	01/01/13		B	FaLessa kit	01/01/16
G	cyred	01/01/16		G	gianvi	01/01/13
G	dasetta	01/01/13		G	gildagia	01/01/19
G	elinest	04/30/13		G	gildess 1.5/30	10/01/11
G	emoquette	01/01/14		G	gildess 1/20	01/01/18
G	enskyce	01/01/14		G	hailey 24 FE	01/01/19
G	estarylla	01/01/14		G	junel 1.5/30	03/15/16
G	falmina	01/01/13		G	junel 1/20	01/01/18
G	femynor	03/01/18		G	junel 24 FE 1/20	01/01/16
B	Generess FE chw	01/01/18		G	kaitlib	10/01/18
G	isibloom	07/01/18		G	kelnor	01/01/19
G	juleber	05/15/16		G	larin 1.5/30	01/01/18
G	junel FE 1/20, 1.5/30	01/01/16		G	larin 1/20	01/01/19
G	kurvelo	01/01/14		G	larin 24 FE 1/20	01/01/16
G	larin FE 1.5/30	07/01/18		G	layolis	01/01/16
G	larin FE 1/20	01/01/16		B	Loestrin	01/01/16
G	larissia	09/01/17		G	melodetta 24 chw	10/01/17
G	lessina	10/01/11		G	mibelas 24 chw	04/01/17
G	levonorgestrel/ee	01/01/16		G	microgestin 1.5/30	01/01/19
G	levora	03/15/16		G	microgestin 24 FE 1/20	01/01/18
G	lillow	09/01/17		G	necon 0.5/35	01/01/18
G	loryna	01/01/19		G	necon 1/50	01/01/19
G	low-ogestrel	10/01/11		G	nikki	08/04/14
G	lutera	10/01/11		G	norethindrone/ee FE 1/20	11/01/18
G	marlissa	01/01/13		G	norethindrone/ee FE chw	01/01/16
G	microgestin 1/20	01/01/19		B	Norinyl 1/35, 1/50	01/01/19
G	microgestin FE 1/20, 1.5/30	01/01/18		G	nortrel 0.5/35, 1/35	01/01/19
G	mili	06/01/18		B	Ogestrel	01/01/13
B	Minastrin 24 FE chw	01/01/18		B	Ortho-Novum 1/35	01/01/19
G	mono-linyah	04/01/13		G	philith	01/01/19
G	mononessa	03/15/16		G	pirmella 1/35	01/01/19
G	norethindrone/ee	01/01/16		G	rajani	08/01/17
G	norethindrone/ee FE	03/15/16		B	Safyral	01/01/19
G	norgestimate/ee	01/01/13		B	Taytulla	10/01/16
G	ocella	01/01/19		G	tydemy	04/01/18
G	orsythia	01/01/13		G	vestura	01/01/13
B	Ortho-Cyclen	01/01/18		G	vyfemla	01/01/16
G	portia	01/01/12		G	wera	01/01/18
G	previfem	01/01/13		G	wymzya	01/01/13
G	reclipsen	01/01/14		B	Yasmin	01/01/16
G	sprintec	10/01/11		B	Yaz	01/01/16

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

	Preferred Drugs	Date	Key		Non Preferred Drugs	Date
G	sronyx	10/01/11		G	zarah	11/15/11
G	syeda	01/01/19		G	zenchent	01/01/19
G	tarina	01/01/16		G	zovia 1/35, 1/50	01/01/19
G	tarina FE	11/01/18				
G	vienva	12/01/16				
G	vylibra	03/01/18				
<b>Bi-phasic<sup>#</sup></b>						
G	azurette	01/01/18		G	kariva	01/01/19
G	bekyree	01/01/18		B	Lo Loestrin	01/01/12
G	desogestrel/ee	01/01/18		B	Mircette	01/01/16
G	kimidess	01/01/18		G	viorele	01/01/19
G	pimtree	01/01/18				
<b>Tri-phasic/Multi-phasic<sup>#</sup></b>						
G	cyclafem 7/7/7	01/01/13		G	alyacen 7/7/7	01/01/19
G	enpresse	01/01/11		G	aranelle	10/01/11
B	Estrostep FE	01/01/18		G	caziant	09/01/17
G	leena	01/01/19		B	Cyclessa	01/01/19
G	levonest	01/01/13		G	dasetta 7/7/7	01/01/19
G	levonorgestrel/ee	03/15/16		G	necon 7/7/7	01/01/19
G	myzilra	01/01/13		G	nortrel 7/7/7	01/01/19
B	Natazia	01/01/16		B	Ortho-Novum 7/7/7	05/01/18
G	norgestimate/ee	01/01/16		G	pirmella 7/7/7	01/01/19
B	Ortho Tri-Cyclen, Lo	01/01/18		G	tilia FE	01/01/11
G	tri femynor	06/01/17		G	tri-legest FE	01/01/11
G	tri-estaryll	04/01/13		G	tri-lo estaryl	07/01/18
G	tri-linyah	04/01/13		B	Tri-Norinyl	01/01/17
G	tri-marzia	01/01/18		G	velivet	09/01/17
G	tri-mili	06/01/18				
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				
<b>Extended Cycle<sup>#</sup></b>						
G	camrese	01/01/19		G	amethia, Lo	01/01/13
G	introvale	01/01/18		G	amethyst	01/01/13
G	jolessa	01/01/16		G	ashlyna	01/01/19
G	levonorgestrel/ee	01/01/19		G	camrese Lo	01/01/19
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		B	Quartette	01/01/14
G	setlakin	01/01/17		G	rivelsa	05/01/17
<b>Emergency</b>						
G	aftera	01/01/16		G	econtra EZ, OS	04/01/18
G	fallback	01/01/19		B	Ella	01/01/16
G	opcicon	01/01/19		G	levonorgestrel	01/01/16
G	take action	05/14/14		G	my choice	03/01/18
				G	my way	08/20/14
				G	new day	08/01/18
				G	option 2	11/01/17
				B	Plan B	01/01/19

