

# Utah Medicaid Preferred Drug List

Effective June 1, 2020

Preferred Drugs	Date	Key	Non Preferred Drugs	Date
<b>Analgesics</b>				
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>				
<b>Non-Selective</b>				
G diclofenac gel	11/01/19	† All strengths except 20mg are preferred	BG Daypro (oxaprozin)	02/01/16
G diclofenac Na DR 50, 75mg	01/01/12		G diclofenac Na DR 25mg	01/01/13
G diclofenac Na SR	01/01/13		G diclofenac patch <sup>†</sup>	04/01/19
G diclofenac potassium	07/01/12		G diclofenac sol	05/30/14
G etodolac	01/01/20		G diclofex DC	10/01/17
B Flector patch <sup>†</sup>	01/01/18		G etodolac ER	05/30/14
G flurbiprofen	01/01/12		BG Feldene (piroxicam)	01/01/13
G ibuprofen	09/28/09		B Indocin susp, sup	01/01/20
B Indocin susp	01/01/12		G indomethacin CR	01/01/12
G indomethacin [non-CR] <sup>†</sup>	01/01/12		G ketoprofen, ER	01/01/19
G ketorolac <sup>‡</sup>	09/28/09		B Licart	06/01/20
G meloxicam tab	09/28/09		G meclofenamate	01/01/13
G nabumetone	09/28/09		G mefenamic acid	01/01/13
G naproxen tab, EC	09/28/09		B Mobic	01/01/13
B Pennsaid	01/01/18		BG Nalfon (fenoprofen)	01/01/13
G sulindac	01/01/12		BG Naprelan (naproxen Na CR)	08/01/17
B Zipsor	01/01/20		G Naproxen Na	01/01/19
			G naproxen susp	01/01/20
			B Qmiiiz	04/01/19
			B Relafen	10/01/19
		B Sprix (ketorolac nasal) <sup>‡</sup>	06/01/20	
		B Tivorbex (indomethacin 20mg)	03/01/20	
		B Tolmetin	01/01/13	
		B Vivlodex	02/01/16	
		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		B Dilaudid	10/01/19
G hydromorphone tab, liq	01/01/15		G fentanyl loz <sup>††</sup>	01/01/15
G morphine tab, sol	01/01/15		G Fentora (fentanyl tab) <sup>††</sup>	01/01/20
G oxycodone tab, sol	01/01/15		G hydromorphone sup	09/01/18
G tramadol	01/01/15		B Lazanda <sup>††</sup>	01/01/15
			G meperidine	01/01/15
			G morphine sup	01/01/15
			B Nucynta	01/01/20
			G Opana (oxymorphone)	08/01/17
		B Oxaydo	10/01/15	
		G oxycodone con, cap	10/01/19	
		B Roxicodone	09/01/18	
		B RoxyBond	07/01/18	
		B Ultram	01/01/15	

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<b>Long Acting**†</b>						
B	Butrans <sup>†</sup>	01/01/20	† Cancer-related pain only (G89.3 Neoplasm related pain).	B	Arymo ER	04/01/17
G	fentanyl patch 12, 25, 50mcg	01/01/19		B	Belbuca	01/01/16
G	fentanyl patch 75, 100mcg <sup>¶</sup>	01/01/19		G	buprenorphine patch <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	OxyContin <sup>†</sup>	01/01/20		B	Duragesic patch	01/01/11
				B	Embeda	01/01/20
				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
				G	levorphanol	01/01/15
				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
				G	oxycodone ER <sup>†</sup>	01/01/20
				G	tramadol ER	01/01/16
			B	Xtampza ER	06/01/16	
			B	Zohydro ER (hydrocodone ER cap) <sup>†</sup>	01/01/20	
<b>Opioid Combinations<sup>†</sup></b>						
G	apap/codeine	05/01/17	† All strengths except 2.5/300mg are preferred	B	Apadaz	03/01/19
G	benzhydrocodone/apap	03/01/19		BG	Dvorah (dihydrocodeine/apap/caf)	01/01/19
G	hydrocodone/apap	05/01/17		BG	Ibudone (hydrocodone/ibu)	05/01/17
G	oxycodone/apap <sup>¶</sup>	05/01/17		B	Lortab sol	05/01/17
G	pentazocine/naloxone	08/01/18		B	Nalocet	01/01/20
G	tramadol/apap	05/01/17		B	Norco	05/01/17
				G	oxycodone/apap 2.5/300mg <sup>¶</sup>	03/01/20
				G	oxycodone/asa	05/01/17
				G	oxycodone/ibu	05/01/17
				B	Percocet	05/01/17
				B	Primlev	05/01/17
				B	Prolate	04/01/20
			B	Tylenol/codeine	05/01/17	
			B	Ultracet	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
<b>Androgens</b>						
<b>Topical*</b>						
B	Androderm*	01/01/19		B	Fortesta*	06/01/12
B	Androgel <sup>†</sup>	10/01/16		B	Striant*	02/15/16
B	Testim*	01/01/20		G	testosterone gel <sup>†</sup> , sol*	06/24/14
				B	Vogelxo*	06/09/14

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<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	Jatenzo*	01/01/20
				B	Methitest*	01/01/13
				G	methyltestosterone*	02/15/16
				G	oxandrolone*	01/01/13
				BG	Xyosted (testosterone enanthate)*	12/01/18

## Antibiotics (Oral and Inhaled)

### Aminoglycosides

#### Inhaled for CF

B	Kitabis Pak neb	01/01/16		B	Arikayce	11/01/18
				B	Bethkis neb	01/01/20
				BG	Tobi (tobramycin) neb	01/01/16
				B	Tobi Podhaler cap	01/01/18

### Cephalosporins

#### 3rd Generation (oral)

G	cefdinir	02/01/10		G	cefixime	01/01/20
				G	cefpodoxime	01/01/20
				B	Suprax	01/01/19

### Quinolones (oral)

B	Cipro susp <sup>†</sup>	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 tab	02/01/10
				G	ciprofloxacin susp <sup>†</sup>	01/01/20
				B	Levaquin	02/01/16
				G	ofloxacin tab	02/01/10

### Tetracyclines (oral)

G	doxycycline monohydrate 50, 100mg cap	01/01/20	† This includes all generic equivalents of all oral dosage forms except those specified as preferred.	G	demeclocycline	01/01/20
G	doxycycline hyclate 50, 100mg	01/01/20		B	Doryx	01/01/20
G	minocycline 50, 75, 100mg cap	01/01/20		G	doxycycline <sup>†</sup>	01/01/20
				B	Minocin	01/01/20
				G	minocycline tab	01/01/20
				B	Minolira	01/01/20
				B	Nuzyra*	01/01/20
				B	Solodyn <sup>†</sup>	01/01/20
				G	tetracycline	01/01/20
				B	Vibramycin	01/01/20
			B	Ximino	01/01/20	

## Anticoagulants

### Oral

B	Coumadin (warfarin)	06/01/20		B	Bevyxxa	07/01/19
B	Eliquis	01/01/14		B	Savaysa	01/20/15
B	Pradaxa	01/01/14				
B	Xarelto	01/01/13				

