



January 2020

Molina Healthcare of Utah
Preferred Drug List
(Formulary)



Your Extended Family

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Medicaid**

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Long Beach, CA 90802

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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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Updated 10.14.16

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Molina Healthcare of Utah Preferred Drug List (Formulary)

(01/01/2020 v2)

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INTRODUCTION

We are pleased to provide the 2020 *Molina Healthcare of Utah Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. All the information in the document is provided as a reference for drug therapy selection.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, general principles are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., *atorvastatin*).
- The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary.
- The third column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms on the document will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In this document, *lowercase italicized type* indicates generic availability. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.

- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

The document represents a closed formulary plan design. Member copay is \$4 and up to \$12 per month. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log in to www.molinahealthcare.com to check coverage.

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (866) 497-7448. The forms may be obtained by logging into the website www.molinahealthcare.com. Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from MHU Pharmacy Department, please provide relevant information with the Prior Authorization request. The following are examples:

Class of Medication/Diagnosis

Cholesterol Lowering

Diabetes

Non-Formulary/Non-Preferred Medication

Requested Clinical Information

Lipid Panel, Cardiovascular risk factors

A1c Report

Medication Log and/or Progress Notes documenting previous use of Formulary medications

LEGEND

AGE	Age Limit
GNDR	Gender Edit
MED	Max 90 mg Morphine Equivalent Dose per day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability
90 day program	After two fills of a 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

REQUESTING FORMULARY CHANGES

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to Molina's Pharmacy Department with your contact information.

Fax: (855) 714-2419

CATEGORIES OF CONSIDERATION

OPIOID ANALGESICS

All Opioid Analgesics are subject to a Morphine Equivalent Dose of 90 mg per day. Concurrent use of opioids with benzodiazepines or muscle relaxants is excluded.

STATE OF UTAH, MEDICAID CARVE-OUT

The State of Utah enacted a carve-out for some medications. Claims for these medications must be submitted directly to the State Fee-for-Service Pharmacy Program. These classes include:

- Antipsychotics (including injectables)
- Anticonvulsants
- ADHD Stimulants
- Antidepressants
- Antianxiety Agents
- Immunosuppressants
- Hemophilia Drugs
- Mood Stabilizers
- Drugs to treat substance abuse disorders

EXCLUDED SERVICES

Please note that certain medications are excluded. These include, but are not limited to:

- Drugs not eligible for Federal Medicaid funds
- Drugs for anorexia, weight loss or weight gain
- Drugs to promote fertility
- Drugs for cosmetic purposes or hair growth
- Drugs for the symptomatic relief of cough and colds, except for the medications listed on the preferred drug list
- Vitamins, except for Prenatal vitamins for pregnant women and vitamin drops with or without fluoride, for children through age five (5)
- Fluoride supplements
- Nonprescription drugs (Over-The-Counter or OTC), except for the medications listed on the preferred drug list
- Drugs for which the manufacturer requires, as a condition of sale, that associated tests and monitoring services are purchased exclusively from the manufacturer or its designee
- Drugs for the treatment of sexual or erectile dysfunction
- Drugs given by a hospital to a patient at discharge (take-home drugs)
- Breastmilk, breast milk substitutes, baby food or medical foods, prescription metabolic products for in-born errors of metabolism (e.g. phenylketonuria and maple syrup urine disease) as defined in the Utah Medicaid Provider Manual
- Drugs available only through single-source distribution programs, unless the distributor is enrolled with Utah Medicaid as a pharmacy provider
- Experimental or Investigational Medications
- Convenience Dosage Forms (Transdermal Patches), not listed in the Drug List
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related or similar drugs (frequently referred to as "DESI 5 and 6" drugs)
- Drug product not in Medicaid Drug Rebate Program

NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

FORMULARY UPDATES

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

Key			
AGE= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA= Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	MED= Max 90 mg Morphine Equivalent Dose Per Day

Date Effective	Product Name	Change	Notes
1/1/2020	TechLite Pen Needles MISC 29G X 10MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 29G X 12MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 31G X 5 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 31G X 6 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 31G X 8 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 32G X 4 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 32G X 6 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TechLite Pen Needles MISC 32G X 8 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 29G X 12.7MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 31G X 5 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 31G X 6 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 31G X 8 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	TRUEplus 5-Bevel Pen Needles MISC 32G X 4 MM	Add to formulary with QL	QL: Max 5 per day
1/1/2020	EPIPEN-JR KIT 0.15MG	Remove from formulary	Prefer generic or Symjepi
1/1/2020	EPIPEN-JR2PK KIT 0.15MG	Remove from formulary	Prefer generic or Symjepi
1/1/2020	EPIPENKIT 0.3MG	Remove from formulary	Prefer generic or Symjepi
1/1/2020	EPIPEN 2 PK KIT 0.3MG	Remove from formulary	Prefer generic or Symjepi
1/1/2020	SYMJEPI INJ 0.15MG	Add to formulary with QL	QL: Max 2 per 25 days
1/1/2020	SYMJEPI INJ 0.3MG	Add to formulary with QL	QL: Max 2 per 25 days
1/1/2020	TRELEGY AERELLIPTA	Add to formulary with QL	QL: Max 2 per day
1/1/2020	VENTOLIN INH HFA 200	Remove from formulary	
1/1/2020	VENTOLIN INH HFA 60	Remove from formulary	

1/1/2020	VENTOLIN INH HFA 60	Remove from formulary	
1/1/2020	VENTOLIN INH HFA 60	Remove from formulary	
1/1/2020	XARELTO TAB 2.5MG	Remove from formulary	
1/1/2020	XARELTO TAB 10MG	Remove from formulary	
1/1/2020	XARELTO TAB 15MG	Remove from formulary	
1/1/2020	XARELTO TAB 20MG	Remove from formulary	
1/1/2020	XARELTO START TAB 15/20MG	Remove from formulary	
1/1/2020	ELIQUIS TAB 2.5MG	Add to formulary with PA	
1/1/2020	ELIQUIS TAB 5MG	Add to formulary with PA	
1/1/2020	TRULICITY INJ 0.75/0.5	Add to formulary with PA	
1/1/2020	TRULICITY INJ 1.5/0.5	Add to formulary with PA	
1/1/2020	XELJANZ TAB 5MG	Add to formulary with PA	
1/1/2020	XELJANZ TAB 10MG	Add to formulary with PA	
1/1/2020	XELJANZ XR TAB 11MG	Add to formulary with PA	
1/1/2020	CORLANOR TAB 5MG	Add to formulary with PA	
1/1/2020	CORLANOR TAB 7.5MG	Add to formulary with PA	
1/1/2020	TRAVATANZ SOL 0.004%OP	Remove from formulary	
1/1/2020	EPOGEN/PROCRIT	Remove from formulary	
1/1/2020	RETACRIT INJ 2000UNIT	Add to formulary with PA	
1/1/2020	RETACRIT INJ 3000UNIT	Add to formulary with PA	
1/1/2020	RETACRIT INJ 4000UNIT	Add to formulary with PA	
1/1/2020	RETACRIT INJ 10000UNIT	Add to formulary with PA	
1/1/2020	RETACRIT INJ 40000UNIT	Add to formulary with PA	
1/1/2020	NEUPOGEN	Remove from formulary	
1/1/2020	ZARXIO INJ 300/0.5	Add to formulary with PA	
1/1/2020	ZARXIO INJ 480/0.8	Add to formulary with PA	
1/1/2020	NEULASTA	Remove from formulary	
1/1/2020	FULPHILA INJ 6/0.6ML	Remove from formulary	
1/1/2020	NIACOR TAB 500MG	Remove from formulary	
1/1/2020	TRI-VI-SOL DRO	Add to formulary with QVT	QL: Max 50 per 25 days
1/1/2020	TRI-VITAMINDRO	Add to formulary with QVT	QL: Max 50 per 25 days
1/1/2020	MULT VITAM DRO	Add to formulary with QVT	QL: Max 50 per 25 days
1/1/2020	POLY-VI-FLOR CHW 0.25MG	Remove from formulary	
1/1/2020	POLY-VI-FLOR CHW 0.5MG	Remove from formulary	
1/1/2020	POLY-VI-FLOR CHW 1MG	Remove from formulary	
1/1/2020	POLY-VI-FLOR SUS 0.25/ML	Remove from formulary	
1/1/2020	POLY-VI-FLORMIS FS 0.25	Remove from formulary	
1/1/2020	POLY-VI-FLORMIS FS 0.5MG	Remove from formulary	
1/1/2020	POLY-VI-FLORMIS FS	Remove from formulary	
1/1/2020	MOXIFLOXACIN SOL HCL 0.5%	Add to formulary with QVT	QL: Max 3 per 25 days
1/1/2020	CYCLOPENTOL SOL 1% OP	Add to formulary with QVT	QL: Max 15 per 25 days
1/1/2020 v2	INSULIN SYRG MIS 1ML	Remove from Formulary	

1/1/2020 v2	INSULIN SYRG MIS 1ML/29G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 29GX1/2"	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 30GX5/16	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.3ML/30	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 30GX8MM	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 27GX1/2"	Remove from Formulary	
1/1/2020 v2	MAXICOMFORT MIS 27GX1/2	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.5/27G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.5/30G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 31GX5/16	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1/2ML/31	Remove from Formulary	
1/1/2020 v2	PRO COMFORT MIS 0.5/31G	Remove from Formulary	
1/1/2020 v2	COMFORTEZ MIS 31GX5/16	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 28GX1/2"	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.5/28G	Remove from Formulary	
1/1/2020 v2	SECURESAFE MIS 0.5/29G	Remove from Formulary	
1/1/2020 v2	PRO COMFORT MIS 0.5/30G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1/2ML/30	Remove from Formulary	
1/1/2020 v2	SYRINGE MIS 0.5/30G	Remove from Formulary	
1/1/2020 v2	ULTILET INSU MIS 30X12.7	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1ML/25G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.3/31G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1ML/26G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1ML/27G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1ML/28G	Remove from Formulary	
1/1/2020 v2	SECURESAFE MIS 1ML/29G	Remove from Formulary	
1/1/2020 v2	PRO COMFORT MIS 1ML/30G	Remove from Formulary	

1/1/2020 v2	INSULIN SYRG MIS 1ML/30G	Remove from Formulary	
1/1/2020 v2	1ML SYRINGE MIS 30G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 1MLX30G	Remove from Formulary	
1/1/2020 v2	HM INSULIN S MIS 1ML/30G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 30GX1/2"	Remove from Formulary	
1/1/2020 v2	PRO COMFORT MIS 1ML/31G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 31GX8MM	Remove from Formulary	
1/1/2020 v2	INSULIN SYR MIS 0.3/31G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.3ML/31	Remove from Formulary	
1/1/2020 v2	HM INSULIN S MIS 0.3/31G	Remove from Formulary	
1/1/2020 v2	ULTILET INSU MIS 31GX6MM	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.3/29G	Remove from Formulary	
1/1/2020 v2	INSULIN SYRG MIS 0.5/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.3/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.3/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.5/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 1ML/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.3/29G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.5/29G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 1ML/29G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.3/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.5/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 1ML/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.3/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 0.5/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 1ML/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TECHLITE"
1/1/2020 v2	INSULIN SYRG MIS 1ML/29G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"

1/1/2020 v2	INSULIN SYRG MIS 1ML/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.5/28G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.5/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.5/29G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 1ML/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.3/29G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 1ML/28G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.3/31G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.3/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	INSULIN SYRG MIS 0.5/30G	Add to formulary with QL/Note	QL: Max 5 per day; "TRUEPLUS"
1/1/2020 v2	OXYCODONE HCL TAB	Update Note	Remove note: "max 1 fill per 90 days"
1/1/2020 v2	OXYCODONE HCL	Update Note	Remove note: "max 1 fill per 90 days"
1/1/2020 v2	OXYCODONE HCL TAB 20MG	Update max qty/note	Update note: change to "max quantity 120 per fill" and delete "max 1 fill per 90 days"
1/1/2020 v2	OXYCODONE HCL TAB 30MG	Update max qty/note	Update note: change to "max quantity 120 per fill" and delete "max 1 fill per 90 days"
1/1/2020 v2	Adacel Inj	Adding to document	Min age of 19
1/1/2020 v2	Boostrix Inj	Adding to document	Min age of 19
1/1/2020 v2	HYDROCOD/HOM SYP 5- 1.5/5	Remove from document	
1/1/2020 v2	TRI-VITE DRO PEDIATRI	Add to document with QL	QL: 50 every 25 days
1/1/2020 v2	BPROTECTED SOL TRI- VITE	Add to document with QL	QL: 50 every 25 days

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ANALEPTICS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	QL (120 mL in lifetime); AGE (Max age 1 year)
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg (generic of NUVIGIL)</i>	Tier 1	QL (30 ea / 30 days), PA
<i>armodafinil tab 150 mg (generic of NUVIGIL)</i>	Tier 1	QL (30 ea / 30 days), PA
<i>armodafinil tab 200 mg (generic of NUVIGIL)</i>	Tier 1	QL (30 ea / 30 days), PA
<i>armodafinil tab 250 mg (generic of NUVIGIL)</i>	Tier 1	QL (30 ea / 30 days), PA
<i>modafinil tab 100 mg (generic of PROVIGIL)</i>	Tier 1	QL (30 ea / 30 days), PA
<i>modafinil tab 200 mg (generic of PROVIGIL)</i>	Tier 1	QL (60 ea / 30 days), PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>paromomycin sulfate cap 250 mg</i>	Tier 1	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML	Tier 2	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 10MG/0.2	Tier 2	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 20/0.2ML	Tier 2	SP, QL (2 ea / 28 days), PA
HUMIRA INJ 40/0.4ML	Tier 2	SP, QL (2 ea / 28 days), PA
HUMIRA KIT 20MG/0.4	Tier 2	SP, QL (2 ea / 24 days), PA
HUMIRA KIT 40MG/0.8	Tier 2	SP, QL (2 ea / 24 days), PA
HUMIRA PEDIA INJ CROHNS	Tier 2	SP, QL (2 ea / 24 days), PA
HUMIRA PEDIA INJ CROHNS	Tier 2	SP, QL (2 ea / 28 days), PA
HUMIRA PEN INJ 40/0.4ML	Tier 2	SP, QL (2 ea / 28 days), PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy SP - Specialty OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose Per Day GNDR - Gender Edit 90 day program - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJ 40MG/0.8	Tier 2	SP, QL (2 ea / 24 days), PA
HUMIRA PEN INJ CD/UC/HS	Tier 2	SP, QL (2 ea / 24 days), PA
HUMIRA PEN INJ PS/UV	Tier 2	SP, QL (2 ea / 24 days), PA
HUMIRA PEN KIT CD/UC/HS	Tier 2	SP, QL (3 ea / 180 days), PA
HUMIRA PEN KIT PS/UV	Tier 2	SP, QL (3 ea / 180 days), PA

ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ TAB 5MG	Tier 2	SP, PA
XELJANZ TAB 10MG	Tier 2	SP, PA
XELJANZ XR TAB 11MG	Tier 2	SP, PA