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date		
<b>Cytokine Modulators</b>						
<b>Immunomodulators</b>						
B	Cosentyx <sup>s</sup>	01/01/19		B	Actemra	01/01/16
B	Enbrel	02/01/10		B	Cimzia	01/01/13
B	Humira	02/01/10		B	Dupixent*	01/01/18
				B	Ilumya*	09/01/18
				B	Kevzara	11/01/17
				B	Kineret	01/01/16
				B	Olumiant	07/01/18
				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
<b>Dermatological</b>						
<b>Acne Products</b>						
<b>Antibiotics &amp; Combinations (topical)</b>						
G	bp/erythromycin	01/01/13		B	Acanya	01/01/19
B	Cleocin T pad <sup>†</sup>	01/01/19		BG	Aczone (dapsone) gel <sup>†</sup>	11/01/17
G	clindamycin lot, sol, gel	01/01/19		G	adapalene/bp gel	08/01/17
G	clindamycin/bp	01/01/19		B	Benzaclin	09/01/18
B	Epiduo, Forte	01/01/14		B	Benzamycin	08/01/11
G	erythromycin 2% gel, sol	01/01/13		B	Cleocin T	08/01/11
B	Evoclin <sup>†</sup>	01/01/14		B	Clindacin kit	08/01/11
B	Onexton <sup>†</sup>	01/01/16		G	clindamycin pad, foam <sup>†</sup>	01/01/19
B	Ziana <sup>†</sup>	01/01/13		G	clindamycin/tretinoin <sup>†</sup>	08/01/17
				B	Duac	01/01/16
				B	EryGel	01/01/16
				G	erythromycin pad	01/01/16
				G	Neuac	01/01/16
<b>Retinoids (topical)**</b>						
B	Avita	01/01/14		G	adapalene crm <sup>†</sup> , gel	01/01/19
B	Differin lot, crm <sup>†</sup>	01/01/19		B	Atralin	11/01/17
B	Retin-A crm, gel	01/01/14		B	Fabior	01/01/14
G	tazarotene 0.1% crm	11/01/18		B	Retin-A Micro	08/01/11
B	Tazorac gel, 0.05% crm	01/01/14		B	Tazorac 0.1% crm	11/01/18
				G	tretinoin	01/01/14

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	Key	Non Preferred Drugs	Date
<b>Miscellaneous (topical)</b>				
B Azelex	01/01/14		BG all washes	08/01/11
B Finacea gel <sup>†</sup>	01/01/14		G azelaic acid gel <sup>†</sup>	12/01/18
B Mirvaso	01/01/18		G bp foam	04/28/14
G ss/sulfur susp, liq, emul	12/01/16		G bp/hc lot	12/01/17
			B Finacea foam	10/01/15
			B Klaron	05/15/16
			B Ovace	01/01/12
			G selenium sulfide	04/01/12
			G ss lot, gel	01/01/18
			G ss/sulfur foam, crm	12/01/16
			B Sumadan XLT kit	10/01/17
			B Sumaxin TS	05/01/16
<b>Oral</b>				
G claravis, 10, 20, 40mg	08/01/11		B Absorica	01/01/14
			G amnesteem	08/01/11
			G claravis 30mg	01/01/14
			G isotretinoin	03/01/18
			G myorisan	01/01/18
			G zenatane	08/11/11
<b>Antifungals</b>				
G butenafine	12/01/17		G clotrimazole crm	10/01/11
G ciclopirox shmp, gel, crm, susp	08/01/17		G econazole	04/01/13
G clotrimazole sol	10/01/11		B Exelderm	01/01/13
B Ertaczo	01/01/14		B Extina (ketoconazole) foam	10/01/11
G ketoconazole shmp, crm	10/01/11		B Jublia	09/15/14
G nystatin oint, crm, powder	11/01/18		B Kerydin	09/15/14
B Pediderm AF Complete	01/01/13		B Loprox	08/01/17
			B Luzu (luliconazole) <sup>†</sup>	11/01/18
			B Mentax	10/01/11
			G naftifine crm	08/01/17
			B Naftin	01/01/19
			B Nizoral	10/01/11
			BG Oxistat (oxiconazole)	10/01/11
			BG Penlac (ciclopirox) sol	10/01/11
			B Vusion	10/01/11
<b>Antivirals</b>				
B Zovirax <sup>†</sup>	05/15/16		G acyclovir oint <sup>†</sup>	05/15/16
			B Denavir	01/01/14
			B Xerese	06/01/13

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date	
<b>Corticosteroids</b>					
<b>Very Potent</b>					
G	betamethasone dip crm	01/01/18	B	Apexicon E	10/01/13
G	betamethasone dip lot, aug crm	10/01/13	G	betamethasone dip gel, aug lot, oint, aug oint	10/01/13
G	clobetasol crm, sol, oint	01/01/18	B	Bryhali	12/01/18
B	Clobex lot <sup>†</sup> , shmp <sup>†</sup> , spray <sup>†</sup>	01/01/16	G	clobetasol gel, foam, lot <sup>†</sup> , shmp <sup>†</sup> , spray <sup>†</sup>	01/01/18
			B	Clodan	10/01/15
			B	Cordran tape	10/01/13
			B	Diprolene	10/01/13
			G	fluocinonide 0.1%	01/01/14
			G	flurandrenolide	03/01/17
			B	Lexette	12/01/18
			B	Olux	06/01/16
			BG	Psorcon (diflorasone)	11/01/17
			B	Sernivo	11/01/16
			B	Temovate	10/01/13
			B	Ultravate (halobetasol)	01/01/19
			B	Vanos	10/01/13
<b>Potent</b>					
G	fluocinonide 0.05% crm, oint	01/01/19	G	amcinonide	10/01/13
G	mometasone 0.1% oint	10/01/13	B	Elocon oint	10/01/13
			G	fluocinonide 0.05% gel	01/01/19
			B	Halog	10/01/13
			G	tac 0.5%	01/01/16
			BG	Topicort (desoximetasone) 0.25%	10/01/13
<b>Midstrength</b>					
G	betamethasone val crm, oint, foam	01/01/18	G	betamethasone val lot	10/01/13
G	fluocinolone 0.025% crm, oint	10/01/13	BG	Cloderm (clocortolone)	01/01/14
G	fluticasone lot, oint	10/01/13	B	Cutivate	10/01/13
B	Kenalog spray <sup>†</sup>	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
G	tac 0.1% oint, crm, lot	10/01/13	G	fluticasone crm	01/01/18
G	tac spray	01/01/19	G	hc val 0.2% crm, oint	01/01/16
			B	Kenalog spray	01/01/19
			B	Luxiq	10/01/17
			B	Pandel	01/01/19
			B	Synalar 0.025% crm, oint	10/01/13
			BG	Topicort (desoximetasone) 0.05%	10/01/13
			G	triderm	01/01/19