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<b>Injectable</b>				
G enoxaparin	01/01/19		BG Arixtra (fondaparinux)	01/01/13
			B Fragmin	01/01/18
			B Lovenox	01/01/19
<b>Antidiabetics</b>				
<b>Insulin</b>				
<b>Short Acting<sup>†</sup></b>				
B Apidra, Solostar	01/01/17		B Admelog	02/01/18
B Humalog U-100 <sup>†</sup>	01/01/20		B Afrezza	07/01/17
B Novolog <sup>†</sup>	02/01/10		B Fiasp	02/01/18
			B Humalog U-200	01/01/20
			B Humulin-R/Novolin-R	01/01/17
			G insulin aspart <sup>†</sup>	01/01/20
			G insulin lispro <sup>†</sup>	05/01/19
			B Myxredlin	09/01/19
<b>Intermediate Acting<sup>†</sup></b>				
B Humulin-N pen	01/01/20		B Humulin-N vial	01/01/20
			B Novolin-N	01/01/20
<b>Long Acting<sup>†</sup></b>				
B Lantus, Solostar	01/01/17		B Basaglar	12/01/16
B Levemir	09/28/09	¶ Trial and failure of a preferred Long Acting insulin AND a preferred GLP-1 Agonist required.	B Soliqua <sup>¶¶</sup>	02/01/20
B Toujeo	07/01/19		B Tresiba	03/15/16
			B Xultophy <sup>¶¶</sup>	02/01/20
<b>Mixtures<sup>†</sup></b>				
B Humalog 50/50	09/28/09		G insulin aspart protamine/aspart <sup>†</sup>	01/01/20
B Humalog 75/25 <sup>†</sup>	09/28/09		G insulin lispro protamine/lispro <sup>†</sup>	05/01/20
B Humulin 70/30	01/01/20		B Novolin 70/30	01/01/19
B Novolog 70/30 <sup>†</sup>	02/01/10			
<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		B Glucotrol	07/01/14
G glyburide <sup>#</sup>	05/15/16		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>GLP-1 Agonists</b>				
B Bydureon, BCise	02/01/20		B Adlyxin	09/01/17
B Ozempic	02/01/20		B Byetta	01/01/16
B Victoza	01/01/14	¶ Trial and failure of a preferred Long Acting insulin AND a preferred GLP-1 Agonist required.	B Rybelsus	10/01/19
			B Soliqua <sup>¶¶</sup>	02/01/20
			B Tanzeum	01/01/19
			B Trulicity	01/01/19
			B Xultophy <sup>¶¶</sup>	02/01/20

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<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>					
B	Janumet, XR	11/01/16		G alogliptin/metformin	01/01/20
B	Jentadueto, XR	01/01/20		B Glyxambi <sup>^^</sup>	02/11/15
				B Jentadueto XR	11/01/16
				B Kazano	02/01/18
				B Kombiglyze XR	01/01/19
				BG Oseni (alogliptin/pioglitazone) <sup>†</sup>	01/01/19
				B Qtern <sup>^^</sup>	12/01/17
				B Steglujan <sup>^^</sup>	02/01/18
				B Trijardy XR <sup>^^</sup>	04/01/20
<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 Glyxambi <sup>^^</sup>	02/11/15
B	Xigduo XR	01/01/18		B Invokamet, XR	01/01/18
				B Qtern <sup>^^</sup>	12/01/17
				B Segluromet	03/01/18
				B Steglujan <sup>^^</sup>	02/01/18
				B Trijardy XR <sup>^^</sup>	04/01/20
<b>Antifungals</b>					
<b>Oral</b>					
B	Ancobon <sup>†</sup>	01/01/14		B Cresemba	04/01/15
G	clotrimazole loz	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 tab	01/15/12		BG Noxafil (posaconazole)	08/01/19
G	nystatin	10/01/11		B Onmel	01/01/14
G	terbinafine	10/01/11		B Oravig	01/01/13
G	voriconazole	10/01/15		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 Afstyla	01/01/20
B	Adynovate	10/01/18		B Eloctate	10/01/18
B	Koate, DVI	10/01/18		B Esperoct	02/01/20
B	Monoclate-P	10/01/18		B Helixate FS	01/01/19
B	Novoeight	10/01/18		B Hemofil M	10/01/18
B	Xyntha	10/01/18		B Jivi	10/01/18
				B Kogenate FS	10/01/18
				B Kovaltry	10/01/18
				B Nuwiq	10/01/18
				B Recombinate	01/01/20
<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			

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<b>Factor IX</b>						
B	Alphanine	01/01/19		B	Alprolix	01/01/20
B	Benefix	01/01/19		B	Idelvion	01/01/19
B	Feiba	01/01/19		B	Mononine	01/01/19
B	Ixinity	01/01/19		B	Profilnine	01/01/19
B	Rixubis	01/01/19		B	Rebinyn	01/01/19
<b>Antihistamines</b>						
<b>1st Generation</b>						
G	chlorpheniramine tab	01/01/18		BG	carbinoxamine	07/01/14
G	cyproheptadine	07/01/14		G	chlorpheniramine syp, SR	10/01/19
G	diphenhydramine	07/01/14		BG	clemastine	07/01/14
G	hydroxyzine HCl, pam	07/01/14		B	Ryclora	10/01/19
				BG	triprolidine	12/01/17
				B	Vistaril	07/01/14
<b>2nd Generation</b>						
G	cetirizine tab <sup>#</sup> , sol	01/01/18		G	cetirizine chw	01/01/18
G	levocetirizine tab	01/01/19		BG	Clarinet (desloratadine)	07/01/14
G	loratadine <sup>#</sup>	07/01/14		G	levocetirizine sol	01/01/19
<b>Anti-infectives (NOS)</b>						
<b>Amebicide &amp; Antiprotozoal Agents</b>						
B	Flagyl 375mg <sup>†</sup>	01/01/15		B	Flagyl 250, 500mg	01/01/15
G	metronidazole 250, 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	Solosec	02/01/18
<b>Antimalarials</b>						
G	hydroxychloroquine <sup>#</sup>	01/01/18		G	chloroquine	01/01/19
G	primaquine	01/01/16		B	Coartem	01/01/16
				B	Daraprim	01/01/16
				B	Krintafel	02/01/19
				BG	Malarone (atovaquone/proguanil)	01/01/19
				G	mefloquine	01/01/16
				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
<b>Antivirals</b>						
<b>Anti-Influenza</b>						
<b>Oral</b>						
G	oseltamivir	01/01/20		B	Flumadine (rimantadine)	06/01/13
B	Relenza	03/01/16		B	Tamiflu	01/01/20
				BG	Virazole (ribavirin)	01/01/14
				B	Xofluza	11/01/18

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<b>Antiretrovirals</b>						
<b>Entry, Fusion Inhibitors</b>						
B	Selzentry	07/01/17		B	Fuzeon	07/01/17
				B	Trogarzo	10/01/19
<b>Integrase Inhibitors</b>						
B	Isentress	07/01/17				
B	Tivicay	07/01/17				
<b>Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)</b>						
B	Edurant	07/01/17		G	efavirenz <sup>†</sup>	01/01/18
B	Intelligence	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	<a href="#">¶ See NIH Guidelines for recommendations accessed 04/15/2019</a>	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>						
G	atazanavir 200, 300mg	01/01/20		B	Aptivus	01/01/16
B	Norvir <sup>†</sup>	01/01/16		G	atazanavir 150 <sup>†</sup>	01/01/20
B	Prezista	01/01/16		B	Crixivan	01/01/16
B	Reyataz pow, 150mg cap <sup>†</sup>	01/01/20		B	Invirase	01/01/16
				BG	Lexiva (fosamprenavir)	01/01/16
				B	Reyataz 200, 300mg	01/01/20
				G	ritonavir <sup>†</sup>	04/01/18
				B	Viracept	01/01/16
<b>Combination Products<sup>¶</sup></b>						
G	abacavir/lamivudine	07/01/17	<a href="#">¶ See NIH Guidelines for recommendations accessed 04/15/2019</a>	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	Dovato	05/01/19		G	lopinavir/ritonavir <sup>†</sup>	01/01/20
B	Evotaz	01/01/17		B	Stribild	07/01/17
B	Genvoya	07/01/17		B	Symtuza	08/01/18
B	Kaletra <sup>†</sup>	01/01/20		BG	Trizivir (abacavir/lamivudine/zidovudine)	07/01/17
G	lamivudine/zidovudine	07/01/17		B	Truvada	01/01/20
B	Odefsey	07/01/17				
B	Prezcobix	07/01/17				
B	Symfi, Lo	05/01/18				
B	Triumeq	07/01/17				