INTERLEUKIN-6 RECEPTOR INHIBITORS

KEVZARA INJ 150/1.14	Tier 2	SP, PA
KEVZARA INJ 200/1.14	Tier 2	SP, PA

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg</i> (generic of CELEBREX)	Tier 1	PA
<i>celecoxib cap 100 mg</i> (generic of CELEBREX)	Tier 1	QL (120 ea / 30 days), PA
<i>celecoxib cap 200 mg</i> (generic of CELEBREX)	Tier 1	QL (60 ea / 30 days), PA
<i>celecoxib cap 400 mg</i> (generic of CELEBREX)	Tier 1	QL (120 ea / 30 days), PA
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>etodolac tab 400 mg</i> (generic of LODINE)	Tier 1	QL (90 ea / 30 days)
<i>etodolac tab 500 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>flurbiprofen tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>flurbiprofen tab 100 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ibuprofen cap 200 mg</i>	Tier 1	OTC, QL (120 ea / 30 days); 90 day program
<i>ibuprofen chew tab 100 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen susp 40 mg/ml</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	QL (4800 mL / 30 days)
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	OTC, QL (4800 mL / 30 days)
<i>ibuprofen tab 200 mg</i>	Tier 1	OTC, QL (120 ea / 30 days); 90 day program
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>indomethacin cap 25 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>indomethacin cap 50 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (4 ea / day, max 5 day supply); AGE (Max age 64 years)
<i>meloxicam tab 7.5 mg (generic of MOBIC)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>meloxicam tab 15 mg (generic of MOBIC)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>naproxen dr tab 375mg (generic of EC-NAPROSYN)</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>naproxen dr tab 500mg (generic of EC-NAPROXEN)</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>naproxen sodium tab 220 mg</i>	Tier 1	OTC, QL (90 ea / 30 days)
<i>naproxen susp 125 mg/5ml (generic of NAPROSYN)</i>	Tier 1	QL (3000 mL / 30 days)
<i>naproxen tab 250 mg (generic of NAPROSYN)</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>oxaprozin tab 600 mg (generic of DAYPRO)</i>	Tier 1	QL (90 ea / 30 days), PA
<i>piroxicam cap 10 mg (generic of FELDENE)</i>	Tier 1	QL (120 ea / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam cap 20 mg</i> (generic of FELDENE)	Tier 1	QL (60 ea / 30 days), PA
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>sulindac tab 200 mg</i>	Tier 1	QL (90 ea / 30 days)

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

OTEZLA TAB 10/20/30	Tier 2	SP, PA
OTEZLA TAB 30MG	Tier 2	SP, PA

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide tab 10 mg</i> (generic of ARAVA)	Tier 1	QL (30 ea / 30 days)
<i>leflunomide tab 20 mg</i> (generic of ARAVA)	Tier 1	QL (30 ea / 30 days)

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25/0.5ML	Tier 2	SP, QL (4 mL / 24 days), PA
ENBREL INJ 25MG	Tier 2	SP, QL (4 ea / 24 days), PA
ENBREL INJ 50MG/ML	Tier 2	SP, QL (4 mL / 24 days), PA
ENBREL MINI INJ 50MG/ML	Tier 2	SP, QL (4 mL / 24 days), PA
ENBREL SRCLK INJ 50MG/ML	Tier 2	SP, QL (4 mL / 24 days), PA

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QL (300 ea / 30 days); AGE (Max age 64 years)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (generic of ESGIC)	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)

ANALGESICS OTHER

<i>acetaminophen cap 500 mg</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen chew tab 80 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen chew tab 160 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen disintegrating tab 160 mg</i>	Tier 1	OTC, QL (750 ea / 30 days)
<i>acetaminophen liquid 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen liquid 167 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen soln 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen suppos 120 mg</i>	Tier 1	OTC, QL (1020 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen suppos 650 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>acetaminophen susp 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen tab 325 mg</i>	Tier 1	OTC, QL (360 ea / 30 days)
<i>acetaminophen tab 500 mg</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>acetaminophen tab er 650 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)

SALICYLATES

<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	Tier 1	OTC; 90 day program
<i>aspirin chew tab 81 mg</i>	Tier 1	OTC, QL (30 ea / 30 days); 90 day program
<i>aspirin sup 300mg</i>	Tier 2	OTC
<i>aspirin sup 600mg</i>	Tier 2	OTC
<i>aspirin tab 325 mg</i>	Tier 1	OTC, QL (360 ea / 30 days); 90 day program
<i>aspirin tab delayed release 81 mg</i>	Tier 1	OTC, QL (30 ea / 30 days); 90 day program
<i>aspirin tab delayed release 325 mg</i>	Tier 1	OTC, QL (360 ea / 30 days); 90 day program
<i>salsalate tab 500 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>salsalate tab 750 mg</i>	Tier 1	QL (120 ea / 30 days)

ANALGESICS - OPIOID

OPIOID AGONISTS

CODEINE SULF TAB 30MG	Tier 2	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
CODEINE SULF TAB 60MG	Tier 2	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>codeine sulfate tab 30 mg</i> (generic of CODEINE SULFATE)	Tier 1	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>fentanyl td patch 72hr 12 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 25 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL (10 ea / 30 days), PA; MED

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 50 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL (10 ea / 30 days), PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i> (generic of DURAGESIC)	Tier 1	QL (10 ea / 30 days), PA; MED
<i>hydromorphone hcl tab 2 mg</i> (generic of DILAUDID)	Tier 1	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydromorphone hcl tab 4 mg</i> (generic of DILAUDID)	Tier 1	QL (360 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	QL (500 mL / 25 days); MED; Max 7 day supply for initial fill or PA required; AGE (Max age 64 years)
<i>meperidine hcl tab 50 mg</i>	Tier 1	QL (300 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (Max age 64 years)
<i>meperidine hcl tab 100 mg</i>	Tier 1	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required; AGE (Max age 64 years)
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (90 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (90 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>morphine sulfate tab er 15 mg</i> (generic of MS CONTIN)	Tier 1	QL (90 ea / 30 days), ST; Requires prior use of IR Opioid; MED
<i>morphine sulfate tab er 30 mg</i> (generic of MS CONTIN)	Tier 1	QL (90 ea / 30 days), ST; Requires prior use of IR Opioid; MED
<i>morphine sulfate tab er 60 mg</i> (generic of MS CONTIN)	Tier 1	QL (90 ea / 30 days), ST; Requires prior use of IR Opioid; MED
<i>morphine sulfate tab er 100 mg</i> (generic of MS CONTIN)	Tier 1	QL (90 ea / 30 days), ST; Requires prior use of IR Opioid; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	QL (max quantity 240 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 5 mg</i> (generic of ROXICODONE)	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 15 mg</i> (generic of ROXICODONE)	Tier 1	QL (max quantity 90 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone hcl tab 30 mg</i> (generic of ROXICODONE)	Tier 1	QL (max quantity 120 per fill); MED; Max 7 day supply for initial fill or PA required
<i>tramadol hcl tab 50 mg</i> (generic of ULTRAM)	Tier 1	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (3750 mL / 25 days); MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-30 mg</i> (generic of TYLENOL/CODEINE #3)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>acetaminophen w/ codeine tab 300-60 mg</i> (generic of TYLENOL/CODEINE #4)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 5-325mg</i> (generic of PERCOCET)	Tier 1	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 7.5-325</i> (generic of PERCOCET)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>endocet tab 10-325mg</i> (generic of PERCOCET)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (3750 mL / 25 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 5-325 mg</i> (generic of HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> (generic of HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>hydrocodone-acetaminophen tab 10-325 mg</i> (generic of HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET)	Tier 1	QL (240 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET)	Tier 1	QL (180 ea / 30 days); MED; Max 7 day supply for initial fill or PA required

ANDROGENS-ANABOLIC

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

<i>testosterone cypionate im inj in oil 100 mg/ml</i> (generic of DEPO-TESTOSTERONE)	Tier 1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i> (generic of DEPO-TESTOSTERONE)	Tier 1	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	

ANORECTAL AGENTS

INTRARECTAL STEROIDS

<i>colocort ene 100mg</i> (generic of CORTENEMA)	Tier 1	QL (1680 mL / 25 days)
<i>hydrocortisone enema 100 mg/60ml</i> (generic of CORTENEMA)	Tier 1	QL (1680 mL / 25 days)

RECTAL STEROIDS

<i>hydrocortisone rectal cream 2.5%</i> (generic of HYDROCORTISONE RECTAL CREAM 2.5%)	Tier 1	
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ANTACIDS

ANTACID COMBINATIONS

<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	Tier 1	OTC
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	Tier 1	OTC
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC
ANTACIDS - CALCIUM SALTS		
<i>CALCIUM CARB TAB 648MG</i>	Tier 2	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	Tier 1	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide tab 400 mg</i>	Tier 1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
<i>albendazole tab 200 mg (generic of ALBENZA)</i>	Tier 1	PA
<i>ivermectin tab 3 mg (generic of STROMEKTOL)</i>	Tier 1	QL (300 ea / 30 days)
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>metronidazole tab 250 mg (generic of FLAGYL)</i>	Tier 1	QL (240 ea / 30 days)
<i>metronidazole tab 500 mg (generic of FLAGYL)</i>	Tier 1	QL (120 ea / 30 days)
<i>trimethoprim tab 100 mg</i>	Tier 1	QL (180 ea / 30 days)
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	Tier 1	QL (120 ea / 30 days)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	Tier 1	QL (120 ea / 30 days)
<i>sulfatrim pd sus 200-40/5</i>	Tier 1	QL (1200 mL / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml</i> (generic of MEPRON)	Tier 1	PA; AGE (Min age 13 years)
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	Tier 2	QL (1200 mL / 30 days)
FIRVANQ SOL 50MG/ML	Tier 2	QL (1200 mL / 30 days)
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 ea / 30 days); 90 day program
LINCOSAMIDES		
<i>clindamycin hcl cap 150 mg</i> (generic of CLEOCIN)	Tier 1	QL (240 ea / 30 days)
<i>clindamycin hcl cap 300 mg</i> (generic of CLEOCIN)	Tier 1	QL (180 ea / 30 days)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> (generic of CLEOCIN PEDIATRIC GRANULE)	Tier 1	AGE (Max age 18 years)
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i> (generic of ZYVOX)	Tier 1	PA
<i>linezolid tab 600 mg</i> (generic of ZYVOX)	Tier 1	PA
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB 500MG	Tier 2	QL (60 ea / 30 days), ST; Requires trial of beta blocker/calcium channel blockers and long-acting nitrate
RANEXA TAB 1000MG	Tier 2	QL (60 ea / 30 days), ST; Requires trial of beta blocker/calcium channel blockers and long-acting nitrate
<i>ranolazine tab er 12hr 500 mg</i> (generic of RANEXA)	Tier 1	QL (60 ea / 30 days), ST; Requires trial of beta blocker/calcium channel blockers and long-acting nitrate

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day
GNDR - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine tab er 12hr 1000 mg</i> (generic of RANEXA)	Tier 1	QL (60 ea / 30 days), ST; Requires trial of beta blocker/calcium channel blockers and long-acting nitrate

NITRATES - DRUGS TO TREAT HEART CONDITIONS

<i>isosorbide dinitrate tab 5 mg</i> (generic of ISORDIL TITRADOSE)	Tier 1	QL (120 ea / 30 days)
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>minitran dis 0.1mg/hr</i> (generic of NITRO-DUR)	Tier 1	QL (30 ea / 30 days)
<i>minitran dis 0.2mg/hr</i> (generic of NITRO-DUR)	Tier 1	QL (30 ea / 30 days)
<i>minitran dis 0.4mg/hr</i> (generic of NITRO-DUR)	Tier 1	QL (30 ea / 30 days)
<i>minitran dis 0.6mg/hr</i> (generic of NITRO-DUR)	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin sl tab 0.3 mg</i> (generic of NITROSTAT)	Tier 1	QL (300 ea / 30 days)
<i>nitroglycerin sl tab 0.4 mg</i> (generic of NITROSTAT)	Tier 1	QL (300 ea / 30 days)
<i>nitroglycerin sl tab 0.6 mg</i> (generic of NITROSTAT)	Tier 1	QL (300 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (30 ea / 30 days)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	QL (30 ea / 30 days)

ANTIANXIETY AGENTS

ANTIANXIETY AGENTS - MISC.

<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 25 mg</i> (generic of VISTARIL)	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 50 mg</i> (generic of VISTARIL)	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i> (generic of NORPACE)	Tier 1	QL (240 ea / 30 days)
<i>disopyramide phosphate cap 150 mg</i> (generic of NORPACE)	Tier 1	QL (150 ea / 30 days); AGE (Max age 64 years)
<i>quinidine sulfate tab 300 mg</i>	Tier 1	QL (240 ea / 30 days)

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>mexiletine hcl cap 200 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>mexiletine hcl cap 250 mg</i>	Tier 1	QL (180 ea / 30 days)

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	Tier 1	QL (210 ea / 30 days)
<i>flecainide acetate tab 100 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>flecainide acetate tab 150 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>propafenone hcl tab 150 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propafenone hcl tab 225 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>propafenone hcl tab 300 mg</i>	Tier 1	QL (90 ea / 30 days)

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>pacerone tab 200mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	QL (780 mL / 30 days)
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

XOLAIR INJ 75/0.5	Tier 2	SP, QL (2.5 mL / 24 days), PA
XOLAIR INJ 150MG/ML	Tier 2	SP, QL (5 mL / 24 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	Tier 2	QL (12.9 gm / 25 days)
INCRUSE ELPT INH 62.5MCG	Tier 2	QL (30 ea / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (300 mL / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)</i>	Tier 1	QL (30 ea / 30 days)
<i>montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)</i>	Tier 1	QL (30 ea / 30 days)
<i>montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)</i>	Tier 1	QL (30 ea / 30 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 50MCG	Tier 2	QL (30 ea / 30 days)
ARNUITY ELPT INH 100MCG	Tier 2	QL (30 ea / 30 days)
ARNUITY ELPT INH 200MCG	Tier 2	QL (30 ea / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml (generic of PULMICORT)</i>	Tier 1	QL (120 mL / 30 days); AGE (Max age 9 years)
<i>budesonide inhalation susp 0.25 mg/2ml (generic of PULMICORT)</i>	Tier 1	QL (120 mL / 30 days); AGE (Max age 9 years)
FLOVENT HFA AER 44MCG	Tier 2	QL (10.6 gm / 30 days); AGE (Max age 11 years); 90 day program
FLOVENT HFA AER 110MCG	Tier 2	QL (12 gm / 30 days); AGE (Max age 11 years); 90 day program
QVAR REDIHA AER 80MCG	Tier 2	QL (10.6 gm / 30 days)
QVAR REDIHAL AER 40MCG	Tier 2	QL (10.6 gm / 30 days)
SYMPATHOMIMETICS		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (18 gm / 25 days); Generic Ventolin
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (8.5 gm / 25 days); Generic Proair
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (150 ea / 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL / 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (225 mL / 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (150 mL / 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	QL (4500 mL / 30 days)
<i>albuterol sulfate tab 4 mg</i>	Tier 1	QL (240 ea / 30 days)
ANORO ELLIPT AER 62.5-25	Tier 2	QL (60 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Tier 1	QL (1 ea / 30 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Tier 1	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Tier 1	QL (1 ea / 30 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Tier 1	QL (1 ea / 30 days); Generic Airduo
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Tier 1	QL (60 ea / 30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Tier 1	QL (60 ea / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (360 mL / 25 days)
STRIVERDIAER 2.5MCG	Tier 2	QL (60 gm / 30 days)
SYMBICORT AER 80-4.5	Tier 2	QL (10.2 gm / 25 days); AGE (Max age 11 years)
SYMBICORT AER 160-4.5	Tier 2	QL (10.2 gm / 25 days); AGE (Max age 11 years)
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	QL (180 ea / 30 days)
TRELEGY AER ELLIPTA	Tier 2	QL (60 ea / 30 days)
<i>wixela inhub aer 100/50 (generic of ADVAIR DISKUS)</i>	Tier 1	QL (60 ea / 30 days)
<i>wixela inhub aer 250/50 (generic of ADVAIR DISKUS)</i>	Tier 1	QL (60 ea / 30 days)
<i>wixela inhub aer 500/50 (generic of ADVAIR DISKUS)</i>	Tier 1	QL (60 ea / 30 days)

XANTHINES - DRUGS TO TREAT COPD

<i>theophylline soln 80 mg/15ml</i>	Tier 1	
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	QL (90 ea / 30 days)

ANTICOAGULANTS - BLOOD THINNERS

COUMARIN ANTICOAGULANTS

COUMADIN TAB 1MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 2.5MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 2MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 3MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 4MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 5MG	Tier 2	QL (300 ea / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 6MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 7.5MG	Tier 2	QL (300 ea / 30 days)
COUMADIN TAB 10MG	Tier 2	QL (300 ea / 30 days)
<i>warfarin sodium tab 1 mg</i> (generic of WARFARIN SODIUM TAB 1 MG)	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 2 mg</i> (generic of WARFARIN SODIUM TAB 2 MG)	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 2.5 mg</i> (generic of WARFARIN SODIUM TAB 2.5 MG)	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 3 mg</i> (generic of WARFARIN SODIUM TAB 3 MG)	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 4 mg</i> (generic of WARFARIN SODIUM TAB 4 MG)	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 5 mg</i> (generic of WARFARIN SODIUM TAB 5 MG)	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 6 mg</i> (generic of WARFARIN SODIUM TAB 6 MG)	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 7.5 mg</i> (generic of WARFARIN SODIUM TAB 7.5 MG)	Tier 1	QL (300 ea / 30 days)
<i>warfarin sodium tab 10 mg</i> (generic of WARFARIN SODIUM TAB 10 MG)	Tier 1	QL (300 ea / 30 days)