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date
<b>Mild strength</b>				
G alclometasone	01/01/16		B Desowen	10/01/15
B Capex	10/01/13		G fluocinolone 0.01% sol, oil	10/01/13
B Derma-Smoothe/FS oil	10/01/13		G hc butyrate	01/01/19
B Desonate	11/01/16		B MiCort HC	01/01/18
G desonide	10/01/13		B Texacort	10/01/13
G fluocinolone 0.01% crm	01/01/16		B Trianex	10/01/13
G hc 1% crm, oint	10/01/13			
G hc 2.5% crm, lot, oint	10/01/13			
G tac 0.025% oint, lot, crm	10/01/13			
<b>Steroid/Antifungal Combinations</b>				
B Lotrisone	01/01/19		G clotrimazole/betamethasone	01/01/19
			G nystatin/tac	01/01/17
<b>Immunomodulating Agents*</b>				
B Elidel <sup>†</sup>	01/01/15		B Eucrisa	09/01/18
B Protopic <sup>†</sup>	01/01/19		G pimecrolimus <sup>†</sup>	01/01/19
			G tacrolimus <sup>†</sup>	01/01/19
<b>Local Anesthetic Agents</b>				
G lidocaine hc rectal crm*	01/01/15		B Captracin	01/15/15
G lidocaine oint, sol, gel, crm*	01/01/15		B Epifoam	01/01/15
G lidocaine/prilocaine*	11/01/16		G lidocaine hc non-rectal crm*	11/01/18
			G lidocaine hc rectal gel*	01/01/15
			G lidocaine lot*	05/01/18
			BG Lidoderm (lidocaine patch)*	03/01/16
			B Lidotral (lidocaine 3.88%)*	11/01/16
			BG Pliaglis (lidocaine/tetracaine crm)*	11/01/18
			B Proctofoam	01/01/15
			B Synera*	01/01/15
<b>Scabicides/Pediculocides</b>				
B Natroba <sup>†</sup>	01/01/15		B Elimite	01/01/15
G permethrin	01/01/15		B Eurax (crotamiton)	11/01/18
B Sklice	01/01/15		G lindane	01/01/16
			BG Ovide (malathion)	01/01/15
			G spinosad <sup>†</sup>	01/01/15
<b>Diagnostic Products</b>				
<b>Diabetic Test Supplies****<sup>†</sup></b>				
<b>Abbott Products</b>	01/01/11		BG All other diabetic test strips	01/01/18
B Freestyle Test Strips	01/01/11		BG All other lancets	01/01/19
B Precision Test Strips	01/01/11			
<b>Trividia/True Metrix</b>	01/01/18			
B True Metrix Test Strips	01/01/18			
B TrueTrack Test Strips	01/01/18			
<b>Lancets and lancing devices</b>				
B Microlet products	01/01/19			

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date
<b>Epinephrine</b>				
<b>Autoinjectors</b>				
G Mylan epinephrine <sup>¶</sup>	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 <sup>¶</sup>	01/01/18
			B EpiPen, JR	01/01/18
<b>Estrogens</b>				
<b>Oral Single Ingredient</b>				
G estradiol <sup>#</sup>	10/01/11		B Enjuvia	01/01/17
B Menest	10/01/11		B Estrace	10/01/11
B Premarin <sup>#</sup>	01/01/17		G estropipate	01/01/18
<b>Oral Combination</b>				
B Angeliq	01/01/19		B Activella	01/01/19
B Premphase	01/01/17		G amabelz	01/01/18
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 jevantage	01/01/18
			G jinteli	10/01/11
			G mimvey, mimvey lo	10/01/11
			B Prefest	10/01/11
<b>Topical &amp; Miscellaneous</b>				
B Alora patch	01/01/14		B Climara patch	01/01/16
B Climara Pro	01/01/16		G estradiol patch	10/01/11
B Combipatch patch	01/01/14		B Vivelle-DOT patch	01/01/18
B Divigel	01/01/16			
B Elestrin gel	01/01/18			
B Evamist spray	01/01/19			
B Menostar	01/01/19			
B Minivelle patch	01/01/19			
<b>Vaginal</b>				
B Estring	01/01/19		BG Estrace (estradiol)	02/01/18
B Femring	01/01/19		G estradiol vaginal tab <sup>†</sup>	01/01/17
B Premarin crm	10/01/11			
B Vagifem <sup>†</sup>	01/01/17			
<b>Gastrointestinal (GI)</b>				
<b>Antiemetics</b>				
<b>Anticholinergics</b>				
G meclizine	11/01/16		B Cesamet	01/01/15
G prochlorperazine tab	01/01/15		B Compro sup	01/01/15
G promethazine	01/01/15		B Diclegis	01/01/15
B Tigan cap <sup>†</sup>	01/01/15		B Bonjesta	04/01/18
			B Phenergan	01/01/15
			B Tigan inj	01/01/15
			BG Transderm-SC (scopolamine)	06/01/16
			G dimenhydrinate inj	01/01/15
			G prochlorperazine sup, inj	01/01/15
			G trimethobenzamide cap <sup>†</sup>	01/01/15