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<b>Hepatitis C</b>					
<b>Direct Acting Antivirals (DAAs)*</b>					
B	Epclusa*†	10/01/17	B	Daklinza*	01/01/18
B	Mavyret*	09/01/17	G	Harvoni (sofosbuvir/ledipasvir)*†	01/01/20
			G	sofosbuvir/velpatasvir*†	12/01/18
			B	Sovaldi*	01/01/18
			B	Vosevi*	08/01/17
			B	Zepatier*	01/01/20
<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>Bile Acid Sequestrants</b>					
G	cholestyramine	01/01/15	G	colesevelam†	06/01/18
G	colestipol	01/01/15	B	Colestid	01/01/15
B	Welchol†	01/01/18	B	Questran	01/01/15
<b>Bone Density Regulators</b>					
<b>Osteoporosis Agents</b>					
G	alendronate# 5, 10, 35, 70mg	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	etidronate	10/01/09
			B	Evenity	05/01/19
			B	Forteo*	03/01/16
			B	Fosamax	10/01/09
			B	Fosamax-D	10/01/09
			G	Miacalcin (calcitonin)	01/01/16
			B	Prolia	01/01/14
			B	Tymlos	06/01/17
			B	Xgeva	10/15/15

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<b>Cardiovascular</b>						
<b>Antianginal Agents</b>						
G	isosorbide dinitrate	01/01/16		B	Dilatrate SR	01/01/16
G	isosorbide mononitrate IR, ER	01/01/16		B	Gonitro powder	11/01/17
G	nitroglycerin patch	01/01/18		B	Isordil	01/01/16
G	nitroglycerin SL	01/01/20		B	Minitran patch	01/01/18
				B	Nitro-Bid oint	01/01/16
				B	Nitrostat	01/01/20
				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 (ranolazine)	10/01/19
<b>Antihyperlipidemics</b>						
<b>HMG Co-A Reductase Inhibitors ("Statins")</b>						
G	atorvastatin <sup>#</sup>	11/01/12		B	Altprev	01/01/13
B	Crestor <sup>†</sup>	01/01/14		B	Ezallor	07/01/19
G	lovastatin <sup>#</sup>	09/28/09		G	fluvastatin	10/01/18
G	pravastatin <sup>#</sup>	09/28/09		BG	Lescol XL (fluvastatin ER)	10/01/18
G	simvastatin <sup>#</sup>	09/28/09		B	Lipitor	11/01/12
				B	Livalo	01/01/13
				B	Pravachol	01/01/13
				G	rosuvastatin <sup>†</sup>	05/15/16
				B	Zocor	01/01/13
				B	Zypitamag	04/01/18
<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	Nexlizet	06/01/20
<b>PCSK-9 Inhibitors*</b>						
B	Repatha	01/01/20		B	Praluent	01/01/20
<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>Miscellaneous</b>						
G	ezetimibe	01/01/20		B	Juxtapid*	01/01/20
G	omega-3 acid ethyl esters	01/01/20		B	Lovaza	01/01/20
				B	Nexletol	04/01/20
				B	Vascepa	11/01/15
				B	Zetia	01/01/20

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<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
<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
G	trandolapril <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	amlodipine/verapamil	11/01/19		B	Accuretic	09/28/09
G	captopril/hctz	09/28/09		G	benazepril/hctz <sup>†</sup>	01/01/19
G	enalapril/hctz <sup>#</sup>	09/28/09		G	fosinopril/hctz	01/01/19
G	lisinopril/hctz <sup>#</sup>	09/28/09		B	Lotrel	11/01/19
B	Lotensin HCT <sup>†</sup>	01/01/19		G	moexipril/hctz	01/01/13
G	quinapril/hctz	09/28/09		B	Prestalia	09/01/19
				G	Tarka (trandolapril/verapamil)	01/01/20
				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	10/15/15		G	eprosartan	09/28/09
G	losartan	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	09/28/09		B	Benicar NCT	08/01/17
B	Micardis HCT <sup>†</sup>	01/01/12		B	Diovan HCT	10/15/15
G	olmesartan/hctz <sup>#</sup>	08/01/17		B	Hyzaar	09/28/09
G	valsartan/hctz	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	Exforge	01/01/19
B	Entresto	06/01/20		B	Tribenzor	08/01/17
B	Exforge HCT <sup>†</sup>	09/28/09		BG	Twynsta (telmisartan/amlodipine)	01/01/12

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<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 <sup>#</sup>	01/01/20		B	First-Atenol	11/01/19
				B	First-Meto*	02/01/19
				B	Kapsargo	08/01/18
				B	Lopressor	09/28/09
				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		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	Katerzia	08/01/19
				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, PM <sup>†</sup>	01/01/20
<b>Diuretics</b>						
<b>Loop</b>						
G	furosemide	01/01/16		B	Bumex	01/01/20
G	toremide <sup>#</sup>	01/01/16		BG	Edecrin (ethacrynic acid)	11/01/17
G	bumetanide	01/01/20		B	Lasix	01/01/16

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Preferred Drugs	Date	Key	Non Preferred Drugs	Date
<b>Thiazide</b>				
G chlorothiazide	12/01/16		G methyclothiazide	01/01/16
G chlorthalidone	01/01/20		G metolazone	01/01/16
B Diuril	01/01/19		B Microzide	01/01/16
G hydrochlorothiazide <sup>#</sup>	01/01/16			
G indapamide <sup>#</sup>	01/01/16			
<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	01/01/16		B CaroSpir	11/01/17
G spironolactone/hctz	01/01/16		B Dyazide	01/01/16
G triamterene/hctz <sup>#</sup>	01/01/16		BG Inspra (eplerenone)	01/01/16
			B Maxzide	01/01/16
			G triamterene	09/01/19
<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
			B Zontivity	10/01/15
<b>Platelet Aggregation Inhibitors-Miscellaneous, Combinations</b>				
B Aggrenox (asa/dipyridamole)	06/01/20		B Agrylin (anagrelide)	01/01/20
G cilostazol	11/01/12			
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
<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

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Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Non Benzodiazepines, Non Barbiturates<sup>†</sup></b>						
G	eszopiclone	01/01/20		B	Ambien, CR	06/01/13
B	Rozerem <sup>†</sup>	01/01/20		B	Belsomra	12/10/14
B	Silenor <sup>†</sup>	01/01/20		B	Dayvigo	05/01/20
G	zaleplon	10/15/15		G	doxepin tab <sup>†</sup>	01/01/20
G	zolpidem tab, CR	01/01/20		B	Edluar	06/01/13
				B	Hetlioz*	03/17/14
				BG	Intermezzo (zolpidem SL) <sup>†</sup>	11/01/18
				B	Lunesta	04/28/14
				G	ramelteon <sup>†</sup>	08/01/19
<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 (Short Acting)<sup>§§</sup></b>						
G	amph/damph tab	07/01/16		B	Adderall	07/01/16
B	Focalin <sup>†</sup>	01/01/18		G	amph sulfate tab <sup>†</sup>	10/01/18
BG	Methylin (mph) sol	01/01/20		BG	Desoxyn (methamphetamine) <sup>†</sup>	07/01/16
G	mph tab	07/01/16		BG	Dexedrine (damph)	07/01/16
				G	dexmethylphenidate <sup>†</sup>	07/01/16
				B	Evekeo <sup>†</sup> , ODT	01/01/20
				G	mph chw	05/01/19
				B	Procentra (damph sol)	01/01/19
				B	Ritalin	07/01/16
				B	Zenzedi	01/01/19
<b>ADHD Stimulants (Long Acting)<sup>§§</sup></b>						
G	amph/damph ER cap	01/01/20		B	Adderall XR	07/01/16
B	Concerta <sup>†</sup>	01/01/17		B	Adhansia XR	07/01/19
B	Dyanavel XR	01/01/18		B	Adzenys XR (amphetamine ER susp)	01/01/20
B	Focalin XR <sup>†</sup>	01/01/18		B	Adzenys XR ODT	01/01/19
B	Quillichew ER	01/01/18		B	Aptensio XR	01/01/20
B	Quillivant susp	01/01/18		B	Cotempla XR ODT	01/01/19
B	Vyvanse	01/01/18		B	Daytrana	07/01/16
				G	dexmethylphenidate ER <sup>†</sup>	07/01/16
				B	Jornay PM	06/01/19
				BG	Metadate (biphasic mph ER)	07/01/16
				G	mph ER osmotic release <sup>†</sup>	07/01/16
				B	Mydayis	07/01/17
				BG	Ritalin LA (mph ER) cap	07/01/16