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	Tier 2	PA
ELIQUIS TAB 2.5MG	Tier 2	PA
ELIQUIS TAB 5MG	Tier 2	PA

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium inj 30 mg/0.3ml</i> (generic of LOVENOX)	Tier 1	SP, QL (4.2 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i> (generic of LOVENOX)	Tier 1	SP, QL (5.6 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i> (generic of LOVENOX)	Tier 1	SP, QL (8.4 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 80 mg/0.8ml</i> (generic of LOVENOX)	Tier 1	SP, QL (11.2 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 100 mg/ml</i> (generic of LOVENOX)	Tier 1	SP, QL (14 mL / 7 days, max 7 day supply per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj 120 mg/0.8ml</i> (generic of LOVENOX)	Tier 1	SP, QL (11.2 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 150 mg/ml</i> (generic of LOVENOX)	Tier 1	SP, QL (14 mL / 7 days, max 7 day supply per 180 days)
<i>enoxaparin sodium inj 300 mg/3ml</i> (generic of LOVENOX)	Tier 1	SP; QL (max 7 day supply per 180 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> (generic of ARIXTRA)	Tier 1	SP, PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> (generic of ARIXTRA)	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> (generic of ARIXTRA)	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> (generic of ARIXTRA)	Tier 1	PA
FRAGMIN INJ 2500/0.2	Tier 2	SP, PA
FRAGMIN INJ 5000/0.2	Tier 2	SP, PA
FRAGMIN INJ 7500/0.3	Tier 2	SP, PA
FRAGMIN INJ 10000/ML	Tier 2	SP, PA
FRAGMIN INJ 12500UNT	Tier 2	SP, PA
FRAGMIN INJ 15000UNT	Tier 2	SP, PA
FRAGMIN INJ 18000UNT	Tier 2	SP, PA

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i> (generic of PRECOSE)	Tier 1	QL (90 ea / 30 days)
<i>acarbose tab 50 mg</i> (generic of PRECOSE)	Tier 1	QL (90 ea / 30 days)
<i>acarbose tab 100 mg</i> (generic of PRECOSE)	Tier 1	QL (120 ea / 30 days)

ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination; Generic Kazano
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination; Generic Kazano
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination; Generic Oseni

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Oseni
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program; Generic Glucovance
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program; Generic Glucovance
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program; Generic Glucovance
SEGLUROMET TAB 2.5-500	Tier 2	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
SEGLUROMET TAB 2.5-1000	Tier 2	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 7.5-500	Tier 2	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
SEGLUROMET TAB 7.5-1000	Tier 2	QL (60 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
<i>BIGUANIDES</i>		
<i>metformin hcl tab 500 mg</i> (generic of GLUCOPHAGE)	Tier 1	QL (150 ea / 30 days); 90 day program
<i>metformin hcl tab 850 mg</i> (generic of GLUCOPHAGE)	Tier 1	QL (90 ea / 30 days); 90 day program
<i>metformin hcl tab 1000 mg</i> (generic of GLUCOPHAGE)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>metformin hcl tab er 24hr 500 mg</i> (generic of GLUCOPHAGE XR)	Tier 1	QL (120 ea / 30 days); 90 day program
<i>metformin hcl tab er 24hr 750 mg</i> (generic of GLUCOPHAGE XR)	Tier 1	QL (120 ea / 30 days); 90 day program
<i>DIABETIC OTHER</i>		
GLUCAGON KIT 1MG	Tier 2	QL (2 ea / 25 days)
<i>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</i>		
<i>alogliptin benzoate tab 6.25 mg</i> (base equiv)	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonylurea or Sulfonylurea Combination; Generic Nesina

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination; Generic Nesina
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of metformin or metformin-containing product AND a Sulfonyleurea or Sulfonyleurea Combination; Generic Nesina

INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

OZEMPIC INJ 2/1.5ML	Tier 2	PA
TRULICITY INJ 0.75/0.5	Tier 2	PA
TRULICITY INJ 1.5/0.5	Tier 2	PA
VICTOZA INJ 18MG/3ML	Tier 2	PA

INSULIN

ADMELOG INJ 100U/ML	Tier 2	QL (30 mL / 25 days)
ADMELOG SOLO INJ 100U/ML	Tier 2	QL (30 mL / 25 days); AGE (Max age 18 years)
BASAGLAR INJ 100UNIT	Tier 2	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50	Tier 2	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50KWP	Tier 2	QL (30 mL / 25 days); AGE (Max age 18 years)
HUMALOG MIX INJ 75/25KWP	Tier 2	QL (30 mL / 25 days); AGE (Max age 18 years)
HUMALOG MIX SUS 75/25	Tier 2	QL (30 mL / 25 days)
HUMULIN INJ 70/30	Tier 2	OTC, QL (30 mL / 25 days)
HUMULIN INJ 70/30KWP	Tier 2	OTC, QL (30 mL / 25 days); AGE (Max age 18 years)
HUMULIN N INJ U-100	Tier 2	OTC, QL (30 mL / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN N INJ U-100KWP	Tier 2	OTC, QL (30 mL / 25 days); AGE (Max age 18 years)
HUMULIN R INJ U-100	Tier 2	OTC, QL (30 mL / 25 days)
HUMULIN R INJ U-500	Tier 2	QL (20 mL / 25 days)
NOVOLIN INJ 70/30	Tier 2	OTC, QL (30 mL / 25 days)
NOVOLIN INJ FLEXPEN	Tier 2	OTC, QL (30 mL / 25 days); AGE (Max age 18 years)
NOVOLIN N INJ U-100	Tier 2	OTC, QL (30 mL / 25 days)
NOVOLIN R INJ U-100	Tier 2	OTC, QL (30 mL / 25 days)
NOVOLOG MIX INJ 70/30	Tier 2	QL (30 mL / 25 days)
NOVOLOG MIX INJ FLEXPEN	Tier 2	QL (30 mL / 25 days); AGE (Max age 18 years)

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl tab 15 mg (base equiv)</i> (generic of ACTOS)	Tier 1	QL (30 ea / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i> (generic of ACTOS)	Tier 1	QL (30 ea / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i> (generic of ACTOS)	Tier 1	QL (30 ea / 30 days)

MEGLITINIDE ANALOGUES

<i>nateglinide tab 60 mg</i> (generic of STARLIX)	Tier 1	QL (90 ea / 30 days)
<i>nateglinide tab 120 mg</i> (generic of STARLIX)	Tier 1	QL (90 ea / 30 days)
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 ea / 30 days)

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

STEGLATRO TAB 5MG	Tier 2	QL (30 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination
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Drug Name	Drug Tier	Requirements/Limits
STEGLATRO TAB 15MG	Tier 2	QL (30 ea / 30 days), ST; Requires trial of DPP-4 Inhibitor or DPP-4 Inhibitor/Biguanide Combination

SULFONYLUREAS

<i>glimepiride tab 1 mg</i> (generic of AMARYL)	Tier 1	QL (90 ea / 30 days); 90 day program
<i>glimepiride tab 2 mg</i> (generic of AMARYL)	Tier 1	QL (120 ea / 30 days); 90 day program
<i>glimepiride tab 4 mg</i> (generic of AMARYL)	Tier 1	QL (90 ea / 30 days); 90 day program
<i>glipizide tab 5 mg</i> (generic of GLUCOTROL)	Tier 1	QL (240 ea / 30 days); 90 day program
<i>glipizide tab 10 mg</i> (generic of GLUCOTROL)	Tier 1	QL (120 ea / 30 days); 90 day program
<i>glipizide tab er 24hr 2.5 mg</i> (generic of GLUCOTROL XL)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>glipizide tab er 24hr 5 mg</i> (generic of GLUCOTROL XL)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>glipizide tab er 24hr 10 mg</i> (generic of GLUCOTROL XL)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>glipizide xl tab 2.5mg</i> (generic of GLUCOTROL XL)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>glipizide xl tab 5mg</i> (generic of GLUCOTROL XL)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>glipizide xl tab 10mg</i> (generic of GLUCOTROL XL)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>glyburide micronized tab 1.5 mg</i> (generic of GLYNASE)	Tier 1	QL (120 ea / 30 days); 90 day program
<i>glyburide micronized tab 3 mg</i> (generic of GLYNASE)	Tier 1	QL (120 ea / 30 days); 90 day program
<i>glyburide micronized tab 6 mg</i> (generic of GLYNASE)	Tier 1	QL (120 ea / 30 days); 90 day program
<i>glyburide tab 1.25 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>glyburide tab 2.5 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>glyburide tab 5 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>tolbutamide tab 500 mg</i>	Tier 1	QL (180 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
<i>bismuth subsalicylate chew tab 262 mg</i>	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	Tier 1	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i>	Tier 1	OTC
<i>bismuth subsalicylate tab 262 mg</i>	Tier 1	OTC
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	Tier 1	QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>loperamide hcl cap 2 mg</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>loperamide hcl tab 2 mg</i>	Tier 1	OTC, QL (240 ea / 30 days)
<i>loperamide sus 1mg/7.5</i>	Tier 1	OTC
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl tab 1 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of ondansetron
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	PA
<i>ondansetron hcl tab 4 mg (generic of ZOFRAN)</i>	Tier 1	QL (90 ea / 25 days)
<i>ondansetron hcl tab 8 mg (generic of ZOFRAN)</i>	Tier 1	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 ea / 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 ea / 25 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>scopolamine td patch 72hr 1 mg/3days (generic of TRANSDERM SCOP)</i>	Tier 1	PA
TRANSDERM-SC DIS 1MG/3DAY	Tier 2	PA
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>nystatin tab 500000 unit</i>	Tier 1	QL (240 ea / 30 days)
<i>terbinafine hcl tab 250 mg (generic of LAMISIL)</i>	Tier 1	QL (30 ea / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy SP - Specialty OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose Per Day GNDR - Gender Edit 90 day program - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>fluconazole for susp 10 mg/ml</i> (generic of DIFLUCAN)	Tier 1	QL (35 mL / 25 days); AGE (Max age 12 years)
<i>fluconazole for susp 40 mg/ml</i> (generic of DIFLUCAN)	Tier 1	QL (35 mL / 25 days); AGE (Max age 12 years)
<i>fluconazole tab 50 mg</i> (generic of DIFLUCAN)	Tier 1	QL (60 ea / 30 days)
<i>fluconazole tab 100 mg</i> (generic of DIFLUCAN)	Tier 1	QL (21 ea / 25 days)
<i>fluconazole tab 150 mg</i> (generic of DIFLUCAN)	Tier 1	QL (2 ea / 25 days)
<i>fluconazole tab 200 mg</i> (generic of DIFLUCAN)	Tier 1	QL (21 ea / 25 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (60 ea / 30 days)

ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES

ANTIHIISTAMINES - ALKYLAMINES

<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	Tier 1	OTC
<i>chlorpheniramine tab 4 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)

ANTIHIISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
<i>clemastine fumarate tab 1.34 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>diphenhydramine hcl cap 25 mg</i>	Tier 1	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
<i>diphenhydramine hcl cap 50 mg</i>	Tier 1	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
<i>diphenhydramine hcl chew tab 12.5 mg</i>	Tier 1	OTC, QL (180 ea / 30 days); AGE (Max age 12 years)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	QL (2400 mL / 30 days); AGE (Max age 12 years)
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 1	AGE (Max age 64 years)
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); AGE (Max age 12 years)

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl tab 25 mg</i>	Tier 1	OTC, QL (180 ea / 30 days); AGE (Max age 64 years)
ANTI HISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	QL (300 mL / 30 days); AGE (Max age 12 years); 90 day program
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	OTC, QL (300 mL / 30 days); AGE (Max age 12 years); 90 day program
<i>cetirizine hcl tab 5 mg</i>	Tier 1	OTC, QL (30 ea / 30 days); 90 day program
<i>cetirizine hcl tab 10 mg</i>	Tier 1	OTC, QL (30 ea / 30 days); 90 day program
<i>loratadine syrup 5 mg/5ml</i>	Tier 1	OTC, QL (300 mL / 30 days); AGE (Max age 12 years)
<i>loratadine tab 10 mg</i>	Tier 1	OTC, QL (30 ea / 30 days); 90 day program
ANTI HISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl inj 25 mg/ml (generic of PHENERGAN)</i>	Tier 1	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl inj 50 mg/ml (generic of PHENERGAN)</i>	Tier 1	QL (1500 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	QL (240 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl suppos 25 mg</i>	Tier 1	QL (240 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	QL (3000 mL / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl tab 25 mg</i>	Tier 1	QL (180 ea / 30 days); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 50 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Min age 2 years and Max age 64 years)

ANTI HISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); AGE (Max age 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)

ANTIHYPERLIPIDEMICS

BILE ACID SEQUESTRANTS

<i>cholestyramine light powder 4 gm/dose</i> (generic of QUESTRAN LIGHT)	Tier 1	QL (240 gm / 30 days)
<i>cholestyramine powder 4 gm/dose</i> (generic of QUESTRAN)	Tier 1	QL (1440 gm / 30 days)
<i>colestipol hcl tab 1 gm</i> (generic of COLESTID)	Tier 1	QL (480 ea / 30 days)
<i>prevalite pow 4gm</i> (generic of QUESTRAN LIGHT)	Tier 1	QL (240 gm / 30 days)

FIBRIC ACID DERIVATIVES

<i>fenofibrate tab 48 mg</i> (generic of TRICOR)	Tier 1	QL (30 ea / 30 days)
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fenofibrate tab 145 mg</i> (generic of TRICOR)	Tier 1	QL (30 ea / 30 days)
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>gemfibrozil tab 600 mg</i> (generic of LOPID)	Tier 1	QL (120 ea / 30 days); 90 day program

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg</i> (base equivalent) (generic of LIPITOR)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>atorvastatin calcium tab 20 mg</i> (base equivalent) (generic of LIPITOR)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>atorvastatin calcium tab 40 mg</i> (base equivalent) (generic of LIPITOR)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>atorvastatin calcium tab 80 mg</i> (base equivalent) (generic of LIPITOR)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>lovastatin tab 10 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>lovastatin tab 20 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tab 40 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>pravastatin sodium tab 10 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>pravastatin sodium tab 20 mg</i> (generic of PRAVACHOL)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>pravastatin sodium tab 40 mg</i> (generic of PRAVACHOL)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>pravastatin sodium tab 80 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>rosuvastatin calcium tab 5 mg</i> (generic of CRESTOR)	Tier 1	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 10 mg</i> (generic of CRESTOR)	Tier 1	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 20 mg</i> (generic of CRESTOR)	Tier 1	QL (30 ea / 30 days)
<i>rosuvastatin calcium tab 40 mg</i> (generic of CRESTOR)	Tier 1	QL (30 ea / 30 days)
<i>simvastatin tab 5 mg</i> (generic of ZOCOR)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>simvastatin tab 10 mg</i> (generic of ZOCOR)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>simvastatin tab 20 mg</i> (generic of ZOCOR)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>simvastatin tab 40 mg</i> (generic of ZOCOR)	Tier 1	QL (30 ea / 30 days); 90 day program

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i> (generic of ZETIA)	Tier 1	QL (30 ea / 30 days)
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PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ 140MG/ML	Tier 2	SP, QL (2 mL / 24 days), PA
REPATHA PUSH INJ 420/3.5	Tier 2	SP, QL (3.5 mL / 24 days), PA
REPATHA SURE INJ 140MG/ML	Tier 2	SP, QL (2 mL / 24 days), PA

ANTIHYPERTENSIVES

ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>benazepril hcl tab 5 mg</i>	Tier 1	QL (45 ea / 30 days); 90 day program
<i>benazepril hcl tab 10 mg</i> (generic of LOTENSIN)	Tier 1	QL (45 ea / 30 days); 90 day program