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	<a href="#">Key</a>	Non Preferred Drugs		Date
<b>Miscellaneous newer classes</b>						
B	Emend cap <sup>†</sup> *	01/01/19		B	Akynzeo	10/15/15
G	ondansetron	01/01/19		BG	Anzemet (granisetron)	12/01/17
				G	aprepitant <sup>†</sup> *	01/01/19
				B	Emend sol*	01/01/19
				B	Sancuso	04/01/12
				B	Sustol	11/01/18
				B	Varubi	10/15/15
				B	Zofran	09/30/09
				B	Zuplenz	04/01/12
<b>Bowel Evacuant Combinations</b>						
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	Plenvu	09/01/18
B	Moviprep	01/01/16		B	Poly-Prep kit	10/01/17
B	Nulytely	01/01/16		B	Prepopik	01/01/16
G	PEG-3350/electrolytes	01/01/18		B	Suprep	01/01/16
G	trilyte	01/01/18				
<b>PAMORAs*</b>						
B	Relistor inj	01/01/19		B	Movantik	01/01/19
				B	Relistor tab	01/01/19
				B	Symproic	11/01/17
<b>Inflammatory Bowel Agents</b>						
<b>Oral</b>						
B	Apriso	01/01/15		B	Azulfidine	07/01/14
B	Asacol <sup>†</sup>	01/01/19		B	Colazal	07/01/14
G	balsalazide	07/01/14		B	Delzicol	01/01/17
B	Dipentum	01/01/19		B	Giazo	07/01/14
B	Lialda <sup>†</sup>	01/01/18		G	mesalamine tab <sup>†</sup>	01/01/19
B	Pentasa	01/01/17				
G	sulfasalazine	07/01/14				
<b>Rectal</b>						
B	Canasa <sup>†</sup>	07/01/14		G	mesalamine sup <sup>†</sup>	01/01/19
G	mesalamine enema	07/01/14		BG	Rowasa (mesalamine) kit	07/01/14
				B	SfRowasa enema	07/01/14
<b>Irritable Bowel Syndrome Agents</b>						
B	Amitiza	01/01/18		G	alosetron <sup>†</sup>	01/01/18
B	Linzess	01/01/16		B	Trulance	03/01/17
B	Lotronex <sup>†</sup>	01/01/18		B	Viberzi	01/01/16
<b>Pancreatic Enzymes</b>						
B	Creon	08/01/11		B	Pancreaze	01/01/12
B	Zenpep	08/01/11		B	Pertzye	01/01/14
				B	Viokace	12/01/17
<b>Phosphate Binders</b>						
G	calcium acetate	10/15/15		B	Auryxia	10/15/15
B	Eliphos	07/01/14		G	lanthanum <sup>†</sup>	01/01/19
B	Fosrenol <sup>†</sup>	01/01/19		B	Renvela	01/01/19
B	Phoslyra sol	07/01/14		G	sevelamer	01/01/18
B	Renagel	07/01/14		B	Velphoro	07/01/14



# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date
<b>Ulcer Drugs</b>				
<b>H2 Antagonists</b>				
G cimetidine	06/01/13		G nizatidine	12/01/17
G famotidine <sup>#</sup>	06/01/13		B Pepcid	06/01/13
G ranitidine <sup>#</sup>	06/01/13		B Zantac	06/01/13
<b>Proton Pump Inhibitors<sup>†‡</sup></b>				
B Dexilant	01/01/18	†‡ Liquid and quick dissolving formulations are only available to patients under 12 years old and those with any type of feeding tube.	BG Aciphex (rabeprazole)	01/01/16
G esomeprazole mag	04/01/18		G esomeprazole str	04/01/18
B Nexium granules <sup>**</sup>	06/01/18		B Nexium cap	04/01/18
G omeprazole <sup>#</sup>	01/01/19		BG Prevacid (lansoprazole) cap	02/01/10
G pantoprazole <sup>#</sup>	01/01/13		BG Prevacid (lansoprazole) Solutabs <sup>**†</sup>	02/01/10
			B Prilosec <sup>**</sup>	01/01/18
		B Protonix <sup>**</sup>	06/01/18	
		B Yosprala	10/01/16	
		BG Zegerid (omeprazole/NaHCO <sub>3</sub> ) <sup>**</sup>	01/01/14	
<b>Gout</b>				
<b>Acute</b>				
B Mitigare <sup>†</sup>	01/01/19		G colchicine cap <sup>†</sup>	01/01/19
G probenecid/colchicine	01/01/19		BG Colcrys (colchicine tab)	07/01/17
<b>Chronic</b>				
G allopurinol <sup>#</sup>	07/01/17		B Duzallo	10/01/17
G probenecid	07/01/17		B Uloric	07/01/17
			B Zurampic	07/01/17
			B Zylprim	07/01/17
<b>Growth Hormone*</b>				
B Genotropin	10/01/10		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

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date
<b>Hematopoietics</b>				
<b>Erythropoiesis Stimulating Agents (ESAs)</b>				
B Aranesp	01/01/18		B Procrit	01/01/18
B Epogen	01/01/18		B Retacrit	06/01/18
<b>Immune Globulin</b>				
B Gamastan, S/D	01/01/16		B Bivigam	01/01/16
B Gammagard, S/D	01/01/16		B Carimune	01/01/16
B Gamunex-C	01/01/16		B Cuvitru	01/01/18
			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
<b>Multivitamins</b>				
<b>Prenatal Vitamins</b>				
B Citranatal 90 DHA	01/01/15	† All rebate eligible prescription prenatal vitamins not listed here should be considered PREFERRED if they contain folic acid and DHA.	B Calcium PNV	01/01/19
B Citranatal Assure	01/01/17		B C-Nate DHA	01/01/19
B Citranatal Bloom	01/01/19		B Extra-Virt plus DHA	01/01/18
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 Citranatal Medley	01/01/19		B Nestabs, ABC, One	01/01/19
B Concept DHA	01/01/15		BG NON-DHA/Folate products	01/01/16
B Select-OB+DHA	01/01/18		B OB Complete, Gold, Petite, DHA	01/01/19
B Vitafof Fe+	01/01/17		B PNV-DHA, Omega	01/01/19
B Vitafof Gummies	01/01/19		B PreferaOb +DHA, One	01/01/19
B Vitafof One	01/01/18		B Prenaissance	01/01/19
B Vitafof Ultra	01/01/17		B Prenatal DHA Pak	03/01/18
B Vitafof-OB+DHA	04/01/17		B Prenate DHA	01/01/15
BG ALL OTHERS with DHA/Folate <sup>†</sup>	01/01/16		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 Relnate	01/01/19	
		B Tricare, DHA	01/01/19	
		B Tristart DHA, One	01/01/19	
		B Ultimatecare One	01/01/19	
		B Vinate DHA	01/01/15	
		B Virtprex	01/01/19	
		B Virt-Select, Nate, Plus	01/01/19	
		B VP-CH, DHA, Heme, Plus	01/01/19	
		B Zatean-PN	01/01/19	