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<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	clobazam	01/01/20		G	clonazepam ODT	01/01/17
G	clonazepam <sup>†</sup>	01/01/17		B	Depakene	01/01/17
B	Diastat <sup>†</sup>	01/01/17		B	Depakote <sup>^^</sup>	01/01/17
B	Dilantin 30mg	01/01/17		B	Diacomit	07/01/19
G	divalproex <sup>^^</sup>	01/01/17		G	diazepam rectal <sup>†</sup>	01/01/17
G	ethosuximide	06/01/19		B	Dilantin chw, 100mg	01/01/17
G	gabapentin <sup>†</sup>	10/01/16		B	Epidiolex <sup>*</sup>	01/01/19
B	Gabitril <sup>†</sup>	01/01/18		BG	Felbatol (felbamate) <sup>†</sup>	10/01/16
G	lamotrigine tab, chw <sup>#</sup>	11/01/16		B	Fycompa	01/01/19
G	levetiracetam	10/01/16		B	Gralise <sup>†</sup>	09/01/18
B	Lyrica cap <sup>††</sup>	01/01/19		B	Horizant <sup>†</sup>	09/01/18
G	oxcarbazepine tab <sup>#</sup>	10/01/16		B	Keppra	10/01/16
B	Peganone	10/01/16		B	Klonopin <sup>†</sup>	01/01/17
G	phenytoin	01/01/17		B	Lamictal	10/01/16
G	primidone	01/01/17		BG	Lamictal (lamotrigine) ODT <sup>†</sup>	10/01/16
B	Tegretol tab <sup>#†</sup> , sol <sup>†</sup>	01/01/17		BG	Lamictal XR (lamotrigine ER)	10/01/16
G	topiramate [non-ER] <sup>^^</sup>	01/01/19		B	Lyrica sol, CR <sup>†</sup>	01/01/19
G	valproic acid	01/01/17		B	Mysoline	01/01/17
B	Valtoco	05/01/20		B	Nayzilam	10/01/19
B	Vimpat	10/01/16		B	Neurontin <sup>†</sup>	10/01/16
G	zonisamide <sup>#</sup>	10/01/16		B	Onfi	11/01/18
				B	Oxtellar XR	10/01/16
				B	Phenytek	01/01/17
				G	pregabalin <sup>†</sup>	08/01/19
				BG	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
				B	Xcopri	04/01/20
				B	Zarontin	06/01/19

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<b>Atypical Antipsychotics<sup>§§</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 tab	10/01/16		B	Caplyta	02/01/20
B	Invega Sustenna <sup>##</sup>	05/01/18		B	Clozaril	10/01/16
B	Invega Trinza <sup>#,##</sup>	05/01/18		B	Fanapt	10/01/16
B	Latuda <sup>§</sup>	01/01/19		BG	Fazaclo (clozapine ODT) <sup>†</sup>	10/01/16
G	olanzapine ODT	01/01/20		G	Geodon (ziprasidone inj) <sup>†</sup>	04/01/20
G	olanzapine	10/01/16		B	Geodon cap	01/01/18
B	Perseris <sup>##</sup>	01/01/19		BG	Invega (paliperidone)	10/01/16
G	quetiapine, ER	01/01/19		B	Rexulti	10/01/16
G	risperidone tab, sol	01/01/18		B	Risperdal	10/01/16
B	Saphris	01/01/18		BG	Risperdal Consta (risperidone inj) <sup>##</sup>	10/01/16
G	ziprasidone cap	01/01/18		G	risperidone ODT	10/01/16
				B	Secuado	01/01/20
				B	Seroquel, XR	10/01/16
				B	Versacloz	10/01/16
				B	Vraylar	01/01/19
				BG	Zyprexa Relprevv (olanzapine inj) <sup>##</sup>	10/01/16
				B	Zyprexa, Zydys	10/01/16
<b>Antidepressants - SSRI/SNRI<sup>§§</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 tab <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 [non-ER] <sup>#</sup>	10/01/16		B	Drizalma	10/01/19
B	Savella	01/01/18		G	duloxetine 40mg	10/01/16
G	sertraline tab <sup>#</sup>	10/01/16		B	Effexor XR	10/01/16
G	venlafaxine ER cap	10/01/16		G	escitalopram sol	10/01/16
G	venlafaxine tab [non-ER]	01/01/19		B	Fetzima	10/01/16
				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

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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 cap	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	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
G	phenelzine	01/01/18			B	Nardil	01/01/18
			G		tranylcypromine	03/01/19	
<b>Antidepressants - Miscellaneous<sup>SS</sup></b>							
G	bupropion <sup>†</sup>	10/19/16	<sup>†</sup> All generic strengths and formulations preferred except 450mg XL	B	Aplenzin	10/01/16	
G	mirtazapine 15, 30, 45mg <sup>#</sup>	10/01/16		B	Forfivo XL (bupropion 450mg XL) <sup>†</sup>	10/01/18	
G	mirtazapine ODT	10/01/16		G	maprotiline	01/01/20	
G	trazodone 50, 100, 150mg <sup>#</sup>	10/01/16		G	mirtazapine 7.5mg	10/01/16	
				G	nefazodone	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, SR, XL	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	

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Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Contraceptives</b>						
<b>Oral</b>						
<b>Low Dose and Mono-phasic<sup>#</sup></b>						
G	afirmelle	11/01/19		G	aurovela, FE	05/01/19
G	altavera	01/01/12		B	Balcoltra	05/01/18
G	alyacen 1/35	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		G	cryselle	01/01/20
G	aviane	03/15/16		G	desogestrel/ee	01/01/16
G	ayuna	07/01/19		G	drospirenone/ee	01/01/16
G	balziva	01/01/20		G	drospirenone/ee/levomefolate	11/01/19
G	blisovi FE 1/20, 1.5/30	11/01/16		G	elinest	01/01/20
G	briellyn	01/01/20		G	ethynodiol/ee	01/01/18
G	chateal	01/01/14		B	FaLessa kit	01/01/16
G	cyclafem 1/35	01/01/13		B	Generess FE chw	04/01/19
G	cyred	01/01/16		G	gianvi	01/01/13
G	dasetta	01/01/13		G	gildess 1/20, 1.5/30	01/01/18
G	emoquette	01/01/14		G	hailey, 24 FE	09/01/19
G	enskyce	01/01/14		G	jasmiel	03/01/19
G	estarylla	01/01/14		G	junel 1/20, 1.5/30, 24 FE 1/20	01/01/18
G	falmina	01/01/13		G	kaitlib	10/01/18
G	femynor	03/01/18		G	kelnor	01/01/19
G	isibloom	07/01/18		G	larin 1/20, 1.5/30, 24 FE 1/20	01/01/19
G	juleber	05/15/16		G	layolis	01/01/16
G	junel FE 1/20, 1.5/30	01/01/16		B	Loestrin	01/01/16
G	kalliga	11/01/19		G	low-ogestrel	01/01/20
G	kurvelo	01/01/14		G	lo-zumandimi	11/01/19
G	larin FE 1/20, 1.5/30	07/01/18		G	melodetta 24 chw	10/01/17
G	larissia	09/01/17		G	mibelas 24 chw	04/01/17
G	lessina	10/01/11		G	microgestin 1.5/30	01/01/19
G	levonorgestrel/ee	01/01/16		G	Minastrin 24 FE chw	11/01/19
G	levora	03/15/16		G	necon 0.5/35	01/01/18
G	lillow	09/01/17		G	nikki	08/04/14
G	loryna	01/01/19		G	norethindrone/ee FE chw	01/01/16
G	luteru	10/01/11		B	Norinyl 1/35	01/01/19
G	marlissa	01/01/13		G	nortrel 0.5/35	01/01/19
G	microgestin 1/20	01/01/19		G	nortrel 1/35	02/01/19
G	microgestin FE	03/15/16		B	Ogestrel	01/01/13
G	mili	06/01/18		B	Ortho-Novum 1/35	01/01/19
G	mono-lynyah	04/01/13		B	Safyral	01/01/19
G	mononessa	03/15/16		G	tarina FE 24	04/01/19
G	norethindrone/ee, FE 1/20	01/01/20		B	Taytulla	10/01/16
G	norgestimate/ee	01/01/13		G	tydemy	04/01/18
G	ocella	01/01/19		G	wera	01/01/18
G	orsythia	01/01/13		G	wymzya	01/01/13
G	philith	01/01/20		B	Yasmin	01/01/16
G	pirmella 1/35	01/01/20		B	Yaz	01/01/16
G	portia	01/01/12		G	zenchent	01/01/19
G	previfem	01/01/13		G	zovia	01/01/19
G	reclipsen	01/01/14		G	zumandimi	11/01/19