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tab 20 mg</i> (generic of LOTENSIN)	Tier 1	QL (45 ea / 30 days); 90 day program
<i>benazepril hcl tab 40 mg</i> (generic of LOTENSIN)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>captopril tab 12.5 mg</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>captopril tab 25 mg</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>captopril tab 50 mg</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>captopril tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>enalapril maleate tab 2.5 mg</i> (generic of VASOTEC)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>enalapril maleate tab 5 mg</i> (generic of VASOTEC)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>enalapril maleate tab 10 mg</i> (generic of VASOTEC)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>enalapril maleate tab 20 mg</i> (generic of VASOTEC)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>lisinopril tab 2.5 mg</i> (generic of ZESTRIL)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>lisinopril tab 5 mg</i> (generic of PRINIVIL)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>lisinopril tab 10 mg</i> (generic of PRINIVIL)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>lisinopril tab 20 mg</i> (generic of PRINIVIL)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>lisinopril tab 30 mg</i> (generic of ZESTRIL)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>lisinopril tab 40 mg</i> (generic of ZESTRIL)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>quinapril hcl tab 5 mg</i> (generic of ACCUPRIL)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>quinapril hcl tab 10 mg</i> (generic of ACCUPRIL)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>quinapril hcl tab 20 mg</i> (generic of ACCUPRIL)	Tier 1	QL (30 ea / 30 days); 90 day program

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl tab 40 mg</i> (generic of ACCUPRIL)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>ramipril cap 1.25 mg</i> (generic of ALTACE)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>ramipril cap 2.5 mg</i> (generic of ALTACE)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>ramipril cap 5 mg</i> (generic of ALTACE)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>ramipril cap 10 mg</i> (generic of ALTACE)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>trandolapril tab 1 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>trandolapril tab 2 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>trandolapril tab 4 mg</i> (generic of MAVIK)	Tier 1	QL (30 ea / 30 days); 90 day program

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>irbesartan tab 75 mg</i> (generic of AVAPRO)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>irbesartan tab 150 mg</i> (generic of AVAPRO)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>irbesartan tab 300 mg</i> (generic of AVAPRO)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>losartan potassium tab 25 mg</i> (generic of COZAAR)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>losartan potassium tab 50 mg</i> (generic of COZAAR)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>losartan potassium tab 100 mg</i> (generic of COZAAR)	Tier 1	QL (30 ea / 30 days); 90 day program

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine hcl tab 0.1 mg</i> (generic of CATAPRES)	Tier 1	QL (180 ea / 30 days); 90 day program
<i>clonidine hcl tab 0.2 mg</i> (generic of CATAPRES)	Tier 1	QL (180 ea / 30 days); 90 day program
<i>clonidine hcl tab 0.3 mg</i> (generic of CATAPRES)	Tier 1	QL (120 ea / 30 days); 90 day program
<i>doxazosin mesylate tab 1 mg</i> (generic of CARDURA)	Tier 1	QL (30 ea / 30 days)
<i>doxazosin mesylate tab 2 mg</i> (generic of CARDURA)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>doxazosin mesylate tab 4 mg</i> (generic of CARDURA)	Tier 1	QL (30 ea / 30 days); 90 day program

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 8 mg</i> (generic of CARDURA)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program; Generic Tenex
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program; Generic Tenex
<i>methyldopa tab 250 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>methyldopa tab 500 mg</i>	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>prazosin hcl cap 1 mg</i> (generic of MINIPRESS)	Tier 1	QL (180 ea / 30 days)
<i>prazosin hcl cap 2 mg</i> (generic of MINIPRESS)	Tier 1	QL (180 ea / 30 days)
<i>prazosin hcl cap 5 mg</i> (generic of MINIPRESS)	Tier 1	QL (180 ea / 30 days)
<i>terazosin hcl cap 1 mg</i> (base equivalent)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>terazosin hcl cap 2 mg</i> (base equivalent)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>terazosin hcl cap 5 mg</i> (base equivalent)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>terazosin hcl cap 10 mg</i> (base equivalent)	Tier 1	QL (60 ea / 30 days); 90 day program

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (generic of LOTREL)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (generic of LOTREL)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (generic of LOTREL)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE)	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE)	Tier 1	QL (30 ea / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE)	Tier 1	QL (30 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	Tier 1	QL (30 ea / 30 days)
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	Tier 1	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	Tier 1	QL (30 ea / 30 days)
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	Tier 1	QL (30 ea / 30 days)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	QL (60 ea / 30 days); 90 day program

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	Tier 1	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	Tier 1	QL (30 ea / 30 days)
<i>quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)</i>	Tier 1	QL (30 ea / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	Tier 1	QL (30 ea / 30 days); 90 day program

VASODILATORS

<i>hydralazine hcl tab 10 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>hydralazine hcl tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>hydralazine hcl tab 50 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>hydralazine hcl tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>minoxidil tab 2.5 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>minoxidil tab 10 mg</i>	Tier 1	QL (150 ea / 30 days)

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (10 ea / 3 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (5 ea / 3 days)
<i>hydroxychloroquine sulfate tab 200 mg (generic of PLAQUENIL)</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (120 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>pyridostigmine bromide tab 60 mg</i> (generic of MESTINON)	Tier 1	QL (180 ea / 30 days)

ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl tab 100 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>ethambutol hcl tab 400 mg</i> (generic of MYAMBUTOL)	Tier 1	QL (150 ea / 30 days)
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	QL (900 mL / 30 days); 90 day program
<i>isoniazid tab 100 mg</i>	Tier 1	QL (180 ea / 30 days); 90 day program
<i>isoniazid tab 300 mg</i>	Tier 1	QL (90 ea / 30 days); 90 day program
PRIFTIN TAB 150MG	Tier 2	QL (32 ea / 28 days)
<i>pyrazinamide tab 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>rifampin cap 150 mg</i> (generic of RIFADIN)	Tier 1	QL (240 ea / 30 days)
<i>rifampin cap 300 mg</i> (generic of RIFADIN)	Tier 1	QL (120 ea / 30 days)

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>cyclophosphamide cap 25 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>cyclophosphamide cap 50 mg</i>	Tier 1	QL (480 ea / 30 days)
GLEOSTINE CAP 10MG	Tier 2	
GLEOSTINE CAP 40MG	Tier 2	
GLEOSTINE CAP 100MG	Tier 2	
LEUKERAN TAB 2MG	Tier 2	QL (240 ea / 30 days)
<i>melphalan tab 2 mg</i> (generic of ALKERAN)	Tier 1	
<i>temozolomide cap 5 mg</i> (generic of TEMODAR)	Tier 1	SP, PA
<i>temozolomide cap 20 mg</i> (generic of TEMODAR)	Tier 1	SP, PA
<i>temozolomide cap 100 mg</i> (generic of TEMODAR)	Tier 1	SP, PA
<i>temozolomide cap 140 mg</i> (generic of TEMODAR)	Tier 1	SP, PA
<i>temozolomide cap 180 mg</i> (generic of TEMODAR)	Tier 1	SP, PA
<i>temozolomide cap 250 mg</i> (generic of TEMODAR)	Tier 1	SP, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i> (generic of XELODA)	Tier 1	SP, PA
<i>capecitabine tab 500 mg</i> (generic of XELODA)	Tier 1	SP, PA
<i>mercaptopurine tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>methotrexate sodium inj 50 mg/2ml</i> (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium inj 250 mg/10ml</i> (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml</i> (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml</i> (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml</i> (25 mg/ml)	Tier 1	QL (10 mL / 25 days)
<i>methotrexate sodium tab 2.5 mg</i> (base equiv)	Tier 1	QL (720 ea / 30 days)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i> (generic of ZYTIGA)	Tier 1	SP, QL (120 ea / 30 days), PA
<i>anastrozole tab 1 mg</i> (generic of ARIMIDEX)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>bicalutamide tab 50 mg</i> (generic of CASODEX)	Tier 1	QL (90 ea / 30 days)
ELIGARD INJ 7.5MG	Tier 2	SP, PA
ELIGARD INJ 22.5MG	Tier 2	SP, PA
ELIGARD INJ 30MG	Tier 2	SP, PA
ELIGARD INJ 45MG	Tier 2	SP, PA
<i>flutamide cap 125 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>letrozole tab 2.5 mg</i> (generic of FEMARA)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 1	SP, PA
LYSODREN TAB 500MG	Tier 2	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>megestrol acetate tab 20 mg</i>	Tier 1	QL (1200 ea / 30 days)
<i>megestrol acetate tab 40 mg</i>	Tier 1	QL (600 ea / 30 days)
<i>tamoxifen citrate tab 10 mg</i> (base equivalent)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>tamoxifen citrate tab 20 mg</i> (base equivalent)	Tier 1	QL (60 ea / 30 days); 90 day program

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	Tier 2	SP, QL (240 ea / 30 days), PA
GLEEVEC TAB 400MG	Tier 2	SP, QL (60 ea / 30 days), PA
IBRANCE CAP 75MG	Tier 2	SP, QL (21 ea / 28 days), PA
IBRANCE CAP 100MG	Tier 2	SP, QL (21 ea / 28 days), PA
IBRANCE CAP 125MG	Tier 2	SP, QL (21 ea / 28 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i> (generic of GLEEVEC)	Tier 1	SP, QL (180 ea / 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i> (generic of GLEEVEC)	Tier 1	SP, QL (60 ea / 30 days), PA
IMBRUVICA CAP 140MG	Tier 2	SP, QL (90 ea / 30 days), PA
IMBRUVICA TAB 420MG	Tier 2	SP, QL (30 ea / 30 days), PA
IMBRUVICA TAB 560MG	Tier 2	SP, QL (30 ea / 30 days), PA
NEXAVAR TAB 200MG	Tier 2	SP, QL (120 ea / 30 days), PA
SPRYCEL TAB 20MG	Tier 2	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 50MG	Tier 2	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 70MG	Tier 2	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 100MG	Tier 2	SP, QL (30 ea / 30 days), PA
SPRYCEL TAB 140MG	Tier 2	SP, QL (30 ea / 30 days), PA
SUTENT CAP 12.5MG	Tier 2	SP, QL (30 ea / 30 days), PA
SUTENT CAP 25MG	Tier 2	SP, QL (30 ea / 30 days), PA
SUTENT CAP 37.5MG	Tier 2	SP, QL (30 ea / 30 days), PA
SUTENT CAP 50MG	Tier 2	SP, QL (30 ea / 30 days), PA
TYKERB TAB 250MG	Tier 2	SP, QL (180 ea / 30 days), PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	Tier 2	SP, PA
hydroxyurea cap 500 mg (generic of HYDREA)	Tier 1	
INTRON A INJ 10MU	Tier 2	SP, PA
INTRON A INJ 25MU	Tier 2	SP, PA
MATULANE CAP 50MG	Tier 2	PA
tretinoin cap 10 mg	Tier 1	PA
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin calcium tab 5 mg	Tier 1	
leucovorin calcium tab 10 mg	Tier 1	
leucovorin calcium tab 15 mg	Tier 1	
leucovorin calcium tab 25 mg	Tier 1	
MITOTIC INHIBITORS		
etoposide cap 50 mg	Tier 1	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	Tier 1	QL (150 ea / 30 days); AGE (Max age 64 years)
benztropine mesylate tab 1 mg	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
benztropine mesylate tab 2 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
trihexyphenidyl hcl elixir 0.4 mg/ml	Tier 1	PA
trihexyphenidyl hcl tab 2 mg	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years); 90 day program
trihexyphenidyl hcl tab 5 mg	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years); 90 day program
ANTIPARKINSON COMT INHIBITORS		
entacapone tab 200 mg (generic of COMTAN)	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	Tier 1	QL (120 ea / 30 days)
amantadine hcl syrup 50 mg/5ml	Tier 1	QL (1200 mL / 30 days)
bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)	Tier 1	QL (180 ea / 30 days)
bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)	Tier 1	QL (180 ea / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy SP - Specialty OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose Per Day GNDP - Gender Edit 90 day program - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab 10-100 mg</i> (generic of SINEMET)	Tier 1	QL (240 ea / 30 days); 90 day program
<i>carbidopa & levodopa tab 25-100 mg</i> (generic of SINEMET)	Tier 1	QL (360 ea / 30 days); 90 day program
<i>carbidopa & levodopa tab 25-250 mg</i> (generic of SINEMET)	Tier 1	QL (240 ea / 30 days); 90 day program
<i>carbidopa & levodopa tab er 25-100 mg</i> (generic of SINEMET CR)	Tier 1	QL (120 ea / 30 days); 90 day program
<i>carbidopa & levodopa tab er 50-200 mg</i> (generic of SINEMET CR)	Tier 1	QL (240 ea / 30 days)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> (generic of STALEVO 100)	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> (generic of STALEVO 150)	Tier 1	QL (240 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	QL (180 ea / 30 days), ST; Requires prior use of carbidopa/levodopa
<i>pramipexole dihydrochloride tab 0.5 mg</i> (generic of MIRAPEX)	Tier 1	QL (90 ea / 30 days); 90 day program
<i>pramipexole dihydrochloride tab 0.25 mg</i> (generic of MIRAPEX)	Tier 1	QL (90 ea / 30 days); 90 day program
<i>pramipexole dihydrochloride tab 0.75 mg</i> (generic of MIRAPEX)	Tier 1	QL (180 ea / 30 days); 90 day program
<i>pramipexole dihydrochloride tab 0.125 mg</i> (generic of MIRAPEX)	Tier 1	QL (90 ea / 30 days); 90 day program
<i>pramipexole dihydrochloride tab 1 mg</i> (generic of MIRAPEX)	Tier 1	QL (90 ea / 30 days); 90 day program
<i>pramipexole dihydrochloride tab 1.5 mg</i> (generic of MIRAPEX)	Tier 1	QL (90 ea / 30 days); 90 day program
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	QL (180 ea / 30 days); 90 day program
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	QL (360 ea / 30 days); 90 day program

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - 56
Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day
GNDR - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90
day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply
program).