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date
<b>Muscle Relaxants</b>				
<b>Antispasmodic Agents<sup>†</sup></b>				
G chlorzoxazone	09/28/09		B Amrix	09/28/09
G cyclobenzaprine 5, 10mg	09/28/09		G carisoprodol/asa	09/28/09
G methocarbamol	01/01/19		BG Fexmid (cyclobenzaprine 7.5mg)	01/01/14
			B Lorzone	01/01/14
			G orphenadrine	09/28/09
			B Robaxin	01/01/19
			BG Skelaxin (metaxalone)	01/01/16
			BG Soma (carisoprodol)	01/01/14
<b>Antispasticity Agents</b>				
G baclofen <sup>#</sup>	09/28/09		BG Dantrium (dantrolene) <sup>‡</sup>	01/01/13
G tizanidine tab <sup>‡</sup>	10/15/15		G tizanidine cap <sup>‡</sup>	10/15/15
			B Zanaflex <sup>‡</sup>	09/28/09
<b>Nasal</b>				
<b>Antihistamines</b>				
B Astepro <sup>†</sup>	01/01/19		G azelastine 0.15% <sup>†</sup>	01/01/19
G azelastine 0.1%	01/01/19		B Azenase Pak <sup>*</sup>	01/01/18
B Dymista	01/01/18		B Patanase	11/01/18
G olopatadine	11/01/18			
<b>Corticosteroids<sup>‡</sup></b>				
B Beconase AQ	01/01/13		G flunisolide	01/01/19
G fluticasone <sup>#</sup>	10/01/09		B Nasonex	11/01/18
B mometasone	11/01/18		B Qnasl	01/01/13
B Omnaris	01/01/13		B Veramyst	01/01/19
B Zetonna	01/01/19		B Xhance	12/01/18
<b>Neurological Agents</b>				
<b>Antiparkinson Agents</b>				
<b>COMT Inhibitors &amp; Combinations</b>				
G amantadine	06/01/13		G carbidopa/levodopa ODT	10/01/09
G carbidopa/levodopa <sup>#</sup> , ER	01/01/14		G carbidopa/levodopa/entacapone	01/01/14
G entacapone	01/01/19		BG Comtan	01/01/19
			B Duopa	02/11/15
			B Gocovri	10/01/17
			BG Lodosyn (carbidopa)	11/01/16
			B Northera	08/15/14
			B Osmolex ER	06/01/18
			B Rytary	10/01/15
			B Sinemet	01/01/14
			B Stalevo	01/01/14
			B Tasmal (tolcapone)	10/01/09
<b>MAO Inhibitors</b>				
B Azilect <sup>†</sup>	01/01/19		G rasagiline <sup>†</sup>	01/01/19
G selegiline	02/01/10		B Xadago	06/01/17
			B Zelapar	10/01/09

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Non-ergot Derived Dopamine Receptor Agonists and Others</b>						
B	Mirapex ER <sup>†</sup>	01/01/19		B	Mirapex	01/01/19
G	pramipexole <sup>#</sup>	12/02/11		B	Neupro patch	10/01/09
G	ropinirole <sup>#</sup>	10/01/09		B	Nuplazid	06/01/17
				G	pramipexole ER <sup>†</sup>	01/01/19
				B	Requip, XL	10/01/09
				G	ropinirole ER	10/01/09
<b>Migraine Agents</b>						
<b>Abortive Therapy</b>						
B	Relpax <sup>†</sup>	01/01/13		G	almotriptan	01/01/13
G	rizatriptan	01/01/17		BG	Amerge (naratriptan)	01/01/13
G	sumatriptan tab	01/01/13		BG	Cafergot (ergotamine/caf)	01/01/16
B	Sumavel	01/01/17		B	Cambia	01/01/16
				G	eletriptan <sup>†</sup>	09/01/17
				B	Ergomar	05/01/18
				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 (dhe) spray	12/01/17
				B	Onzetra	05/01/16
				B	Treximet (sumatriptan/naproxen) <sup>†</sup>	09/28/09
				B	Zembrace	04/01/16
				BG	Zomig (zolmitriptan)	06/01/13
<b>Prophylactic Therapy</b>						
B	Aimovig 140*	01/01/19		B	Aimovig 70*	01/01/19
G	amitriptyline <sup>^^</sup>	01/01/18		B	Ajovy*	01/01/19
G	divalproex <sup>^^</sup>	01/01/17		B	Botox*	01/01/19
G	propranolol SR <sup>^^</sup>	03/01/16		B	Depakote <sup>^^</sup>	01/01/17
G	propranolol <sup>#^^</sup>	04/01/13		B	Emgality*	01/01/19
G	timolol <sup>^^</sup>	09/28/09		B	Inderal LA, XL <sup>^^</sup>	03/01/16
G	topiramate [non-ER] <sup>^^</sup>	01/01/19		B	Innopran XL <sup>^^</sup>	09/28/09
				B	Qudexy XR (topiramate ER) <sup>^^</sup>	01/01/19
				B	Trokendi XR <sup>^^</sup>	10/01/16
<b>Movement Disorder Treatments</b>						
<b>VMAT-2 Inhibitors</b>						
B	Austedo <sup>§</sup>	01/01/19		B	Ingrezza	07/01/18
B	Xenazine <sup>†</sup>	07/01/18		G	tetrabenazine <sup>†</sup>	07/01/18
<b>Multiple Sclerosis Agents</b>						
B	Avonex	02/01/10		B	Ampyra (dalfampridine) <sup>†</sup>	01/01/13
B	Betaseron	01/01/16		B	Aubagio	01/01/13
B	Copaxone 20mg <sup>†</sup>	09/28/09		B	Copaxone 40mg	05/30/14
B	Gilenya <sup>§</sup>	01/01/18		B	Extavia	01/01/16
				G	glatiramer <sup>†</sup>	07/01/15
				B	Rebif	01/01/15
				B	Tecfidera	01/01/19