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G	sprintec	10/01/11				
G	sronyx	10/01/11				
G	syeda	01/01/19				
G	tarina FE	01/01/16				
G	vienva	12/01/16				
G	vyfemla	01/01/20				
G	vylibra	03/01/18				
G	zarah	01/01/20				
<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	pimtreea	01/01/18		G	simliya	05/01/19
G	volnea	02/01/20		G	viorele	01/01/19
<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
G	leena	01/01/19		G	caziant	09/01/17
G	levonest	01/01/13		B	Cyclessa	01/01/19
G	levonorgestrel/ee	03/15/16		G	dasetta 7/7/7	01/01/19
G	myzilra	01/01/13		B	Estrostep FE	01/01/20
B	Natazia	01/01/16		G	necon 7/7/7	01/01/19
G	norgestimate/ee	01/01/16		G	nortrel 7/7/7	01/01/19
B	Ortho Tri-Cyclen, Lo	01/01/18		B	Ortho-Novum 7/7/7	05/01/18
G	tri femynor	06/01/17		G	pirmella 7/7/7	01/01/19
G	tri-estaryll, tri-lo-estaryll	11/01/19		G	simpesse	11/01/19
G	tri-linyah	04/01/13		G	tilia FE	01/01/11
G	tri-marzia, tri-lo-marzia	02/01/20		G	tri-legest FE	01/01/11
G	tri-mili, tri-lo-mili	07/01/19		G	velivet	09/01/17
G	trinessa	03/15/16				
G	tri-previfem	01/01/13				
G	tri-sprintec, tri-lo-sprintec	03/15/16				
G	trivora	01/01/11				
G	tri-vylibra	03/01/18				
<b>Extended Cycle<sup>#</sup></b>						
G	introvale	01/01/18		G	amethia, Lo	01/01/13
G	jolessa	01/01/16		G	amethyst	01/01/13
B	Loseasonique	01/01/13		G	ashlyna	01/01/19
G	quasense	01/01/16		G	camrese	01/01/20
B	Seasonique	01/01/13		G	camrese Lo	01/01/19
G	setlakin	01/01/17		G	daysee	01/01/13
				G	fayosim	05/01/17
				G	jaimiess, Lo	02/01/20
				G	levonorgestrel/ee	01/01/20
				B	Quartette	01/01/14
				G	rivelsa	05/01/17

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Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Emergency</b>						
G	aftera	01/01/16		G	econtra EZ, OS	04/01/18
G	opcicon	01/01/19		B	Ella	01/01/16
G	take action	05/14/14		G	fallback	01/01/20
				G	levonorgestrel	01/01/16
				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
				G	prevenzeza	02/01/19

## Cytokine Modulators

<b>Immunomodulators</b>						
B	Cosentyx <sup>S</sup>	01/01/19		B	Actemra	01/01/16
B	Enbrel	02/01/10		B	Arcalyst	11/01/19
B	Humira	02/01/10		B	Cimzia	01/01/13
				B	Ilaris	11/01/19
				B	Ilumya	09/01/18
				B	Inflectra <sup>J</sup>	11/01/19
				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	Remicade <sup>J</sup>	11/01/19
				B	Renflexis <sup>J</sup>	11/01/19
				B	Rinvoq	09/01/19
				B	Siliq	05/01/19
				B	Simponi	02/01/10
				B	Skyrizi	05/01/19
				B	Stelara	10/01/11
				B	Taltz	05/01/16
				B	Tremfya	05/01/19
				B	Xeljanz, XR	09/15/14

## Dermatological

<b>Acne Products</b>						
<b>Antibiotics &amp; Combinations (topical)</b>						
G	benzoyl peroxide/erythromycin	01/01/13		B	Acanya	01/01/19
G	clindamycin lot, sol, gel, pad	01/01/20		BG	Aczone (dapson)	11/01/17
G	clindamycin/benzoyl peroxide	01/01/19		G	adapalene/benzoyl peroxide gel	08/01/17
B	Epiduo Forte	03/01/20		B	Benzaclin	09/01/18
G	erythromycin 2% gel, sol	01/01/13		B	Benzamycin	08/01/11
B	Evoclin <sup>†</sup>	01/01/14		B	Cleocin T gel, lot	08/01/11
B	Onexton	01/01/16		B	Clindacin kit*, pad	01/01/20
B	Ziana <sup>†</sup>	01/01/13		G	clindamycin foam <sup>†</sup>	01/01/19
				G	clindamycin/tretinoin <sup>†</sup>	08/01/17
				B	Duac	01/01/16
				B	EryGel	01/01/16
				G	erythromycin pad	01/01/16
				B	Klaron	05/15/16
				G	ss lot	01/01/18

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Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Retinoids (topical)</b>						
B	Differin lot, crm <sup>†</sup> , gel <sup>†</sup>	01/01/19		G	adapalene <sup>†</sup>	01/01/19
B	Retin-A crm, gel <sup>†</sup>	01/01/14		B	Altreno	05/01/19
G	tazarotene 0.1% crm	11/01/18		B	Atralin	11/01/17
B	Tazorac gel, 0.05% crm	01/01/14		B	Avita	01/01/20
				B	Fabior	01/01/14
				B	Retin-A Micro	08/01/11
				B	Tazorac 0.1% crm	11/01/18
				G	tretinoin	01/01/14
<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		BG	benzoyl peroxide gel	11/01/19
G	ss/sulfur susp, liq, emul	12/01/16		B	Finacea foam	10/01/15
				B	Ovace	01/01/12
				G	selenium sulfide	04/01/12
				G	ss 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	myorisan	01/01/20		B	Absorica	01/01/14
				G	amnesteam	08/01/11
				G	claravis	01/01/20
				G	isotretinoin	03/01/18
				G	zenatane	08/11/11
<b>Antifungals</b>						
G	butenafine	12/01/17		B	Alevazol	06/01/20
G	ciclopirox shmp, gel, crm, susp	08/01/17		G	econazole	04/01/13
G	clotrimazole sol, crm	01/01/20		B	Exelderm (sulconazole) <sup>†</sup>	01/01/20
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	Loprox	08/01/17
				B	Luzu (luliconazole)	03/01/19
				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>Antivirals</b>						
B	Zovirax crm, oint <sup>†</sup>	05/15/16		G	acyclovir crm, oint <sup>†</sup>	03/01/19
				B	Denavir	01/01/14
				B	Xerese	06/01/13

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Preferred Drugs		Date	Key	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
G	halobetasol crm, oint	11/01/19		B	Cordran tape	10/01/13
				B	Diprolene	10/01/13
				G	flurandrenolide	03/01/17
				G	halobetasol foam	11/01/19
				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	11/01/19
				BG	Vanos (fluocinonide 0.1%)	01/01/14
<b>Potent</b>						
G	fluocinonide 0.05% crm, oint, sol	01/01/19		G	amcinonide	10/01/13
B	Halog <sup>†</sup>	01/01/20		G	fluocinonide 0.05% gel	01/01/19
G	mometasone 0.1% oint	10/01/13		G	halcinonide <sup>†</sup>	01/01/20
G	triamcinolone 0.5%	11/01/19		BG	Topicort (desoximetasone) 0.25%	10/01/13
<b>Midstrength</b>						
G	betamethasone val crm, oint, foam, lo	01/01/20		BG	Cloderm (clocortolone)	01/01/14
G	fluocinolone 0.025% crm, oint	10/01/13		B	Cutivate	10/01/13
G	fluticasone crm, lot, oint	01/01/20		BG	Dermatop (prednicarbate)	01/01/15
G	mometasone 0.1% crm, sol	10/01/13		B	Elocon crm	01/01/16
G	triamcinolone 0.1% oint, crm, lot	10/01/13		G	hydrocortisone val 0.2% crm, oint	01/01/16
G	triamcinolone topical spray	04/01/20		B	Kenalog spray	04/01/20
				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
<b>Mild strength</b>						
B	Capex	10/01/13		B	Ala Scalp	11/01/19
B	Derma-Smoothe/FS oil	10/01/13		G	alclometasone	01/01/20
G	desonide	11/01/16		B	Desowen	10/01/15
G	fluocinolone 0.01% crm	01/01/16		G	fluocinolone 0.01% oil	10/01/13
G	hydrocortisone 1% crm, oint	10/01/13		BG	Locoid (hydrocortisone butyrate)	11/01/19
G	hydrocortisone 2.5% crm, lot, oint	10/01/13		B	MiCort-HC	01/01/18
G	triamcinolone 0.025% oint, lot, crm	10/01/13		BG	Synalar (fluocinolone 0.01%) sol	11/01/19
				B	Texacort	10/01/13
				B	Trianex	10/01/13