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	QL (360 ea / 30 days); 90 day program
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	QL (360 ea / 30 days); 90 day program
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	QL (360 ea / 30 days); 90 day program
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	QL (360 ea / 30 days); 90 day program
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	QL (360 ea / 30 days); 90 day program

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl cap 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>selegiline hcl tab 5 mg</i>	Tier 1	QL (60 ea / 30 days)

ANTIPSYCHOTICS/ANTIMANIC AGENTS

PHENOTHIAZINES

<i>compro sup 25mg</i>	Tier 1	QL (360 ea / 30 days)
<i>prochlorperazine suppos 25 mg</i>	Tier 1	QL (360 ea / 30 days)

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate soln 20 mg/ml (base equiv) (generic of ZIAGEN)</i>	Tier 1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv) (generic of ZIAGEN)</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)</i>	Tier 1	QL (30 ea / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (generic of TRIZIVIR)</i>	Tier 1	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv) (generic of REYATAZ)</i>	Tier 1	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv) (generic of REYATAZ)</i>	Tier 1	QL (60 ea / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv) (generic of REYATAZ)</i>	Tier 1	QL (30 ea / 30 days)
BIKTARVY TAB	Tier 2	QL (30 ea / 30 days)
CIMDUO TAB 300-300	Tier 2	QL (30 ea / 30 days)
COMPLERA TAB	Tier 2	QL (30 ea / 30 days)
DESCOVY TAB 200/25	Tier 2	QL (30 ea / 30 days)
<i>didanosine delayed release capsule 250 mg (generic of VIDEX EC)</i>	Tier 1	QL (30 ea / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	Tier 1	QL (30 ea / 30 days)
DOVATO TAB 50-300MG	Tier 2	QL (30 ea / 30 days), PA
EDURANT TAB 25MG	Tier 2	QL (30 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz cap 50 mg</i> (generic of SUSTIVA)	Tier 1	QL (360 ea / 30 days)
<i>efavirenz cap 200 mg</i> (generic of SUSTIVA)	Tier 1	QL (90 ea / 30 days)
<i>efavirenz tab 600 mg</i> (generic of SUSTIVA)	Tier 1	QL (30 ea / 30 days)
EMTRIVA CAP 200MG	Tier 2	QL (30 ea / 30 days)
EMTRIVA SOL 10MG/ML	Tier 2	QL (600 mL / 30 days)
EVOTAZ TAB 300-150	Tier 2	QL (30 ea / 30 days)
<i>fosamprenavir calcium tab 700 mg</i> (base equiv) (generic of LEXIVA)	Tier 1	QL (120 ea / 30 days)
GENVOYA TAB	Tier 2	QL (30 ea / 30 days)
INTELENCE TAB 100MG	Tier 2	QL (120 ea / 30 days)
INTELENCE TAB 200MG	Tier 2	QL (60 ea / 30 days)
INVIRASE TAB 500MG	Tier 2	QL (120 ea / 30 days)
ISENTRESS CHW 100MG	Tier 2	QL (360 ea / 30 days)
ISENTRESS HD TAB 600MG	Tier 2	QL (60 ea / 30 days)
ISENTRESS TAB 400MG	Tier 2	QL (60 ea / 30 days)
JULUCA TAB 50-25MG	Tier 2	QL (30 ea / 30 days)
KALETRA TAB 100-25MG	Tier 2	QL (240 ea / 30 days)
KALETRA TAB 200-50MG	Tier 2	QL (120 ea / 30 days)
<i>lamivudine oral soln 10 mg/ml</i> (generic of EPIVIR)	Tier 1	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg</i> (generic of EPIVIR)	Tier 1	QL (60 ea / 30 days)
<i>lamivudine tab 300 mg</i> (generic of EPIVIR)	Tier 1	QL (30 ea / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i> (generic of COMBIVIR)	Tier 1	QL (60 ea / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml</i> (80-20 mg/ml) (generic of KALETRA)	Tier 1	QL (480 mL / 30 days)
<i>nevirapine susp 50 mg/5ml</i> (generic of VIRAMUNE)	Tier 1	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i> (generic of VIRAMUNE)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>nevirapine tab er 24hr 400 mg</i> (generic of VIRAMUNE XR)	Tier 1	QL (30 ea / 30 days)
NORVIR SOL 80MG/ML	Tier 2	QL (450 mL / 30 days)
ODEFSEY TAB	Tier 2	QL (30 ea / 30 days)
PREZCOBIX TAB 800-150	Tier 2	QL (30 ea / 30 days)
PREZISTA TAB 600MG	Tier 2	QL (60 ea / 30 days)
PREZISTA TAB 800MG	Tier 2	QL (30 ea / 30 days)
<i>ritonavir tab 100 mg</i> (generic of NORVIR)	Tier 1	QL (360 ea / 30 days)
SELZENTRY TAB 150MG	Tier 2	QL (60 ea / 30 days)
SELZENTRY TAB 300MG	Tier 2	QL (60 ea / 30 days)
<i>stavudine cap 20 mg</i>	Tier 1	QL (60 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine cap 30 mg</i> (generic of ZERIT)	Tier 1	QL (60 ea / 30 days)
<i>stavudine cap 40 mg</i> (generic of ZERIT)	Tier 1	QL (60 ea / 30 days)
STRIBILD TAB	Tier 2	QL (30 ea / 30 days)
SYMFI LO TAB	Tier 2	QL (30 ea / 30 days)
SYMFI TAB	Tier 2	QL (30 ea / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i> (generic of VIREAD)	Tier 1	QL (30 ea / 30 days)
TIVICAY TAB 50MG	Tier 2	QL (60 ea / 30 days)
TRIUMEQ TAB	Tier 2	QL (30 ea / 30 days)
TRUVADA TAB 100-150	Tier 2	QL (30 ea / 30 days)
TRUVADA TAB 133-200	Tier 2	QL (30 ea / 30 days)
TRUVADA TAB 167-250	Tier 2	QL (30 ea / 30 days)
TRUVADA TAB 200-300	Tier 2	QL (30 ea / 30 days)
TYBOST TAB 150MG	Tier 2	PA
VIRACEPT TAB 250MG	Tier 2	QL (300 ea / 30 days)
VIRACEPT TAB 625MG	Tier 2	QL (120 ea / 30 days)
VIREAD POW 40MG/GM	Tier 2	QL (225 gm / 30 days)
VIREAD TAB 150MG	Tier 2	QL (30 ea / 30 days)
VIREAD TAB 200MG	Tier 2	QL (30 ea / 30 days)
VIREAD TAB 250MG	Tier 2	QL (30 ea / 30 days)
<i>zidovudine cap 100 mg</i> (generic of RETROVIR)	Tier 1	QL (180 ea / 30 days)
<i>zidovudine syrup 10 mg/ml</i> (generic of RETROVIR)	Tier 1	QL (1800 mL / 30 days); 90 day program
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program

CMV AGENTS

VALCYTE SOL 50MG/ML	Tier 2	PA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> (generic of VALCYTE)	Tier 1	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i> (generic of VALCYTE)	Tier 1	PA

HEPATITIS AGENTS

<i>adefovir dipivoxil tab 10 mg</i> (generic of HEPSERA)	Tier 1	QL (30 ea / 30 days)
BARACLUDE SOL	Tier 2	QL (900 mL / 30 days)
<i>entecavir tab 0.5 mg</i> (generic of BARACLUDE)	Tier 1	QL (30 ea / 30 days)
<i>entecavir tab 1 mg</i> (generic of BARACLUDE)	Tier 1	QL (30 ea / 30 days)
<i>lamivudine tab 100 mg (hbv)</i> (generic of EPIVIR HBV)	Tier 1	QL (90 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>ledip-sofosb tab 90-400mg</i>	Tier 2	SP, QL (30 ea / 30 days), PA; Preferred Agent
PEGASYS INJ	Tier 2	SP, PA
PEGASYS INJ 180MCG/M	Tier 2	SP, PA
PEGASYS INJ PROCLICK	Tier 2	SP, PA
PEGINTRON KIT 50MCG	Tier 2	SP, PA
<i>ribavirin cap 200 mg</i>	Tier 1	SP, PA
<i>ribavirin tab 200 mg</i>	Tier 1	SP, PA
<i>sofos/velpat tab 400-100</i>	Tier 2	SP, QL (30 ea / 30 days), PA; Preferred Agent
SOVALDITAB 400MG	Tier 2	SP, QL (30 ea / 30 days), PA
VOSEVITAB	Tier 2	SP, QL (30 ea / 30 days), PA
ZEPATIER TAB 50-100MG	Tier 2	SP, QL (30 ea / 30 days), PA

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>acyclovir susp 200 mg/5ml</i> (generic of ZOVIRAX)	Tier 1	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i> (generic of ZOVIRAX)	Tier 1	QL (150 ea / 30 days)
<i>acyclovir tab 800 mg</i> (generic of ZOVIRAX)	Tier 1	QL (150 ea / 30 days)
<i>famciclovir tab 125 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>famciclovir tab 250 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>famciclovir tab 500 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>valacyclovir hcl tab 1 gm</i> (generic of VALTREX)	Tier 1	QL (240 ea / 30 days)
<i>valacyclovir hcl tab 500 mg</i> (generic of VALTREX)	Tier 1	QL (240 ea / 30 days)

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg</i> (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 45 mg</i> (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate cap 75 mg</i> (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 10 per fill)
<i>oseltamivir phosphate for susp 6 mg/ml</i> (base equiv) (generic of TAMIFLU)	Tier 1	QL (max quantity 180 per fill); AGE (Max age 12 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
RELENZA MIS DISKHALE	Tier 2	QL (max quantity 20 per fill)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg</i> (generic of COREG)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>carvedilol tab 6.25 mg</i> (generic of COREG)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>carvedilol tab 12.5 mg</i> (generic of COREG)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>carvedilol tab 25 mg</i> (generic of COREG)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 ea / 30 days); 90 day program

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>acebutolol hcl cap 400 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>atenolol tab 25 mg</i> (generic of TENORMIN)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>atenolol tab 50 mg</i> (generic of TENORMIN)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>atenolol tab 100 mg</i> (generic of TENORMIN)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>metoprolol succinate tab er 24hr 25 mg</i> (tartrate equiv) (generic of TOPROL XL)	Tier 1	QL (90 ea / 30 days); 90 day program
<i>metoprolol succinate tab er 24hr 50 mg</i> (tartrate equiv) (generic of TOPROL XL)	Tier 1	QL (120 ea / 30 days); 90 day program
<i>metoprolol succinate tab er 24hr 100 mg</i> (tartrate equiv) (generic of TOPROL XL)	Tier 1	QL (90 ea / 30 days); 90 day program
<i>metoprolol succinate tab er 24hr 200 mg</i> (tartrate equiv) (generic of TOPROL XL)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>metoprolol tartrate tab 50 mg</i> (generic of LOPRESSOR)	Tier 1	QL (90 ea / 30 days); 90 day program

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate tab 100 mg</i> (generic of LOPRESSOR)	Tier 1	QL (90 ea / 30 days); 90 day program

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tab 20 mg</i> (generic of CORGARD)	Tier 1	QL (90 ea / 30 days)
<i>nadolol tab 40 mg</i> (generic of CORGARD)	Tier 1	QL (90 ea / 30 days)
<i>nadolol tab 80 mg</i> (generic of CORGARD)	Tier 1	QL (60 ea / 30 days)
<i>propranolol hcl cap er 24hr 60 mg</i> (generic of INDERAL LA)	Tier 1	QL (90 ea / 30 days)
<i>propranolol hcl cap er 24hr 80 mg</i> (generic of INDERAL LA)	Tier 1	QL (120 ea / 30 days); 90 day program
<i>propranolol hcl cap er 24hr 120 mg</i> (generic of INDERAL LA)	Tier 1	QL (90 ea / 30 days)
<i>propranolol hcl cap er 24hr 160 mg</i> (generic of INDERAL LA)	Tier 1	QL (60 ea / 30 days)
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	QL (600 mL / 30 days); 90 day program
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	90 day program
<i>propranolol hcl tab 10 mg</i>	Tier 1	QL (180 ea / 30 days); 90 day program
<i>propranolol hcl tab 20 mg</i>	Tier 1	QL (180 ea / 30 days); 90 day program
<i>propranolol hcl tab 40 mg</i>	Tier 1	QL (180 ea / 30 days); 90 day program
<i>propranolol hcl tab 60 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>propranolol hcl tab 80 mg</i>	Tier 1	QL (180 ea / 30 days); 90 day program
<i>sorine tab 80mg</i> (generic of BETAPACE)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>sorine tab 120mg</i> (generic of BETAPACE)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>sorine tab 160mg</i> (generic of BETAPACE)	Tier 1	QL (60 ea / 30 days)
<i>sorine tab 240mg</i>	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl (afib/afl) tab 80 mg</i> (generic of BETAPACE AF)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>sotalol hcl (afib/afl) tab 120 mg</i> (generic of BETAPACE AF)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>sotalol hcl (afib/afl) tab 160 mg</i> (generic of BETAPACE AF)	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl tab 80 mg</i> (generic of BETAPACE)	Tier 1	QL (60 ea / 30 days); 90 day program
<i>sotalol hcl tab 120 mg</i> (generic of BETAPACE)	Tier 1	QL (60 ea / 30 days); 90 day program

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tab 160 mg</i> (generic of BETAPACE)	Tier 1	QL (60 ea / 30 days)
<i>sotalol hcl tab 240 mg</i>	Tier 1	QL (60 ea / 30 days)

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tab 2.5 mg</i> (base equivalent) (generic of NORVASC)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>amlodipine besylate tab 5 mg</i> (base equivalent) (generic of NORVASC)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>amlodipine besylate tab 10 mg</i> (base equivalent) (generic of NORVASC)	Tier 1	QL (30 ea / 30 days); 90 day program
<i>cartia xt cap 120/24hr</i> (generic of CARDIZEM CD)	Tier 1	QL (30 ea / 30 days)
<i>cartia xt cap 180/24hr</i> (generic of CARDIZEM CD)	Tier 1	QL (60 ea / 30 days)
<i>cartia xt cap 240/24hr</i> (generic of CARDIZEM CD)	Tier 1	QL (30 ea / 30 days)
<i>cartia xt cap 300/24hr</i> (generic of CARDIZEM CD)	Tier 1	QL (30 ea / 30 days)
<i>dilt-xr cap 120mg</i>	Tier 1	QL (60 ea / 30 days)
<i>dilt-xr cap 180mg</i>	Tier 1	QL (60 ea / 30 days)
<i>dilt-xr cap 240mg</i>	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (generic of CARDIZEM CD)	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (generic of CARDIZEM CD)	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (generic of CARDIZEM CD)	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (generic of CARDIZEM CD)	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (generic of TIAZAC)	Tier 1	QL (60 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)</i>	Tier 1	QL (30 ea / 30 days)
<i>diltiazem hcl tab 30 mg (generic of CARDIZEM)</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>diltiazem hcl tab 60 mg (generic of CARDIZEM)</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>diltiazem hcl tab 90 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>diltiazem hcl tab 120 mg (generic of CARDIZEM)</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>nifedipine cap 10 mg (generic of PROCARDIA)</i>	Tier 1	
<i>nifedipine cap 20 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 30 mg (generic of ADALAT CC)</i>	Tier 1	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 60 mg (generic of ADALAT CC)</i>	Tier 1	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr 90 mg (generic of ADALAT CC)</i>	Tier 1	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)</i>	Tier 1	QL (30 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)</i>	Tier 1	QL (60 ea / 30 days)
<i>nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)</i>	Tier 1	QL (60 ea / 30 days)
<i>taztia xt cap 120mg/24 (generic of TIAZAC)</i>	Tier 1	QL (60 ea / 30 days)
<i>taztia xt cap 180mg/24 (generic of TIAZAC)</i>	Tier 1	QL (60 ea / 30 days)
<i>taztia xt cap 240mg/24 (generic of TIAZAC)</i>	Tier 1	QL (60 ea / 30 days)
<i>taztia xt cap 300mg er (generic of TIAZAC)</i>	Tier 1	QL (60 ea / 30 days)
<i>taztia xt cap 360mg/24 (generic of TIAZAC)</i>	Tier 1	QL (60 ea / 30 days)
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tab 120 mg</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>verapamil hcl tab er 120 mg</i> (generic of CALAN SR)	Tier 1	QL (90 ea / 30 days); 90 day program
<i>verapamil hcl tab er 180 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>verapamil hcl tab er 240 mg</i> (generic of CALAN SR)	Tier 1	QL (90 ea / 30 days); 90 day program

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	AGE (Max age 12 years)
<i>digoxin tab 125 mcg (0.125 mg)</i> (generic of DIGOXIN TAB 125 MCG (0.125 MG))	Tier 1	QL (30 ea / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i> (generic of DIGOXIN TAB 250 MCG (0.25 MG))	Tier 1	QL (30 ea / 30 days)

CARDIOVASCULAR AGENTS - MISC.