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	<a href="#">Key</a>	Non Preferred Drugs		Date
<b>Ophthalmics</b>						
<b>Anti-Glaucoma Agents</b>						
<b>Alpha Adrenergics</b>						
B	Alphagan P 0.15% <sup>†</sup>	01/01/13		G	apraclonidine	10/01/10
B	Alphagan P 0.1%	01/01/14		G	brimonidine 0.15% <sup>†</sup>	10/01/10
G	brimonidine 0.2%	10/01/10		B	lopidine	01/01/14
B	Simbrinza	06/30/14				
<b>Beta Blockers</b>						
B	Betoptic-S	01/01/19		B	Betagan	04/01/16
B	Combigan	01/01/19		G	betaxolol	04/01/16
G	dorzolamide/timolol	04/01/16		G	carteolol	04/01/16
B	Istalol <sup>†</sup>	01/01/19		B	Cosopt, PF	04/01/16
G	levobunolol	04/01/16		G	latanoprost/timolol	07/01/18
G	timolol	04/01/16		G	timolol once daily <sup>†</sup>	01/01/19
				B	Timoptic	04/01/16
				BG	Timoptic Occudose (timolol PF)	04/01/16
				BG	Timoptic-XE (timolol) gel	04/01/16
<b>Prostaglandins</b>						
G	latanoprost	12/02/11		G	bimatoprost	05/06/15
B	Lumigan	01/01/19		G	travoprost	04/30/13
B	Travatan Z	01/01/12		B	Vyzulta	12/01/17
B	Zioptan	04/18/13		B	Xalatan	12/02/11
<b>Antibiotics</b>						
<b>Quinolones</b>						
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
				BG	Ocuflox (ofloxacin)	06/01/12
				B	Vigamox	01/01/18
				B	Zymaxid	06/01/12
<b>Non-Quinolones</b>						
G	erythromycin oint	12/01/17		B	Azasite	06/01/12
B	Gentak	01/01/13		G	bac	06/01/12
G	gentamicin drops, oint	06/01/12		G	bac/poly B	01/01/13
G	poly/trimethoprim	06/01/12		B	Bleph-10	12/01/17
G	ss drops	12/01/17		B	Natacyn	06/01/12
G	tobramycin drops	01/01/19		G	neomycin/bac/poly	01/01/13
				G	neomycin/poly/gramicidin	01/01/19
				G	polycin	01/01/13
				B	Polytrim	01/01/13
				G	ss oint	12/01/17
				B	Tobrex drops, oint	01/01/13

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Antihistamines</b>						
B	Alomide	01/01/14		B	Alocril	01/01/14
B	Bepreve	01/01/18		G	azelastine	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
<b>Anti-Inflammatory</b>						
<b>Corticosteroids</b>						
B	Alrex	06/01/12		G	dexamethasone NaPO <sub>4</sub>	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	Inveltys	11/01/18
B	Lotemax drops	06/01/12		B	Lotemax oint, gel	06/01/12
B	Maxidex	06/01/12		BG	Omnipred (prednisolone acetate)	01/01/19
B	Pred Mild	06/01/12		B	Pred Forte	01/01/13
				G	prednisolone NaPO <sub>4</sub>	06/01/12
				B	Vexol	06/01/12
<b>NSAIDs</b>						
B	Acuvail	06/01/12		B	Acular	06/01/12
G	diclofenac	06/01/12		BG	Acular LS (ketorolac 0.4%)	01/01/19
G	flurbiprofen	06/01/12		G	bromfenac	01/01/13
G	ketorolac 0.5%	01/01/19		B	Bromsite	11/01/16
				B	llevro	01/01/14
				B	Nevanac	06/01/12
				B	Prolensa	04/16/13
<b>Combinations</b>						
B	Blephamide drops	06/01/12		B	Blephamide S.O.P. oint	01/01/16
G	neomycin/poly/dexamethasone	06/01/12		B	Maxitrol	12/01/18
B	Pred-G, S.O.P.	01/01/18		G	neomycin/poly/bac	01/01/18
B	Tobradex [0.3/0.1% drops] <sup>†</sup>	01/01/13		G	neomycin/poly/bac/hc	06/01/12
B	Tobradex oint	01/01/16		G	neomycin/poly/hc	06/01/12
B	Zylet	12/01/18		G	ss/prednisolone drops	06/01/12
				B	Tobradex ST	01/01/18
				G	tobramycin/dexamethasone <sup>†</sup>	06/01/12
<b>Otic Agents</b>						
<b>Antibiotics</b>						
G	ciprofloxacin otic sol 0.2%	01/01/16		B	Floxin otic	01/01/19
G	ofloxacin	01/01/19				
<b>Combinations</b>						
B	Cipro HC	10/01/13		G	neomycin/poly/hc sol	11/01/15
B	CiproDex	01/01/14				
B	Coly-Mycin susp	11/01/15				
G	neomycin/poly/hc susp	11/01/15				
B	Otovel	01/01/19				

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	<a href="#">Key</a>	Non Preferred Drugs		Date
<b>Prostatic Hypertrophy Agents</b>						
G	alfuzosin	01/01/14		B	Avodart	01/01/18
G	doxazosin <sup>#</sup>	10/01/11		B	Cardura	04/01/12
G	dutasteride <sup>#</sup>	01/01/18		B	Flomax	10/01/11
G	finasteride <sup>#</sup>	10/01/11		BG	Jalyn (dutasteride/tamsulosin)	10/01/11
G	prazosin	12/01/18		B	Minipress	12/01/18
B	Rapaflo <sup>†</sup>	01/01/18		B	Proscar	10/01/11
G	tamsulosin <sup>#</sup>	01/01/12		G	silodosin <sup>†</sup>	12/01/18
G	terazosin <sup>#</sup>	10/01/11		B	Uroxatral	01/01/13

<b>Pulmonary Hypertension*</b>						
<b>Endothelin Antagonists*</b>						
B	Letairis	01/01/12		B	Opsumit	10/01/13
B	Tracleer	01/01/12				
<b>Phosphodiesterase-5 Enzyme (PDE-5) Inhibitors*</b>						
B	Adcirca <sup>†</sup>	01/01/19		B	Revatio	09/01/13
G	sildenafil	09/01/13		G	tadalafil <sup>†</sup>	01/01/19
<b>Prostacyclins*</b>						
G	epoprostenol	06/01/12		B	Flolan	06/01/12
				B	Orenitram	04/02/14
				B	Remodulin	06/01/12
				B	Tyvaso	06/01/12
				B	Uptravi	01/15/16
				B	Veletri	06/01/12
				B	Ventavis	01/01/14