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Preferred Drugs	Date	Key	Non Preferred Drugs	Date
<b>Steroid/Antifungal Combinations</b>				
G clotrimazole/betamethasone crm	12/01/19		G clotrimazole/betamethasone lot	12/01/19
			G nystatin/triamcinolone	01/01/17
<b>Immunomodulating Agents</b>				
G pimecrolimus	01/01/20		G Elidel	01/01/20
B Protopic <sup>†</sup>	01/01/19		B Eucrisa	09/01/18
			G tacrolimus <sup>†</sup>	01/01/19
<b>Local Anesthetic Agents</b>				
G lidocaine oint, sol, gel, crm	01/01/15		B Epifoam	01/01/15
G lidocaine/hydrocortisone rectal crm	01/01/15		G lidocaine lot	05/01/18
G lidocaine/prilocaine	11/01/16		G lidocaine/hydrocortisone rectal gel	01/01/15
			BG Lidoderm (lidocaine patch)*	03/01/16
			B Lidotral (lidocaine 3.88%)	11/01/16
			B Pliaglis	11/01/18
			B Proctofoam	01/01/15
			B Synera	01/01/15
			B Ztlido*	02/01/19
<b>Scabicides/Pediculicides</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 Vanalice	01/01/20		G lindane	01/01/16
			BG Ovide (malathion)	01/01/15
			B Sklice	01/01/20
			G spinosad <sup>†</sup>	01/01/15
<b>Diagnostic Products</b>				
<b>Diabetic Test Supplies***†</b>				
<b>Abbott Products</b>	01/01/11	† Non-preferred products must be billed through DME.	BG All other diabetic test strips <sup>†</sup>	01/01/18
B Freestyle Test Strips	01/01/11		BG All other lancets <sup>†</sup>	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 Unilet products	01/01/20			
<b>Epinephrine</b>				
<b>Injection Devices</b>				
G Mylan epinephrine <sup>†</sup>	01/01/18	† Only Mylan authorized generic is preferred. This includes the following NDCs: 49502-0101-## 49502-0102-##	B Adrenaclick	01/01/15
			G epinephrine <sup>†</sup>	01/01/18
			B EpiPen, JR	01/01/18
			B Symjepi	08/01/19

# Utah Medicaid Preferred Drug List

Effective June 1, 2020

Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date	
<b>Estrogens</b>					
<b>Oral Single Ingredient</b>					
G	estradiol <sup>#</sup>	10/01/11	B	Estrace	10/01/11
B	Premarin <sup>#</sup>	01/01/17	G	estropipate	01/01/18
			B	Menest	01/01/20
<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	jevantique	01/01/18
			G	jinteli	10/01/11
			G	lopreeza	05/01/19
			G	mimvey, mimvey lo	10/01/11
			B	Prefest	10/01/11
<b>Topical &amp; Miscellaneous</b>					
B	Climara Pro	01/01/16	B	Alora patch	01/01/20
B	Combipatch patch	01/01/14	B	Climara patch	01/01/16
B	Divigel	01/01/16	G	estradiol patch	10/01/11
B	Elestrin gel	01/01/18	B	Minivelle patch	01/01/20
B	Evamist spray	01/01/19	B	Vivelle-DOT patch	01/01/18
B	Menostar	01/01/19			
<b>Vaginal</b>					
B	Estring <sup>#</sup>	01/01/20	BG	Estrace (estradiol)	02/01/18
B	Femring <sup>#</sup>	01/02/20	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	Bonjesta	04/01/18
G	prochlorperazine tab	01/01/15	B	Compro sup	01/01/15
G	promethazine	01/01/15	BG	Diclegis (doxylamine/pyridoxine) <sup>†</sup>	07/01/19
B	Tigan cap <sup>†</sup>	01/01/15	G	dimenhydrinate inj	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 <sup>†</sup>	01/01/15

# Utah Medicaid Preferred Drug List

Effective June 1, 2020

Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Miscellaneous newer classes*</b>						
B	Emend cap <sup>†</sup> , oral susp	11/01/19		B	Akynzeo	10/15/15
G	ondansetron	01/01/19		BG	Aloxi (palonosetron)	11/01/19
				B	Anzemet	09/30/09
				G	aprepitant <sup>†</sup>	01/01/19
				B	Cesamet	01/01/15
				B	Cinvanti	10/01/19
				B	Emend sol (fosaprepitant)	09/01/19
				G	granisetron	01/01/13
				BG	Marinol (dronabinol) <sup>^^</sup>	01/01/15
				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	Movantik*	01/01/20		B	Relistor tab*	01/01/19
B	Relistor inj*	01/01/19		B	Symproic*	11/01/17
<b>Inflammatory Bowel Agents</b>						
<b>Oral</b>						
B	Apriso <sup>†</sup>	01/01/20		B	Azulfidine	07/01/14
B	Asacol <sup>†</sup>	01/01/19		B	Colazal	07/01/14
G	balsalazide	07/01/14		BG	Delzicol (mesalamine cap DR) <sup>†</sup>	06/01/19
B	Dipentum	01/01/19		B	Giazo	07/01/14
B	Lialda <sup>†</sup>	01/01/18		G	mesalamine cap <sup>†</sup> , tab <sup>†</sup>	01/01/20
B	Pentasa	01/01/17				
G	sulfasalazine	07/01/14				
<b>Rectal</b>						
B	SfRowasa enema <sup>†</sup>	01/01/20		BG	Canasa (mesalamine sup)	01/01/20
				G	mesalamine enema <sup>†</sup>	01/01/20
				BG	Rowasa (mesalamine) kit	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

# Utah Medicaid Preferred Drug List

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Preferred Drugs	Date	Key	Non Preferred Drugs	Date
<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 (sevelamer carbonate tab) <sup>†</sup>	01/01/20
B Phoslyra sol	07/01/14		B Renvela powder	01/01/20
B Renagel <sup>†</sup>	07/01/14		G sevelamer HCl <sup>†</sup>	03/01/19
G sevelamer carbonate powder	01/01/20		B Velphoro	07/01/14
<b>Ulcer Drugs</b>				
<b>Proton Pump Inhibitors</b>				
B Dexilant	01/01/18	† Liquid and quick dissolving formulations are only available to patients under 12 years old or those with any type of feeding tube.	BG Aciphex (rabeprazole), Sprinkle <sup>†</sup>	01/01/16
G esomeprazole mag	04/01/18		G esomeprazole str	04/01/18
B Nexium packets <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 powder <sup>†</sup>	01/01/18
		B Protonix, Pak <sup>†</sup>	06/01/18	
		BG Yosprala	08/01/19	
		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 Uloric (febuxostat) <sup>†</sup>	08/01/19
G probenecid	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, Saizenprep	11/01/19
			B Serostim	10/01/10
			B Zomacton	11/01/16
			B Zorbtive	01/01/13
<b>Hematopoietics</b>				
<b>Erythropoiesis Stimulating Agents (ESAs)</b>				
B Aranesp	01/01/18		B Procrit	01/01/18
B Epogen	01/01/18		B Retacrit	06/01/18