PROSTAGLANDIN VASODILATORS

REMODULIN INJ 1MG/ML	Tier 2	SP, PA
REMODULIN INJ 2.5MG/ML	Tier 2	SP, PA
REMODULIN INJ 5MG/ML	Tier 2	SP, PA
REMODULIN INJ 10MG/ML	Tier 2	SP, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 1	SP, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 1	SP, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 1	SP, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 1	SP, PA

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR

ANTAGONISTS

<i>bosentan tab 62.5 mg</i> (generic of TRACLEER)	Tier 1	SP, QL (60 ea / 30 days), PA
<i>bosentan tab 125 mg</i> (generic of TRACLEER)	Tier 1	SP, QL (60 ea / 30 days), PA
OPSUMIT TAB 10MG	Tier 2	SP, QL (30 ea / 30 days), PA
TRACLEER TAB 32MG	Tier 2	SP, PA

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 20 mg</i> (generic of REVATIO)	Tier 1	SP, QL (90 ea / 30 days), PA
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB 200MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 400MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 600MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 800MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1000MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1200MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1400MCG	Tier 2	SP, QL (60 ea / 30 days), PA
UPTRAVI TAB 1600MCG	Tier 2	SP, QL (60 ea / 30 days), PA

SINUS NODE INHIBITORS

CORLANOR TAB 5MG	Tier 2	PA
CORLANOR TAB 7.5MG	Tier 2	PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>cephalexin cap 250 mg (generic of KEFLEX)</i>	Tier 1	QL (180 ea / 30 days)
<i>cephalexin cap 500 mg (generic of KEFLEX)</i>	Tier 1	QL (180 ea / 30 days)
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	AGE (Max age 12 years)

CEPHALOSPORINS - 2ND GENERATION

<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir cap 300 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	AGE (Max age 12 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
CHEMICALS		
<i>BULK CHEMICALS - B'S</i>		
BUDESONIDE POW	Tier 2	
<i>BULK CHEMICALS - H'S</i>		
HYDROXYPROG POW CAPROATE	Tier 2	AGE (Min age 16 years and Max age 60 years)

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

COMBINATION CONTRACEPTIVES - ORAL

<i>afirmelle tab 0.1-0.02</i>	Tier 1	QL (28 ea / 21 days)
<i>altavera tab</i>	Tier 1	QL (28 ea / 21 days)
<i>alyacen tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1	QL (28 ea / 21 days)
<i>alyacen tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 1	QL (28 ea / 28 days)
<i>amethia lo tab</i> (generic of LOSEASONIQUE)	Tier 1	QL (28 ea / 28 days)
<i>amethia tab</i> (generic of SEASONIQUE)	Tier 1	QL (28 ea / 28 days)
<i>apri tab</i>	Tier 1	QL (28 ea / 21 days)
<i>ashlyna tab</i> (generic of SEASONIQUE)	Tier 1	QL (28 ea / 28 days)
<i>aubra eq tab 0.1-0.02</i>	Tier 1	QL (28 ea / 21 days)
<i>aubra tab 0.1-0.02</i>	Tier 1	QL (28 ea / 21 days)
<i>aurovela fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	QL (28 ea / 28 days)
<i>aurovela fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
<i>aurovela tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	QL (28 ea / 21 days)
<i>aurovela tab 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 1	QL (28 ea / 21 days)
<i>aviane tab</i>	Tier 1	QL (28 ea / 21 days)
<i>ayuna tab</i>	Tier 1	QL (28 ea / 21 days)
<i>azurette tab 28 day</i> (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
<i>balziva tab</i>	Tier 1	QL (28 ea / 21 days)
<i>bekyree tab</i> (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
<i>blisovi fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	QL (28 ea / 28 days)
<i>briellyn tab</i>	Tier 1	QL (28 ea / 21 days)
<i>camrese lo tab</i> (generic of LOSEASONIQUE)	Tier 1	QL (28 ea / 28 days)
<i>camrese tab</i> (generic of SEASONIQUE)	Tier 1	QL (28 ea / 28 days)
<i>caziant pak</i>	Tier 1	QL (28 ea / 28 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>chateal eq tab 0.15/30</i>	Tier 1	QL (28 ea / 21 days)
<i>chateal tab 0.15/30</i>	Tier 1	QL (28 ea / 21 days)
<i>cryselle-28 tab 28 tabs</i>	Tier 1	QL (28 ea / 21 days)
<i>cyclafem tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1	QL (28 ea / 21 days)
<i>cyclafem tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 1	QL (28 ea / 28 days)
<i>cyred eq tab</i>	Tier 1	QL (28 ea / 21 days)
<i>cyred tab</i>	Tier 1	QL (28 ea / 21 days)
<i>dasetta tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1	QL (28 ea / 21 days)
<i>dasetta tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 1	QL (28 ea / 28 days)
<i>daysee tab</i> (generic of SEASONIQUE)	Tier 1	QL (28 ea / 28 days)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	Tier 1	QL (28 ea / 21 days)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	Tier 1	QL (28 ea / 21 days)
<i>elinest tab</i>	Tier 1	QL (28 ea / 21 days)
<i>emoquette tab</i>	Tier 1	QL (28 ea / 21 days)
<i>enpresse-28 tab</i>	Tier 1	QL (28 ea / 28 days)
<i>enskyce tab</i>	Tier 1	QL (28 ea / 21 days)
<i>estarylla tab 0.25-35</i>	Tier 1	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1	QL (28 ea / 21 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	QL (28 ea / 21 days)
<i>falmina tab</i>	Tier 1	QL (28 ea / 21 days)
<i>femynor tab 0.25-35</i>	Tier 1	QL (28 ea / 21 days)
<i>gianvi tab 3-0.02mg</i> (generic of YAZ)	Tier 1	QL (28 ea / 21 days)
<i>introvale tab</i>	Tier 1	QL (28 ea / 28 days)
<i>isibloom tab</i>	Tier 1	QL (28 ea / 21 days)
<i>jasmiel tab 3-0.02mg</i> (generic of YAZ)	Tier 1	QL (28 ea / 21 days)
<i>jolessa tab</i>	Tier 1	QL (28 ea / 28 days)
<i>juleber tab</i>	Tier 1	QL (28 ea / 21 days)
<i>junel 1.5/30 tab</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	QL (28 ea / 21 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>junel 1/20 tab</i> (generic of LOESTRIN 1/20-21)	Tier 1	QL (28 ea / 21 days)
<i>junel fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	QL (28 ea / 28 days)
<i>junel fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
<i>kalliga tab</i>	Tier 1	QL (28 ea / 21 days)
<i>kariva tab 28 day</i> (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
<i>kelnor 1/50 tab</i>	Tier 1	QL (28 ea / 21 days)
<i>kelnor tab 1/35</i>	Tier 1	QL (28 ea / 21 days)
<i>kurvelo tab 0.15/30</i>	Tier 1	QL (28 ea / 21 days)
<i>larin fe tab 1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	QL (28 ea / 28 days)
<i>larin fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
<i>larin tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	QL (28 ea / 21 days)
<i>larin tab 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 1	QL (28 ea / 21 days)
<i>larissia tab</i>	Tier 1	QL (28 ea / 21 days)
<i>lessina tab</i>	Tier 1	QL (28 ea / 21 days)
<i>levonest tab</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (generic of LOSEASONIQUE)	Tier 1	QL (28 ea / 28 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (generic of SEASONIQUE)	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 1	QL (28 ea / 28 days)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 1	QL (28 ea / 21 days)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 1	QL (28 ea / 21 days)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>levora-28 tab 0.15/30</i>	Tier 1	QL (28 ea / 21 days)
<i>lillow tab 0.15/30</i>	Tier 1	QL (28 ea / 21 days)
<i>lo-zumandimi tab 3-0.02mg</i> (generic of YAZ)	Tier 1	QL (28 ea / 21 days)
<i>loryna tab 3-0.02mg</i> (generic of YAZ)	Tier 1	QL (28 ea / 21 days)
<i>low-ogestrel tab</i>	Tier 1	QL (28 ea / 21 days)
<i>lutra tab</i>	Tier 1	QL (28 ea / 21 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>marlissa tab 0.15/30</i>	Tier 1	QL (28 ea / 21 days)
<i>microgestin tab 1.5/30</i> (generic of LOESTRIN 1.5/30-21)	Tier 1	QL (28 ea / 21 days)
<i>microgestin tab 1/20</i> (generic of LOESTRIN 1/20-21)	Tier 1	QL (28 ea / 21 days)
<i>microgestin tab fe1.5/30</i> (generic of LOESTRIN FE 1.5/30)	Tier 1	QL (28 ea / 28 days)
<i>microgestin tab fe 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
<i>mili tab 0.25/35</i>	Tier 1	QL (28 ea / 21 days)
<i>mono-linyah tab 0.25-35</i>	Tier 1	QL (28 ea / 21 days)
<i>necon tab 0.5/35</i>	Tier 1	QL (28 ea / 21 days)
<i>nikki tab 3-0.02mg</i> (generic of YAZ)	Tier 1	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (generic of LOESTRIN 1/20-21)	Tier 1	QL (28 ea / 21 days)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	QL (28 ea / 21 days)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	QL (28 ea / 28 days)
<i>nortrel tab 0.5/35</i>	Tier 1	QL (28 ea / 21 days)
<i>nortrel tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1	QL (28 ea / 21 days)
<i>nortrel tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 1	QL (28 ea / 28 days)
<i>ocella tab 3-0.03mg</i> (generic of YASMIN 28)	Tier 1	QL (28 ea / 21 days)
<i>ogestrel tab</i>	Tier 1	QL (28 ea / 21 days)
<i>orsythia tab</i>	Tier 1	QL (28 ea / 21 days)
<i>philith tab 0.4-35</i>	Tier 1	QL (28 ea / 21 days)
<i>pim trea tab</i> (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
<i>pirmella tab 1/35</i> (generic of ORTHO-NOVUM 1/35)	Tier 1	QL (28 ea / 21 days)
<i>pirmella tab 7/7/7</i> (generic of ORTHO-NOVUM 7/7/7)	Tier 1	QL (28 ea / 28 days)
<i>portia-28 tab</i>	Tier 1	QL (28 ea / 21 days)
<i>previfem tab</i>	Tier 1	QL (28 ea / 21 days)
<i>reclipsen tab</i>	Tier 1	QL (28 ea / 21 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>setlakin tab</i>	Tier 1	QL (28 ea / 28 days)
<i>simliya tab 28 day</i> (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
<i>simpesse tab</i> (generic of SEASONIQUE)	Tier 1	QL (28 ea / 28 days)
<i>sprintec 28 tab 28 day</i>	Tier 1	QL (28 ea / 21 days)
<i>sronyx tab</i>	Tier 1	QL (28 ea / 21 days)
<i>syeda tab 3-0.03mg</i> (generic of YASMIN 28)	Tier 1	QL (28 ea / 21 days)
<i>tarina fe tab 1/20</i> (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
<i>tarina fe tab 1/20 eq</i> (generic of LOESTRIN FE 1/20)	Tier 1	QL (28 ea / 28 days)
<i>tri femynor tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-estaryl tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-lynyah tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-lo tab estaryl</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>tri-lo- tab marzia</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>tri-lo- tab sprintec</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>tri-lo-mili tab</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>tri-mili tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-previfem tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-sprintec tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-vylibra tab</i>	Tier 1	QL (28 ea / 28 days)
<i>tri-vylibra tab lo</i> (generic of ORTHO TRI-CYCLEN LO)	Tier 1	
<i>trivora-28 tab</i>	Tier 1	QL (28 ea / 28 days)
<i>velivet pak</i>	Tier 1	QL (28 ea / 28 days)
<i>vienva tab 0.1-20</i>	Tier 1	QL (28 ea / 21 days)
<i>violele tab</i> (generic of MIRCETTE)	Tier 1	QL (28 ea / 28 days)
<i>vyfemla tab 0.4-35</i>	Tier 1	QL (28 ea / 21 days)
<i>vylibra tab 0.25-35</i>	Tier 1	QL (28 ea / 21 days)
<i>wera tab 0.5/35</i>	Tier 1	QL (28 ea / 21 days)
<i>zarah tab 3-0.03mg</i> (generic of YASMIN 28)	Tier 1	QL (28 ea / 21 days)
<i>zovia 1/35e tab</i>	Tier 1	QL (28 ea / 21 days)
<i>zumandimine tab 3-0.03mg</i> (generic of YASMIN 28)	Tier 1	QL (28 ea / 21 days)
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>xulane dis 150-35</i>	Tier 1	QL (3 ea / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING MIS	Tier 2	QL (1 ea / 28 days)

EMERGENCY CONTRACEPTIVES

ELLA TAB 30MG	Tier 2	QL (1 ea / 25 days, max 4 fills per year)
levonorgestrel tab 1.5 mg	Tier 1	OTC, QL (1 ea / 25 days, max 4 fills per year)

PROGESTIN CONTRACEPTIVES - INJECTABLE

medroxyprogesterone acetate im susp 150 mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)	Tier 1	QL (1 mL / 71 days)
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PROGESTIN CONTRACEPTIVES - ORAL

camila tab 0.35mg	Tier 1	QL (28 ea / 28 days)
deblitane tab 0.35mg	Tier 1	QL (28 ea / 28 days)
errin tab 0.35mg (generic of ORTHO MICRONOR)	Tier 1	QL (28 ea / 28 days)
heather tab 0.35mg	Tier 1	QL (28 ea / 28 days)
incassia tab 0.35mg	Tier 1	QL (28 ea / 28 days)
jencycla tab 0.35mg (generic of ORTHO MICRONOR)	Tier 1	QL (28 ea / 28 days)
lyza tab 0.35mg (generic of ORTHO MICRONOR)	Tier 1	QL (28 ea / 28 days)
nora-be tab 0.35mg	Tier 1	QL (28 ea / 28 days)
norethindrone tab 0.35 mg	Tier 1	QL (28 ea / 28 days)
norlyda tab 0.35mg	Tier 1	QL (28 ea / 28 days)
sharobel tab 0.35mg (generic of ORTHO MICRONOR)	Tier 1	QL (28 ea / 28 days)
tulana tab 0.35mg	Tier 1	QL (28 ea / 28 days)

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

budesonide delayed release particles cap 3 mg (generic of ENTOCORT EC)	Tier 1	
decadron tab 0.5mg	Tier 1	QL (360 ea / 30 days)
decadron tab 0.75mg	Tier 1	QL (300 ea / 30 days)
decadron tab 4mg	Tier 1	QL (300 ea / 30 days)
decadron tab 6mg	Tier 1	QL (300 ea / 30 days)
dexamethasone elixir 0.5 mg/5ml	Tier 1	QL (1800 mL / 30 days)
dexamethasone soln 0.5 mg/5ml	Tier 1	
dexamethasone tab 0.5 mg	Tier 1	QL (360 ea / 30 days)
dexamethasone tab 0.75 mg	Tier 1	QL (300 ea / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab 1 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 1.5 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 2 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 4 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dexamethasone tab 6 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	Tier 1	QL (720 ea / 30 days)
<i>hydrocortisone tab 10 mg (generic of CORTEF)</i>	Tier 1	QL (360 ea / 30 days)
<i>hydrocortisone tab 20 mg (generic of CORTEF)</i>	Tier 1	QL (180 ea / 30 days)
<i>methylprednisolone tab 4 mg (generic of MEDROL)</i>	Tier 1	QL (360 ea / 30 days)
<i>methylprednisolone tab 8 mg (generic of MEDROL)</i>	Tier 1	QL (180 ea / 30 days)
<i>methylprednisolone tab 16 mg (generic of MEDROL)</i>	Tier 1	QL (120 ea / 30 days)
<i>methylprednisolone tab 32 mg (generic of MEDROL)</i>	Tier 1	QL (60 ea / 30 days)
<i>methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)</i>	Tier 1	QL (360 ea / 30 days)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>prednisone tab 1 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>prednisone tab 2.5 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>prednisone tab 5 mg</i>	Tier 1	QL (480 ea / 30 days)
<i>prednisone tab 10 mg</i>	Tier 1	QL (270 ea / 30 days)
<i>prednisone tab 20 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>prednisone tab 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	QL (150 ea / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
COUGH/COLD/ALLERGY		
COUGH/COLD/ALLERGY COMBINATIONS		

<i>delsym cough liq cong dm</i>	Tier 1	OTC, QL (180 mL / 25 days); AGE (Min age 2 years)
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Tier 1	OTC, QL (240 mL / 25 days)
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	Tier 1	OTC, QL (240 mL / 25 days)
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Tier 1	OTC, QL (180 mL / 25 days)
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 1	OTC, QL (1800 mL / 30 days); AGE (Min age 2 years)
<i>muc/cgh relf liq 5-100mg</i>	Tier 1	OTC, QL (180 mL / 25 days); AGE (Min age 2 years)
<i>mucinex cgh liq 5-100mg</i>	Tier 1	OTC, QL (180 mL / 25 days); AGE (Min age 2 years)
<i>mucinex dm liq 20-400</i>	Tier 1	OTC, QL (180 mL / 25 days); AGE (Min age 2 years)
<i>mucosa dm tab 20-400mg</i>	Tier 1	OTC; AGE (Min age 2 years)
<i>mucus rel dm liq 5-100/5</i>	Tier 1	OTC, QL (180 mL / 25 days); AGE (Min age 2 years)
<i>mucus relief liq 5-100mg</i>	Tier 1	OTC, QL (180 mL / 25 days); AGE (Min age 2 years)
<i>mucus relief tab 60-1200</i>	Tier 1	OTC, QL (180 ea / 25 days); AGE (Min age 2 years)
<i>mucus relief tab dm</i>	Tier 1	OTC; AGE (Min age 2 years)
<i>mucus relief tab dm cough</i>	Tier 1	OTC; AGE (Min age 2 years)
<i>mucus-dm max tab 60-1200</i>	Tier 1	OTC, QL (180 ea / 25 days); AGE (Min age 2 years)