<b>Respiratory</b>						
<b>Asthma &amp; COPD</b>						
<b>Anticholinergics<sup>‡</sup></b>						
B	Atrovent HFA	04/01/12		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	Tudorza Pressair	01/01/19		B	Spiriva Respimat	01/01/17
				B	Yupelri	12/01/18
<b>Short Acting Beta Agonists (SABA)<sup>‡</sup></b>						
G	albuterol neb	01/01/13		G	levalbuterol HFA <sup>†</sup>	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 <sup>†</sup>	01/01/12				
<b>Long Acting Beta Agonists (LABA)<sup>‡</sup></b>						
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

# Utah Medicaid Preferred Drug List

Effective January 1, 2019

Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Corticosteroids<sup>†</sup></b>						
B	Arnuiti Ellipta	01/01/19		B	Aerospan	02/01/17
B	Flovent Diskus, HFA <sup>#</sup>	06/28/11		B	Alvesco	01/01/19
B	Pulmicort 0.25mg/2ml <sup>†</sup> , 0.5mg/2ml <sup>†</sup>	01/01/13		B	Armonair	09/01/17
B	Pulmicort Flexhaler	01/01/13		B	Asmanex	01/01/15
				G	budesonide ampules	01/01/13
				B	Pulmicort 1mg/2ml	09/28/09
				B	Qvar	01/01/19
<b>Leukotriene Receptor Antagonists</b>						
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
<b>Oral Beta Agonists</b>						
G	albuterol syp	01/01/19		G	albuterol teb, ER	01/01/19
G	metaproterenol	01/01/19		G	terbutaline	01/01/19
				B	Vospire ER	01/01/13
<b>Combinations<sup>‡</sup></b>						
B	Advair Diskus	09/28/09		B	Advair HFA	01/01/16
B	Dulera	05/23/11		BG	AirDuo (fluticasone/salmeterol)	05/01/17
G	ipratropium/albuterol	01/01/14		B	Breo Ellipta	01/01/19
B	Symbicort	01/01/13		B	Combivent	04/01/13
<b>LABA/LAMA Combinations</b>						
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

<b>Antispasmodics</b>						
<b>Short Acting Agents</b>						
G	bethanechol 10, 25mg	01/01/14		G	bethanechol 5, 50mg	01/01/14
G	oxybutynin	09/28/09		BG	Detrol (tolterodine)	09/28/09
				G	flavoxate	09/28/09
				G	tropium	10/01/13
				B	Urecholine	01/01/14
<b>Long Acting</b>						
G	oxybutynin ER	02/01/10		BG	Detrol LA (tolterodine ER)	01/01/14
B	Oxytrol Rx	01/01/19		B	Ditropan XL	01/01/12
B	Toviaz	09/28/09		BG	Enablex (darifenacin)	04/01/16
B	Vesicare	09/28/09		B	Gelnique	05/01/17
				B	Myrbetriq	05/09/13
				G	tropium ER	10/01/13

## Vitamin D Analogs

G	calcitriol cap	01/01/18		G	calcitriol sol <sup>†</sup>	01/01/18
B	Rocaltrol sol <sup>†</sup>	01/01/18		G	doxercalciferol	01/01/15
G	vitamin D	01/01/15		B	Drisdol	11/01/16
				B	Hectorol	01/01/18
				B	Rocaltrol cap	01/01/18
				BG	Zemplar (paricalcitol)	01/01/15



# Utah Medicaid Preferred Drug List Explanations

Last Modified September 1, 2018

## Explanations

Drugs not listed on the PDL are covered via regular pharmacy provider manual policy.

A drug listing on the PDL consists of 3 columns on one line. From left to right, these are the Brand/Generic indicator, the drug name, and the date that listing was last updated. The general convention used for the PDL is that the more generic the listing is, the broader the listing encompasses. For example, if there are several strengths and dosage forms available for a particular drug within a class, a simple listing of the generic name would indicate that all generic strengths, dosage forms, and formulations for that drug in that class are implied. The same principle applies to branded drugs. In some cases, formulations of a drug may fall in multiple classes - for example some contraceptives and some topical preparations. When the strength and/or dosage form is included in a listing, that narrows the listing to those particular strengths and/or dosage forms. A comma may be used to delineate multiple strengths, dosage forms, or formulations.

For example:

Drug ER indicates that only the ER formulation is part of that listing.

Drug, ER indicates that both the immediate release and ER formulations are part of that listing.

- If a footnote symbol is in the class name, the notation applies to the entire class; if a footnote symbol is after a drug name, the notation applies to that drug specifically.
- If a footnote symbol is before a strength, dosage form, or formulation, only those preceding the notation are covered by the notation.
- Unless otherwise noted, over-the-counter (OTC) products are not included on the PDL. A complete listing of covered OTC products can be found in the OTC reference.
- If a brand and generic have the same status (i.e. both are preferred or both are non-preferred). The generic name will be in parentheses ().
- Information in brackets [] indicates important notes about a drugs (i.e. specified strengths or formulations that are part of, or excluded from that drug's status).
- Within a drug class, "failure" on a preferred drug must be on a drug with a similar dosage form and use/indication to the requested drug where possible.
- For non-preferred combination products, if the separate single ingredient products are preferred, those must be tried before the non-preferred product will be approved
- For non-preferred drugs that have a dosage form or indications/general usage that are similar to a preferred drug, the similar drug must be failed before the non-preferred drug will be approved.
- For non-preferred drugs that have a preferred strength or dosage form on the PDL, the preferred strength or dosage form must be tried before the non-preferred strength will be approved.
- Kits - Utah Medicaid does not generally reimburse for dosing kits. Unless a product is only available in a kit, this form must be used prior to requesting a PA for a kit.
- The dosage form is generally not included in a listing unless a drug is available in more than one dosage form and they do not all have the same status (preferred or non-preferred).
- If multiple dosage forms of a drug are available, but the drug is only listed once (i.e. preferred or non-preferred), it is implied that all dosage forms fall under that listing.
- New changes made in the current release of the PDL have the date highlighted in yellow.
- Non-preferred Drugs require a Prior Authorization effective 5/15/2009.
- If a non-preferred drug requires a clinical prior authorization, the clinical PA form AND the non-preferred PA form must be submitted.
- If a new formulation of a listed drug comes to market, unless otherwise noted, that new formulation is included in the simple listing for that drug.
- The date column indicates the date that listing was last updated. This may include changes to the status (preferred/non-preferred) or a change to the way the drug is listed. A date older than the release of a new form of a drug does not mean the newer form is excluded from that listing.
- For information pertaining to the Tobacco Cessation Program please refer to: <https://medicaid.utah.gov/tobacco-cessation-program>. Additional information can be found at <http://www.health.utah.gov/umb/TobaccoCessationBenefits.pdf>.