# Utah Medicaid Preferred Drug List

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Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date		
<b>Immune Globulin</b>						
B	Carimune	03/01/20	B	Asceniv	12/01/19	
B	Gamastan, S/D	01/01/16	B	Bivigam	01/01/16	
B	Gammagard, S/D	01/01/16	B	Cutaquig	06/01/19	
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	Panzyga	09/01/19	
			B	Privigen	01/01/16	
			B	Xembify	10/01/19	
<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	Enbrace HR	11/01/19
B	Citranatal DHA	01/01/17		B	Extra-Virt plus DHA	01/01/18
B	Citranatal Harmony	01/01/15		B	Nestabs 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	Vitafol Fe+	01/01/17		B	PNV -DHA -Omega	01/01/19
B	Vitafol Gummies	01/01/19		B	Prenaissance	01/01/19
B	Vitafol One	01/01/18		B	Prenatal DHA Pak	03/01/18
B	Vitafol Ultra	01/01/17		B	Prenate DHA	01/01/15
B	Vitafol-OB+DHA	04/01/17		B	Prenate Enhance	01/01/18
BG	ALL OTHERS with DHA/Folate <sup>†</sup>	01/01/16		B	Prenate Essential	01/01/15
			B	Prenate Mini	01/01/16	
			B	Prenate Pixie	01/01/15	
			B	Prenate Restore	01/01/17	
			B	Provida DHA	01/01/15	
			B	Relnate DHA	01/01/19	
			B	Taron-Prex	01/01/20	
			B	Tricare, DHA	01/01/19	
			B	Tristart DHA, One	01/01/19	
			B	Vinate DHA	01/01/15	
			B	Virt -Select, -Nate	01/01/19	
			B	Virtprex	01/01/19	
			B	VP -CH, -DHA, -Heme, -Plus	01/01/19	
			B	Zatean -PN	01/01/19	

# Utah Medicaid Preferred Drug List

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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	cyclobenzaprine ER	01/01/20	G	carisoprodol/asa/codeine	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	09/28/09	BG	Dantrium (dantrolene) <sup>†</sup>	01/01/13
G	tizanidine tab <sup>†</sup>	10/15/15	B	Ozobax	10/01/19
			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*	01/01/18
B	Dymista	01/01/18	G	olopatadine	01/01/20
			B	Patanase	11/01/18
			B	Ticanase Pak*	11/01/19
<b>Corticosteroids<sup>†</sup></b>					
B	Beconase AQ	01/01/13	G	flunisolide	01/01/19
G	fluticasone	10/01/09	B	Nasonex	11/01/18
G	mometasone	11/01/18	B	Omnares	01/01/20
			B	Qnasl	01/01/13
			B	Xhance	12/01/18
			B	Zetonna	01/01/20
<b>Neurological Agents</b>					
<b>Antiparkinson Agents</b>					
<b>COMT Inhibitors &amp; Combinations</b>					
G	amantadine	01/01/14	G	carbidopa/levodopa ODT	10/01/09
G	carbidopa/levodopa <sup>#</sup> , ER	01/01/14	G	carbidopa/levodopa/entacapone	01/01/14
B	Duopa	01/01/20	B	Comtan	01/01/19
G	entacapone	01/01/19	B	Gocovri	10/01/17
			B	Inbrija	03/01/19
			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	Tasmar (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	01/01/20			

# Utah Medicaid Preferred Drug List

Effective June 1, 2020

Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Non-ergot Derived Dopamine Receptor Agonists and Others</b>						
G	pramipexole <sup>#</sup>	12/02/11		B	Mirapex	01/01/19
G	ropinirole <sup>#</sup>	10/01/09		G	Mirapex ER (pramipexole ER) <sup>†</sup>	01/01/20
				B	Neupro patch	10/01/09
				B	Nourianz	10/01/19
				B	Nuplazid	06/01/17
				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 <sup>†</sup>	01/01/13
G	rizatriptan <sup>†</sup>	01/01/17		BG	Amerge (naratriptan) <sup>†</sup>	01/01/13
G	sumatriptan tab <sup>†</sup>	01/01/13		G	but/apap/caf/codeine <sup>†</sup>	05/01/17
B	Nurtec <sup>*</sup>	06/01/20		G	butorphanol nasal spray <sup>†</sup>	08/01/19
				BG	Cafergot (ergotamine/caf)	01/01/16
				B	Cambia	01/01/16
				G	eletriptan <sup>††</sup>	09/01/17
				B	Ergomar	05/01/18
				BG	Fiorinal/codeine (but/asa/caf/codeine)	05/01/17
				BG	Frova (frovatriptan) <sup>†</sup>	04/01/16
				BG	Imitrex (sumatriptan) spray, inj <sup>†</sup>	01/01/17
				B	Imitrex tab <sup>†</sup>	01/01/12
				B	Maxalt <sup>†</sup>	01/01/14
				B	Migergot	06/01/20
				BG	Migranal (dhe) spray	12/01/17
				B	Onzetra <sup>†</sup>	05/01/16
				B	Reyvow <sup>*</sup>	02/01/20
				B	Tosymra	10/01/19
				B	Treximet (sumatriptan/naproxen) <sup>††</sup>	09/28/09
				B	Ubrelvy <sup>*</sup>	02/01/20
				B	Zembrace <sup>†</sup>	04/01/16
				BG	Zomig (zolmitriptan) <sup>†</sup>	06/01/13
<b>Prophylactic Therapy</b>						
B	Aimovig <sup>*</sup>	01/01/20		B	Ajovy <sup>*</sup>	01/01/19
G	amitriptyline <sup>^^</sup>	01/01/18		B	Botox <sup>*</sup>	01/01/19
G	divalproex <sup>^^</sup>	01/01/17		B	Depakote <sup>^^</sup>	01/01/17
G	propranolol SR <sup>^^</sup>	03/01/16		B	Emgality <sup>*</sup>	01/01/19
G	propranolol <sup>#^^</sup>	04/01/13		B	Inderal LA, XL <sup>^^</sup>	03/01/16
G	timolol <sup>^^</sup>	09/28/09		B	Innopran XL <sup>^^</sup>	09/28/09
G	topiramate [non-ER] <sup>^^</sup>	01/01/19		BG	Qudexy XR (topiramate ER) <sup>^^</sup>	01/01/19
				B	Trokendi XR <sup>^^</sup>	10/01/16
				B	Vyepti <sup>*</sup>	04/01/20

# Utah Medicaid Preferred Drug List

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Preferred Drugs	Date	<a href="#">Key</a>	Non Preferred Drugs	Date
<b>Movement Disorder Treatments</b>				
<b>VMAT-2 Inhibitors</b>				
B Austedo <sup>§</sup>	01/01/19		B Ingrezza**	07/01/18
G tetrabenazine	01/01/20		B Xenazine	01/01/20
<b>Multiple Sclerosis Agents</b>				
B Avonex	02/01/10		B Ampyra (dalfampridine)	01/01/13
B Betaseron	01/01/16		B Aubagio	01/01/13
B Copaxone 20mg <sup>†</sup>	09/28/09		B Copaxone 40mg <sup>†</sup>	05/30/14
B Gilenya <sup>§</sup>	01/01/18		B Extavia	01/01/16
B Vumerity <sup>§</sup>	12/01/19		G glatiramer <sup>†</sup>	07/01/15
			B Mavenclad*	05/01/19
			B Mayzent	04/01/19
			B Plegridy	05/01/19
			B Rebif	01/01/15
			B Tecfidera	01/01/19
<b>Therapies for Spinal Muscular Atrophy</b>				
B Spinraza*	10/01/19			
B Zolgensma*	10/01/19			
<b>Ophthalmics</b>				
<b>Anti-Glaucoma Agents</b>				
<b>Alpha Adrenergics</b>				
B Alphagan P 0.1%	01/01/14		G brimonidine 0.15% <sup>†</sup>	10/01/10
B Alphagan P 0.15% <sup>†</sup>	01/01/13		BG lolidine (apraclonidine)	01/01/14
G brimonidine 0.2%	10/01/10		B Simbrinza	01/01/20
<b>Beta Blockers</b>				
B Betoptic-S	01/01/19		G betaxolol	04/01/16
B Combigan	01/01/19		G carteolol	04/01/16
G dorzolamide/timolol	01/01/20		BG Cosopt (dorzolamide/timolol)	02/01/19
G levobunolol	04/01/16		B Cosopt PF	02/01/19
G timolol	04/01/16		BG Istalol (timolol once daily) <sup>†</sup>	01/01/20
			G latanoprost/timolol	07/01/18
			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		B Vyzulta	12/01/17
B Travatan Z <sup>†</sup>	01/01/12		B Xalatan	12/02/11
			G travoprost <sup>†</sup>	01/01/20
			B Xelpros	11/01/19
			B Zioptan	01/01/20