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 mL / 25 days); AGE (Min age 2 years and Max age 64 years)
<i>qc medifin tab dm</i>	Tier 1	OTC; AGE (Min age 2 years)
<i>sm tussin dm liq 5-100/5</i>	Tier 1	OTC, QL (180 mL / 25 days); AGE (Min age 2 years)
<i>tab tussin tab dm</i>	Tier 1	OTC; AGE (Min age 2 years)
<i>tussin dm liq 5-100mg</i>	Tier 1	OTC, QL (180 mL / 25 days); AGE (Min age 2 years)
<i>tussin dm liq 20-400mg</i>	Tier 1	OTC, QL (180 mL / 25 days); AGE (Min age 2 years)
EXPECTORANTS		
<i>guaifenesin liquid 100 mg/5ml</i>	Tier 1	OTC; AGE (Min age 4 years)
<i>guaifenesin syrup 100 mg/5ml</i>	Tier 1	OTC; AGE (Min age 4 years)
<i>guaifenesin tab 200 mg</i>	Tier 1	OTC; AGE (Min age 4 years)
<i>guaifenesin tab 400 mg</i>	Tier 1	OTC; AGE (Min age 4 years)
<i>guaifenesin tab er 12hr 600 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
MUCOLYTICS		
<i>acetylcysteine inhal soln 20%</i>	Tier 1	QL (3600 mL / 30 days)
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>avita cre 0.025% (generic of RETIN-A)</i>	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)

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Drug Name	Drug Tier	Requirements/Limits
<i>avita gel 0.025%</i>	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>benzoyl peroxide gel 5%</i>	Tier 1	OTC
<i>benzoyl peroxide liq 5%</i>	Tier 1	OTC, QL (240 gm / 25 days)
<i>benzoyl peroxide liq 10%</i>	Tier 1	OTC, QL (240 gm / 25 days)
<i>clindamycin phosphate gel 1%</i>	Tier 1	QL (60 mL / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate lotion 1%</i> (generic of CLEOCIN-T)	Tier 1	QL (300 mL / 30 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (60 mL / 25 days)
DIFFERIN GEL 0.1%	Tier 2	OTC, QL (45 gm / 25 days)
<i>erythromycin soln 2%</i>	Tier 1	QL (450 mL / 30 days)
<i>isotretinoin cap 10 mg</i>	Tier 1	PA
<i>isotretinoin cap 20 mg</i>	Tier 1	PA
<i>isotretinoin cap 30 mg</i>	Tier 1	PA
<i>isotretinoin cap 40 mg</i>	Tier 1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i> (generic of KLARON)	Tier 1	QL (118 mL / 25 days), PA
<i>tretinoin cream 0.1%</i> (generic of RETIN-A)	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin cream 0.05%</i> (generic of RETIN-A)	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin cream 0.025%</i> (generic of RETIN-A)	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin gel 0.01%</i> (generic of RETIN-A)	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)
<i>tretinoin gel 0.025%</i> (generic of RETIN-A)	Tier 1	QL (45 gm / 25 days), ST; Requires trial of clindamycin topical AND DIFFERIN OTC or erythromycin topical AND DIFFERIN OTC; AGE (Max age 35 years)

ANTI-INFLAMMATORY AGENTS - TOPICAL

<i>diclofenac sodium gel 1%</i> (generic of VOLTAREN)	Tier 1	PA
VOLTAREN GEL 1%	Tier 2	PA

ANTIBIOTICS - TOPICAL

<i>gentamicin sulfate cream 0.1%</i>	Tier 1	QL (30 gm / 25 days)
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (30 gm / 25 days)
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm / 25 days)
<i>neomycin-bacitracin-polymyxin oint</i>	Tier 1	OTC

ANTIFUNGALS - TOPICAL

<i>ciclofanol sol 8%</i> (generic of PENLAC NAIL LACQUER)	Tier 1	QL (6.6 mL / 25 days)
<i>ciclopirox olamine cream 0.77%</i> (base equiv) (generic of LOPROX)	Tier 1	QL (600 gm / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine susp 0.77% (base equiv) (generic of LOPROX)</i>	Tier 1	QL (60 mL / 25 days)
<i>ciclopirox solution 8% (generic of PENLAC NAIL LACQUER)</i>	Tier 1	QL (6.6 mL / 25 days)
<i>clotrimazole cream 1%</i>	Tier 1	
<i>clotrimazole cream 1%</i>	Tier 1	OTC
<i>clotrimazole soln 1%</i>	Tier 1	
<i>clotrimazole soln 1%</i>	Tier 1	OTC
<i>ketoconazole cream 2%</i>	Tier 1	QL (60 gm / 25 days)
<i>ketoconazole shampoo 2% (generic of NIZORAL)</i>	Tier 1	QL (120 mL / 25 days)
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (90 gm / 25 days)
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (90 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1	QL (30 gm / 25 days)
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>fluorouracil cream 5% (generic of EFUDEX)</i>	Tier 1	
ANTIPSORIATICS		
<i>calcipotriene cream 0.005% (generic of DOVONEX)</i>	Tier 1	PA
<i>calcipotriene oint 0.005%</i>	Tier 1	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1	PA
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 2.5%</i>	Tier 1	
ANTIVIRALS - TOPICAL		
<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	Tier 1	PA; AGE (Max age 18 years)
BURN PRODUCTS		
<i>silver sulfadiazine cream 1% (generic of SILVADENE)</i>	Tier 1	
<i>ssd cre 1% (generic of SILVADENE)</i>	Tier 1	
CORTICOSTEROIDS - TOPICAL		
<i>ala-cort cre 2.5%</i>	Tier 1	QL (60 gm / 25 days)
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>betamethasone dipropionate augmented cream 0.05% (generic of DIPROLENE AF)</i>	Tier 1	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	QL (50 gm / 25 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (60 mL / 25 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)</i>	Tier 1	QL (50 gm / 25 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (60 mL / 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	QL (45 gm / 25 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (45 gm / 25 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	QL (60 mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	QL (45 gm / 25 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 1	QL (50 mL / 25 days)
<i>desonide cream 0.05% (generic of DESOWEN)</i>	Tier 1	QL (60 gm / 25 days), ST; Requires trial of 3 preferred low potency steroids
<i>desonide oint 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinolone acetonide cream 0.025% (generic of SYNALAR)</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTH/FS BODY)</i>	Tier 1	QL (120 mL / 25 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTH/FS SCALP)</i>	Tier 1	QL (120 mL / 25 days)
<i>fluocinolone acetonide oint 0.025% (generic of SYNALAR)</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluocinonide oint 0.05%</i>	Tier 1	QL (60 gm / 25 days), ST; Requires trial of mometasone crm & either fluocinolone crm or triamcinolone acetonide crm 0.5%
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (60 mL / 25 days)
<i>fluticasone propionate cream 0.05%</i>	Tier 1	QL (60 gm / 25 days)
<i>fluticasone propionate oint 0.005%</i>	Tier 1	QL (60 gm / 25 days)
<i>halobetasol propionate cream 0.05%</i>	Tier 1	QL (50 gm / 25 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 1	QL (50 gm / 25 days)
<i>hydrocortisone cream 0.5%</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone cream 1%</i>	Tier 1	OTC, QL (60 gm / 25 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone cream 1%- rx</i>	Tier 1	QL (60 gm / 25 days)
<i>hydrocortisone cream 2.5%</i>	Tier 1	QL (60 gm / 25 days)
<i>hydrocortisone lotion 2.5%</i>	Tier 1	QL (60 mL / 25 days)
<i>hydrocortisone oint 1%</i>	Tier 1	OTC, QL (60 gm / 25 days)
<i>hydrocortisone oint 1%- rx</i>	Tier 1	QL (60 gm / 25 days)
<i>hydrocortisone oint 2.5%</i>	Tier 1	QL (60 gm / 25 days)
<i>mometasone furoate cream 0.1% (generic of ELOCON)</i>	Tier 1	QL (45 gm / 25 days)
<i>mometasone furoate oint 0.1%</i>	Tier 1	QL (45 gm / 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	QL (60 mL / 25 days)
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	
<i>triderm cre 0.1%</i>	Tier 1	
<i>triderm cre 0.5%</i>	Tier 1	

EMOLLIENTS

<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1	QL (225 gm / 25 days)

ENZYMES - TOPICAL

SANTYL OIN 250/GM	Tier 2	QL (30 gm / 30 days), PA
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IMMUNOMODULATING AGENTS - TOPICAL

<i>imiquimod cream 5% (generic of ALDARA)</i>	Tier 1	QL (24 ea / 25 days), PA
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IMMUNOSUPPRESSIVE AGENTS - TOPICAL

ELIDEL CRE 1%	Tier 2	QL (60 gm / 30 days), PA
<i>pimecrolimus cream 1% (generic of ELIDEL)</i>	Tier 1	QL (60 gm / 30 days), PA
<i>tacrolimus oint 0.1% (generic of PROTOPIC)</i>	Tier 1	QL (30 gm / 25 days), PA
<i>tacrolimus oint 0.03% (generic of PROTOPIC)</i>	Tier 1	QL (30 gm / 25 days), PA

KERATOLYTIC/ANTIMITOTIC AGENTS

<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days)
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Drug Name	Drug Tier	Requirements/Limits
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LOCAL ANESTHETICS - TOPICAL

<i>glydo gel 2%</i>	Tier 1	
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
<i>lidocaine patch 5% (generic of LIDODERM)</i>	Tier 1	PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 25 days)

ROSACEA AGENTS

<i>metronidazole cream 0.75% (generic of METROCREAM)</i>	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	Generic Metrogel
<i>metronidazole lotion 0.75% (generic of METROLOTION)</i>	Tier 1	
<i>rosadan cre 0.75% (generic of METROCREAM)</i>	Tier 1	
<i>rosadan gel 0.75%</i>	Tier 1	Generic Metrogel

SCABICIDES & PEDICULICIDES

<i>lice trtmnt liq 1%</i>	Tier 1	OTC; Generic NIX
<i>malathion lotion 0.5%</i>	Tier 1	ST; Requires trial of a permethrin AND pyrethrins/piperonyl butoxide
<i>permethrin cream 5% (generic of ELIMITE)</i>	Tier 1	
<i>permethrin lotion 1%</i>	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Tier 1	OTC; Generic RID
<i>spinosad susp 0.9%</i>	Tier 1	ST; Requires trial of malathion

DIAGNOSTIC PRODUCTS

DIAGNOSTIC TESTS

TRUE METRIX TES GLUCOSE	Tier 2	OTC, QL (50 ea / 25 days)
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DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	Tier 2	QL (180 ea / 30 days)
CREON CAP 6000UNIT	Tier 2	QL (180 ea / 30 days)
CREON CAP 12000UNT	Tier 2	QL (180 ea / 30 days)
CREON CAP 24000UNT	Tier 2	QL (180 ea / 30 days)
CREON CAP 36000UNT	Tier 2	QL (180 ea / 30 days)
ZENPEP CAP 3000UNIT	Tier 2	QL (180 ea / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 5000UNIT	Tier 2	QL (180 ea / 30 days)
ZENPEP CAP 15000UNT	Tier 2	QL (180 ea / 30 days)
ZENPEP CAP 20000UNT	Tier 2	QL (180 ea / 30 days)
ZENPEP CAP 25000	Tier 2	QL (180 ea / 30 days)
ZENPEP CAP 40000	Tier 2	QL (180 ea / 30 days)

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>acetazolamide tab 125 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (120 ea / 30 days)

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50	Tier 2	QL (60 ea / 30 days)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>spironolactone & hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)</i>	Tier 1	QL (90 ea / 30 days)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg (generic of DYZIDE)</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>triamterene & hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	Tier 1	QL (120 ea / 30 days); 90 day program

LOOP DIURETICS

<i>bumetanide tab 0.5 mg (generic of BUMEX)</i>	Tier 1	QL (60 ea / 30 days)
<i>bumetanide tab 1 mg (generic of BUMEX)</i>	Tier 1	QL (60 ea / 30 days)
<i>bumetanide tab 2 mg (generic of BUMEX)</i>	Tier 1	QL (150 ea / 30 days)
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	AGE (Max age 12 years)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE (Max age 12 years)
<i>furosemide tab 20 mg (generic of LASIX)</i>	Tier 1	QL (180 ea / 30 days); 90 day program
<i>furosemide tab 40 mg (generic of LASIX)</i>	Tier 1	QL (180 ea / 30 days); 90 day program
<i>furosemide tab 80 mg (generic of LASIX)</i>	Tier 1	QL (180 ea / 30 days); 90 day program
<i>torseamide tab 5 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>torseamide tab 10 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>torseamide tab 20 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program

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Drug Name	Drug Tier	Requirements/Limits
<i>torsemide tab 100 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>spironolactone tab 25 mg</i> (generic of ALDACTONE)	Tier 1	QL (240 ea / 30 days); 90 day program
<i>spironolactone tab 50 mg</i> (generic of ALDACTONE)	Tier 1	QL (120 ea / 30 days); 90 day program
<i>spironolactone tab 100 mg</i> (generic of ALDACTONE)	Tier 1	QL (60 ea / 30 days); 90 day program

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>chlorthalidone tab 50 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	QL (240 ea / 30 days); 90 day program
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>indapamide tab 1.25 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>indapamide tab 2.5 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>metolazone tab 2.5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>metolazone tab 5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>metolazone tab 10 mg</i>	Tier 1	QL (60 ea / 30 days)

ENDOCRINE AND METABOLIC AGENTS - MISC.

BONE DENSITY REGULATORS

<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 ea / 28 days); 90 day program
<i>alendronate sodium tab 70 mg</i> (generic of FOSAMAX)	Tier 1	QL (4 ea / 28 days); 90 day program
<i>calcitonin (salmon) nasal soln 200 unit/act</i> (generic of MIACALCIN)	Tier 1	QL (30 mL / 30 days); AGE (Min age 50 years)
<i>ibandronate sodium tab 150 mg</i> (base equivalent) (generic of BONIVA)	Tier 1	QL (1 ea / 28 days)
PROLIA SOL 60MG/ML	Tier 2	SP, PA
TYMLOS INJ	Tier 2	SP, PA

GROWTH HORMONES

OMNITROPE INJ 5.8MG	Tier 2	SP, PA
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Drug Name	Drug Tier	Requirements/Limits
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl tab 60 mg</i> (generic of EVISTA)	Tier 1	QL (30 ea / 30 days); AGE (Min age 50 years)
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	Tier 2	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPR DEP-PED INJ 3M 30MG	Tier 2	SP, PA
LUPR DEP-PED INJ 7.5MG	Tier 2	SP, PA
LUPR DEP-PED INJ 11.25MG	Tier 2	SP, PA
LUPR DEP-PED INJ 15MG	Tier 2	SP, PA
SYNAREL SOL 2MG/ML	Tier 2	SP, PA
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i> (generic of ROCALTROL)	Tier 1	QL (120 ea / 30 days)
<i>calcitriol cap 0.25 mcg</i> (generic of ROCALTROL)	Tier 1	QL (120 ea / 30 days)
ELAPRASE INJ 6MG/3ML	Tier 2	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (generic of CARNITOR)	Tier 1	QL (1800 mL / 30 days)
<i>levocarnitine tab 330 mg</i> (generic of CARNITOR)	Tier 1	QL (540 ea / 30 days)
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i> (generic of DDAVP)	Tier 1	SP, PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	PA
<i>desmopressin acetate tab 0.1 mg</i> (generic of DDAVP)	Tier 1	SP, QL (120 ea / 30 days)
<i>desmopressin acetate tab 0.2 mg</i> (generic of DDAVP)	Tier 1	SP, QL (150 ea / 30 days)
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> (generic of SANDOSTATIN)	Tier 1	SP, PA
SANDOSTATIN KIT LAR 10MG	Tier 2	SP, PA
SANDOSTATIN KIT LAR 20MG	Tier 2	SP, PA
SANDOSTATIN KIT LAR 30MG	Tier 2	SP, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
<i>fyavolv tab 0.5-2.5</i> (generic of FEMHRT LOW DOSE)	Tier 1	QL (28 ea / 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (generic of FEMHRT LOW DOSE)</i>	Tier 1	QL (28 ea / 28 days)

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

<i>estradiol tab 0.5 mg (generic of ESTRACE)</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years); 90 day program
<i>estradiol tab 1 mg (generic of ESTRACE)</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years); 90 day program
<i>estradiol tab 2 mg (generic of ESTRACE)</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years); 90 day program

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>ciprofloxacin hcl tab 250 mg (base equiv) (generic of CIPRO)</i>	Tier 1	QL (2 ea / day, max quantity 20 per fill)
<i>ciprofloxacin hcl tab 500 mg (base equiv) (generic of CIPRO)</i>	Tier 1	QL (2 ea / day, max quantity 20 per fill)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	QL (2 ea / day, max quantity 20 per fill)
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	PA
<i>levofloxacin tab 250 mg (generic of LEVAQUIN)</i>	Tier 1	QL (1 ea / day, max 10 day supply)
<i>levofloxacin tab 500 mg (generic of LEVAQUIN)</i>	Tier 1	QL (1 ea / day, max 10 day supply)
<i>levofloxacin tab 750 mg (generic of LEVAQUIN)</i>	Tier 1	QL (1 ea / day, max 10 day supply)

GASTROINTESTINAL AGENTS - MISC.