# Utah Medicaid Preferred Drug List Footnotes

Last Modified January 1, 2019

Symbols and Footnotes													
*	Clinical PA required <a href="#">PA Criteria Forms</a>												
**	Clinical PA required in some cases - see specific PA criteria for details												
†	Brand Required Over Generic. <a href="#">Refer to Brand Over Generic (BOG) reference in the Resource Library</a>												
‡	Quantity Limits Apply. <a href="#">Drug Criteria and Limits Attachment to the Pharmacy Manual</a>												
#	May be filled for up to a 90-day supply <a href="#">Utah Medicaid 90-Day Supply Medication List</a>												
##	Must be dispensed directly to the provider, not the patient												
^	Added to reference before dates were tracked												
^^	Part of more than one PDL drug class												
¶	Indicates that additional pertinent information can be found in the center area between preferred and non-preferred drugs												
J	Covered under the medical benefit using the appropriate J code												
Q	Covered under the medical benefit using the appropriate Q code												
§	Step Therapy required. Must fail another preferred agent first												
§§	<p>Pursuant to HB 437, passed during the 2016 General Session, Utah Medicaid began placing psychotropic drugs on the Preferred Drug List (PDL) effective July 1, 2016. For the purposes of the Preferred Drug List, psychotropic medications are defined as atypical antipsychotics, anti-depressants, anti-convulsants/mood stabilizers, anti-anxiety medications, and attention deficit hyperactivity disorder (ADHD) stimulants. The first class that will be placed on the PDL in July will be ADHD stimulants with other classes being added in subsequent quarters.</p> <p>Non-preferred psychotropic medication classes listed on the PDL may bypass the non-preferred drug prior authorization if a prescriber writes “dispense as written” on a prescription and the pharmacy submits a Dispense As Written (DAW) Code of “1” on the claim.</p> <p>Note: In accordance with UCA 58-17b-606 (4) and (5), the DAW Code will not allow claims for the brand-name version of multisource drugs to bypass the prior authorization requirement, even if the brand-name version of the drug is listed as non-preferred and the prescriber writes “dispense as written” on the prescription. An exception to this is in the case that a brand-name drug is listed on the Brand Over Generic reference; in that case, the DAW Code will only override the brand-name drug.</p> <p>Note: In order for a prescription to be eligible for the pharmacy to submit the DAW Code of “1” to bypass the edit for a non-preferred medication the prescriber must write “dispense as written” on the physical prescription. Check boxes or pre-printed forms that include “dispense as written” are not acceptable substitutes for the prescriber writing “dispense as written” on the prescription. Electronic prescriptions must state “dispense as written” as either a note or as part of the prescription drug order to satisfy this requirement. Verbal orders that include “dispense as written” must be reduced to writing on the prescription by the pharmacist accepting the verbal order and documented in the member’s medical record.</p>												
***	<p>The following meter NDCs are covered through Medicaid:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Abbott</td> <td style="width: 50%;">True Metrix</td> </tr> <tr> <td>99073-0711-43</td> <td>56151-1490-02</td> </tr> <tr> <td>99073-0709-14</td> <td>56151-1470-02</td> </tr> <tr> <td>99073-0708-05</td> <td>56151-0888-80</td> </tr> <tr> <td>57599-8814-01</td> <td></td> </tr> <tr> <td>57599-5175-01</td> <td></td> </tr> </table> <p>Abbott meters may also be billed to the manufacturer using the following:</p> <ul style="list-style-type: none"> <li>RxBIN: 610020</li> <li>Group number: 99992432</li> <li>ID: ERXUTMED</li> <li>Free for Medicaid members</li> </ul> <p>Diabetic test supplies are not covered for Nursing Home clients.</p> <p>Non-preferred products must be billed through DME.</p>	Abbott	True Metrix	99073-0711-43	56151-1490-02	99073-0709-14	56151-1470-02	99073-0708-05	56151-0888-80	57599-8814-01		57599-5175-01	
Abbott	True Metrix												
99073-0711-43	56151-1490-02												
99073-0709-14	56151-1470-02												
99073-0708-05	56151-0888-80												
57599-8814-01													
57599-5175-01													

# Utah Medicaid Preferred Drug List Key

Last Modified August 1, 2018

Key			
Selected Abbreviations			
Drug Name		Dosage Form	
amph	amphetamine	aug	augmented
apap	acetaminophen	cap	capsule
asa	aspirin	chw	chewable
bac	bacitracin	con	concentrate
bp	benzoyl peroxide	crm	cream
but	butalbital	emul	emulsion
caf	caffeine	inj	injection
damp	dextroamphetamine	liq	liquid
dhe	dihydroergotamine	lot	lotion
dmp	dexmethylphenidate	loz	lozenge
ee	ethinyl estradiol	neb	nebulization solution
hc	hydrocortisone	ODT	orally disintegrating tablet
hctz	hydrochlorothiazide	oint	ointment
ibu	ibuprofen	shmp	shampoo
mph	methylphenidate	SL	sublingual
NaHCO <sub>3</sub>	sodium bicarbonate	sol	solution
poly	polymyxin	sup	suppository
sa	sulfacetamide	susp	suspension
ss	sodium sulfacetamide	syp	syrup
tac	triamcinolone	tab	tablet
Brand/Generic		Salt Form	
B	Brand	buty	butyrate
BG	Both Brand and Generic	dip	dipropionate
G	Generic	HCl	hydrochloride
		mag	Magnesium
		Na	sodium
		NaPO <sub>4</sub>	sodium phosphate
		pam	pamoate
		str	Strontium