# Utah Medicaid Preferred Drug List

Effective June 1, 2020

	Preferred Drugs	Date	<a href="#">Key</a>		Non Preferred Drugs	Date
<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
				BG	Zymaxid (gatifloxacin)	11/01/19
<b>Non-Quinolones</b>						
G	erythromycin oint	12/01/17		B	Azasite	06/01/12
G	gentamicin drops	06/01/12		G	bac	06/01/12
G	poly/trimethoprim	06/01/12		G	bac/poly B	01/01/13
G	ss drops	12/01/17		B	Bleph-10	12/01/17
G	tobramycin drops	01/01/19		B	Gentak oint	01/01/20
				G	neomycin/bac/poly	01/01/13
				G	neomycin/poly/gramicidin	01/01/19
				B	Polytrim	01/01/13
				G	ss oint	12/01/17
				B	Tobrex drops, oint	01/01/13

# Utah Medicaid Preferred Drug List

Effective June 1, 2020

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		G epinastine	01/01/14
B Lastacaft	1/1/2018		G olopatadine	01/01/16
B Pazeo	01/01/17		B Pataday	01/01/18
			B Patanol	01/01/17
			B Zerviate	05/01/20
<b>Anti-Inflammatory</b>				
<b>Corticosteroids</b>				
B Alex	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	11/01/19
B Lotemax drops <sup>†</sup>	06/01/19		B Lotemax oint, gel	06/01/12
B Maxidex	06/01/12		G loteprednol 0.5% sus <sup>†</sup>	06/01/19
B Pred Mild	06/01/12		B Omnipred	07/01/19
G prednisolone acetate	07/01/19		B Pred Forte	01/01/13
			G prednisolone NaPO <sub>4</sub>	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 ketorolac 0.5%	01/01/19		G bromfenac	01/01/13
			B Bromsite	11/01/16
			G flurbiprofen	01/01/20
			B Ilevro	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/hc	06/01/12
B Tobradex [0.3/0.1% drops] <sup>†</sup>	01/01/13		G neomycin/poly/hc	06/01/12
B Tobradex oint	01/01/16		G ss/prednisolone drops	06/01/12
B Zylet	12/01/18		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 otic drops	01/01/19			
<b>Combinations</b>				
B Cipro HC	10/01/13		BG Otovel (ciprofloxacin/fluocinolone) <sup>†</sup>	01/01/20
B CiproDex	01/01/14		G neomycin/poly/hc sol	11/01/15
B Coly-Mycin susp	11/01/15			
B Cortisporin TC	11/01/19			
G neomycin/poly/hc susp	11/01/15			

# Utah Medicaid Preferred Drug List

Effective June 1, 2020

Preferred Drugs		Date	Key	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, XL	04/01/12
G	dutasteride <sup>#</sup>	01/01/18		BG	Cialis (tadalafil)*	06/01/20
G	finasteride <sup>#</sup>	10/01/11		B	Flomax	10/01/11
G	prazosin	12/01/18		BG	Jalyn (dutasteride/tamsulosin)	10/01/11
B	Rapaflo <sup>†</sup>	01/01/18		B	Minipress	12/01/18
G	tamsulosin <sup>#</sup>	01/01/12		B	Proscar	10/01/11
G	terazosin <sup>#</sup>	10/01/11		G	silodosin <sup>†</sup>	12/01/18
<b>Pulmonary Hypertension*</b>						
<b>Endothelin Antagonists*</b>						
B	Letairis* <sup>†</sup>	01/01/12		G	ambrisentan* <sup>†</sup>	05/01/19
B	Tracleer* <sup>†</sup>	06/01/19		G	bosentan* <sup>†</sup>	06/01/19
				B	Opsumit*	10/01/13
<b>Phosphodiesterase-5 Enzyme (PDE-5) Inhibitors*</b>						
G	sildenafil*	09/01/13		G	Adcirca*	01/01/20
B	tadalafil*	01/01/20		B	Revatio*	09/01/13
<b>Prostacyclins*</b>						
G	epoprostenol*	06/01/12		B	Flolan*	06/01/12
				B	Orenitram*	04/02/14
				B	Remodulin (treprostinil) <sup>†*</sup>	10/01/19
				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, Respimat	01/01/20		B	Seebri Neohaler	09/01/17
B	Yupelri	01/01/20		B	Tudorza Pressair	01/01/20
<b>Short Acting Beta Agonists (SABA)<sup>†</sup></b>						
G	albuterol neb	01/01/13		G	albuterol HFA <sup>†</sup>	05/01/19
G	levalbuterol neb	05/15/16		G	levalbuterol HFA <sup>†</sup>	12/01/16
B	ProAir HFA <sup>†</sup> , RespiClick	01/01/20		B	ProAir Digihaler	10/01/19
B	Proventil HFA	05/01/20		B	Xopenex neb	05/15/16
B	Ventolin HFA	05/01/20				
B	Xopenex HFA <sup>†</sup>	01/01/12				
<b>Long Acting Beta Agonists (LABA)<sup>†</sup></b>						
B	Arcapta	01/01/20		B	Brovana	01/01/16
B	Serevent Diskus	09/28/09		B	Perforomist	01/01/20
B	Striverdi	01/01/20				

# Utah Medicaid Preferred Drug List

Effective June 1, 2020

Preferred Drugs		Date	Key	Non Preferred Drugs		Date
<b>Corticosteroids<sup>†</sup></b>						
B	Arnuity Ellipta	01/01/19		B	Alvesco	01/01/19
B	Flovent Diskus, HFA <sup>#</sup>	06/28/11		B	Asmanex	01/01/15
B	Pulmicort 0.25mg/2ml <sup>†</sup> , 0.5mg/2ml <sup>†</sup>	01/01/13		G	budesonide ampules	01/01/13
B	Pulmicort Flexhaler	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 tab, ER	01/01/19
G	metaproterenol	01/01/19		G	terbutaline	01/01/19
<b>Combinations<sup>†</sup></b>						
B	Advair <sup>†</sup>	06/01/19		B	AirDuo <sup>†</sup>	09/01/19
B	Dulera	05/23/11		B	Breo Ellipta	01/01/19
G	ipratropium/albuterol	01/01/14		B	Combivent	04/01/13
B	Symbicort	01/01/13		G	fluticasone/salmeterol <sup>†</sup>	05/01/17
<b>LABA/LAMA Combinations<sup>†</sup></b>						
B	Anoro Ellipta	09/01/17		B	Duaklir	02/01/20
B	Bevespi	01/01/18		B	Stiolto Respimat	09/01/17
				B	Trelegy Ellipta	11/01/17
				B	Utibron	09/01/17
<b>Urinary</b>						
<b>Antispasmodics</b>						
<b>Short Acting</b>						
G	bethanechol	01/01/20		BG	Detrol (tolterodine)	09/28/09
G	oxybutynin	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 <sup>†</sup>	09/28/09		B	Gelnique	05/01/17
				B	Myrbetriq	05/09/13
				G	solifenacin <sup>†</sup>	05/01/19
				G	tropium ER	10/01/13
<b>Vitamin D Analogs</b>						
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, 2019

## 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 (e.g. both are preferred or both are non-preferred). The generic name will be in parentheses ().
- Information in brackets [] indicates important notes about a drug (e.g. 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 or dosage form 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 (e.g. 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 October 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												
**	Non-preferred on PDL; must fail a preferred agent first												
†	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>												
#	Listed on the 3 Month supply list <a href="#">Utah Medicaid 3 Month 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.</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 January 1, 2020

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