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol cap 300 mg (generic of ACTIGALL)</i>	Tier 1	QL (60 ea / 30 days)
<i>ursodiol tab 250 mg (generic of URSO 250)</i>	Tier 1	QL (120 ea / 30 days)
<i>ursodiol tab 500 mg (generic of URSO FORTE)</i>	Tier 1	QL (60 ea / 30 days)

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent) (generic of REGLAN)</i>	Tier 1	QL (180 ea / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent) (generic of REGLAN)</i>	Tier 1	QL (180 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	Tier 2	QL (120 ea / 30 days)
balsalazide disodium cap 750 mg (generic of COLAZAL)	Tier 1	
sulfasalazine tab 500 mg (generic of AZULFIDINE)	Tier 1	QL (300 ea / 30 days)
sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)	Tier 1	QL (240 ea / 30 days)
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	Tier 1	QL (5400 mL / 30 days)
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (generic of PHOSLO)	Tier 1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
potassium citrate & citric acid soln 1100-334 mg/5ml	Tier 1	
potassium citrate tab er 5 meq (540 mg) (generic of UROCIT-K 5)	Tier 1	QL (90 ea / 30 days)
potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)	Tier 1	QL (90 ea / 30 days)
sodium citrate & citric acid soln 500-334 mg/5ml	Tier 1	
GENITOURINARY IRRIGANTS		
acetic acid irrigation soln 0.25%	Tier 1	
sodium chloride irrigation soln 0.9%	Tier 1	QL (10000 mL / 25 days)
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)	Tier 1	QL (30 ea / 30 days)
finasteride tab 5 mg (generic of PROSCAR)	Tier 1	QL (30 ea / 30 days); 90 day program
tamsulosin hcl cap 0.4 mg (generic of FLOMAX)	Tier 1	QL (60 ea / 30 days); 90 day program
URINARY ANALGESICS		
phenazopyridine hcl tab 100 mg	Tier 1	QL (90 ea / 30 days)
phenazopyridine hcl tab 200 mg	Tier 1	QL (90 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 ea / 30 days)
GOUT AGENTS		
<i>allopurinol tab 100 mg (generic of ZYLOPRIM)</i>	Tier 1	QL (180 ea / 30 days); 90 day program
<i>allopurinol tab 300 mg (generic of ZYLOPRIM)</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>colchicine tab 0.6 mg (generic of COLCRYS)</i>	Tier 1	QL (30 ea / 90 days, max 1 fill per 90 days)
URICOSURICS		
<i>probenecid tab 500 mg</i>	Tier 1	QL (90 ea / 30 days)
HEMATOLOGICAL AGENTS - MISC.		
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (120 ea / 30 days)
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg (generic of AGGRENOX)</i>	Tier 1	PA
<i>cilostazol tab 50 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>cilostazol tab 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>dipyridamole tab 25 mg</i>	Tier 1	QL (300 ea / 30 days)
<i>dipyridamole tab 50 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>dipyridamole tab 75 mg</i>	Tier 1	QL (120 ea / 30 days)
HEMATOPOIETIC AGENTS		
FOLIC ACID/FOLATES		
<i>folic acid tab 1 mg</i>	Tier 1	QL (150 ea / 30 days); 90 day program
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 25MCG	Tier 2	SP, PA
ARANESP INJ 40MCG	Tier 2	SP, PA
ARANESP INJ 60MCG	Tier 2	SP, PA
ARANESP INJ 100MCG	Tier 2	SP, PA
ARANESP INJ 200MCG	Tier 2	SP, PA
ARANESP INJ 300MCG	Tier 2	SP, PA
ARANESP INJ 500MCG	Tier 2	SP, PA
LEUKINE INJ 250MCG	Tier 2	SP, PA
NIVESTYM INJ 300/0.5	Tier 2	SP, PA
NIVESTYM INJ 480/0.8	Tier 2	SP, PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy SP - Specialty OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose Per Day GNDR - Gender Edit 90 day program - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 2000UNIT	Tier 2	SP, PA
RETACRIT INJ 3000UNIT	Tier 2	SP, PA
RETACRIT INJ 4000UNIT	Tier 2	SP, PA
RETACRIT INJ 10000UNT	Tier 2	SP, PA
RETACRIT INJ 40000UNT	Tier 2	SP, PA
UDENYCA INJ 6MG/.6ML	Tier 2	SP, PA
ZARXIO INJ 300/0.5	Tier 2	SP, PA
ZARXIO INJ 480/0.8	Tier 2	SP, PA

IRON

FERROUS GLUC TAB 324MG	Tier 2	OTC
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Tier 1	OTC
FERROUS SULF TAB 324MG EC	Tier 2	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 1	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 1	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 1	OTC, QL (90 ea / 30 days); 90 day program
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 1	OTC; 90 day program
<i>slow release tab 47.5mg</i>	Tier 1	OTC

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTI HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
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NON-BARBITURATE HYPNOTICS

<i>estazolam tab 1 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>estazolam tab 2 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>flurazepam hcl cap 15 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
<i>flurazepam hcl cap 30 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 15 years and Max age 64 years)
<i>temazepam cap 15 mg (generic of RESTORIL)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>temazepam cap 30 mg (generic of RESTORIL)</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)

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Drug Name	Drug Tier	Requirements/Limits
<i>triazolam tab 0.25 mg</i> (generic of HALCION)	Tier 1	QL (60 ea / 30 days); AGE (Min age 18 years)
<i>triazolam tab 0.125 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)
<i>zolpidem tartrate tab 5 mg</i> (generic of AMBIEN)	Tier 1	QL (60 ea / 30 days); AGE (Min age 18 years)
<i>zolpidem tartrate tab 10 mg</i> (generic of AMBIEN)	Tier 1	QL (30 ea / 30 days); AGE (Min age 18 years)

LAXATIVES

BULK LAXATIVES

KONSYL DAILY POW 28.3%	Tier 2	OTC
KONSYL DAILY POW 100%	Tier 2	OTC
KONSYL-D POW 52.3%	Tier 2	OTC
<i>psyllium powder 28.3%</i>	Tier 1	OTC
<i>psyllium powder 30.9%</i>	Tier 1	OTC
<i>psyllium powder 48.57%</i>	Tier 1	OTC
<i>psyllium powder 58.6%</i>	Tier 1	OTC

LAXATIVE COMBINATIONS

<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i>	Tier 1	QL (30 ea / 30 days)
<i>gavilyte-c sol</i> (generic of COLYTE-FLAVOR PACKS)	Tier 1	QL (120000 mL / 30 days)
GOLYTELY SOL	Tier 2	QL (30 ea / 30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (generic of GOLYTELY)	Tier 1	QL (120000 mL / 30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	Tier 1	QL (120000 mL / 30 days)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (generic of PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM)	Tier 1	QL (120000 mL / 30 days)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Tier 1	OTC, QL (180 ea / 30 days); 90 day program

LAXATIVES - MISCELLANEOUS

<i>constulose sol 10gm/15</i>	Tier 1	QL (5400 mL / 30 days)
<i>lactulose solution 10 gm/15ml</i>	Tier 1	QL (5400 mL / 30 days)
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	OTC, QL (1020 gm / 30 days)

SALINE LAXATIVES

<i>magnesium citrate soln</i>	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	Tier 1	OTC
MILK OF MAGN SUS 2400MG	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
STIMULANT LAXATIVES		
<i>bisacodyl suppos 10 mg</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>bisacodyl tab delayed release 5 mg</i>	Tier 1	OTC, QL (90 ea / 30 days); 90 day program
<i>sennosides tab 8.6 mg</i>	Tier 1	OTC, QL (60 ea / 30 days); 90 day program
SURFACTANT LAXATIVES		
<i>docusate calcium cap 240 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>docusate sodium cap 100 mg</i>	Tier 1	OTC, QL (180 ea / 30 days); 90 day program
<i>docusate sodium cap 250 mg</i>	Tier 1	OTC, QL (180 ea / 30 days); 90 day program
<i>docusate sodium liquid 150 mg/15ml</i>	Tier 1	OTC, QL (900 mL / 30 days)
<i>docusate sodium syrup 60 mg/15ml</i>	Tier 1	OTC, QL (900 mL / 30 days)
<i>docusate sodium tab 100 mg</i>	Tier 1	OTC, QL (180 ea / 30 days); 90 day program
DOCUSOL MINI ENE	Tier 1	OTC
ENEMEEZ MINI ENE	Tier 1	OTC
PEDIA-LAX LIQ 50MG	Tier 2	OTC, QL (900 mL / 30 days)

MACROLIDES

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i> (generic of ZITHROMAX)	Tier 1	QL (600 mL / 30 days, max 1 fill per 45 days); AGE (Max age 12 years)
<i>azithromycin for susp 200 mg/5ml</i> (generic of ZITHROMAX)	Tier 1	QL (900 mL / 30 days, max 1 fill per 45 days); AGE (Max age 12 years)
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	QL (1 ea / day, max 1 day supply)
<i>azithromycin tab 250 mg</i> (generic of ZITHROMAX)	Tier 1	QL (12 ea / 25 days)
<i>azithromycin tab 500 mg</i> (generic of ZITHROMAX)	Tier 1	QL (6 ea / 25 days)
<i>azithromycin tab 600 mg</i> (generic of ZITHROMAX)	Tier 1	QL (30 ea / 30 days)

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	

ERYTHROMYCINS

<i>erythromycin ethylsuccinate for susp 200 mg/5ml (generic of E.E.S. GRANULES)</i>	Tier 1	AGE (Max age 12 years)
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MEDICAL DEVICES AND SUPPLIES

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CONDOMS - MALE	Tier 2	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX LUBRICATED	Tier 2	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX NON-LUBRICATED	Tier 2	OTC; QL (max quantity 12 per fill)

DIABETIC SUPPLIES

LANCETS	Tier 2	OTC
TRUE METRIX KIT AIR	Tier 2	OTC, QL (1 ea / year)
TRUE METRIX KIT METER	Tier 2	OTC, QL (1 ea / year)

MISC. DEVICES

ALCOH-WIPE MIS 12"X12"	Tier 2	QL (200 ea / 25 days)
ALCOHOL SWABS	Tier 2	OTC, QL (200 ea / 25 days)
LMA MAD MIS NASAL	Tier 2	
MUCOSAL ATOM MIS DEVICE	Tier 2	OTC

PARENTERAL THERAPY SUPPLIES

BD U-500 MIS 31GX6MM	Tier 2	QL (150 ea / 30 days)
INSULIN SYRG MIS 0.3/29G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/29G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/30G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/30G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/31G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/31G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/28G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/29G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.5/29G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/30G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/30G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/31G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/31G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/28G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/29G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/29G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/30G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/30G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/31G	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/31G	Tier 2	OTC, QL (150 ea / 30 days); TRUEPLUS
NEEDLE (DISP) 18 X 1-1/2"	Tier 2	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	Tier 2	
PEN NEEDLES MIS 29GX10MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 29GX12.7	Tier 2	QL (150 ea / 30 days); TRUEPLUS
PEN NEEDLES MIS 29GX12MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 31GX5MM	Tier 2	QL (150 ea / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX5MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 31GX6MM	Tier 2	QL (150 ea / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 31GX8MM	Tier 2	QL (150 ea / 30 days); TRUEPLUS

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 31GX8MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 32GX4MM	Tier 2	QL (150 ea / 30 days); TRUEPLUS
PEN NEEDLES MIS 32GX4MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 32GX6MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE
PEN NEEDLES MIS 32GX8MM	Tier 2	OTC, QL (150 ea / 30 days); TECHLITE

RESPIRATORY THERAPY SUPPLIES

PULMONEB LT MIS NEBULIZE	Tier 2	
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Tier 2	OTC, QL (1 ea / year)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	Tier 2	QL (1 ea / year)
VORTEX/MASK MIS CHILDS	Tier 2	
VORTEX/MASK MIS TODDLER	Tier 2	

MIGRAINE PRODUCTS

SEROTONIN AGONISTS

<i>naratriptan hcl tab 1 mg (base equiv)</i> (generic of AMERGE)	Tier 1	QL (9 ea / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> (generic of AMERGE)	Tier 1	QL (9 ea / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (12 ea / 25 days), ST; Requires trial of sumatriptan and naratriptan
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i> (generic of MAXALT)	Tier 1	QL (12 ea / 25 days), ST; Requires trial of sumatriptan and naratriptan
<i>sumatriptan succinate tab 25 mg</i> (generic of IMITREX)	Tier 1	QL (9 ea / 25 days)
<i>sumatriptan succinate tab 50 mg</i> (generic of IMITREX)	Tier 1	QL (9 ea / 25 days)
<i>sumatriptan succinate tab 100 mg</i> (generic of IMITREX)	Tier 1	QL (9 ea / 25 days)

MINERALS & ELECTROLYTES

FLUORIDE

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 1	QL (30 ea / 30 days)
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PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 1	QL (30 ea / 30 days)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 1	QL (50 mL / 30 days)

POTASSIUM

<i>klor-con 8 tab 8meq er</i>	Tier 1	QL (120 ea / 30 days)
<i>klor-con 10 tab 10meq er</i>	Tier 1	QL (120 ea / 30 days)
<i>klor-con spr cap 8meq</i>	Tier 1	QL (120 ea / 30 days)
<i>klor-con spr cap 10meq</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium bicarbonate effer tab 25 meq</i>	Tier 1	QL (60 ea / 30 days)
<i>potassium chloride cap er 8 meq</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride cap er 10 meq</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	QL (150 ea / 30 days)
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride tab er 10 meq</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride tab er 10 meq (generic of K-TAB)</i>	Tier 1	QL (120 ea / 30 days)
<i>potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)</i>	Tier 1	QL (150 ea / 30 days)

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

DEPEN TITRA TAB 250MG	Tier 2	PA
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IMMUNOMODULATORS

REVLIMID CAP 5MG	Tier 2	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 10MG	Tier 2	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 15MG	Tier 2	SP, QL (30 ea / 30 days), PA
REVLIMID CAP 25MG	Tier 2	SP, QL (30 ea / 30 days), PA
THALOMID CAP 100MG	Tier 2	SP, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
IRRIGATION SOLUTIONS		
water for irrigation, sterile irrigation soln	Tier 1	
POTASSIUM REMOVING AGENTS		
kionex sus 15gm/60	Tier 1	
sodium polystyrene sulfonate oral susp 15 gm/60ml	Tier 1	
sodium polystyrene sulfonate powder	Tier 1	
sps sus 15gm/60	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl viscous soln 2%	Tier 1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	Tier 1	QL (150 ea / 30 days)
nystatin susp 100000 unit/ml	Tier 1	QL (3600 mL / 30 days)
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12% (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%)	Tier 1	
DENTAL PRODUCTS		
denta 5000 cre plus	Tier 1	
denta 5000 cre plus 2pk	Tier 1	
dentagel gel 1.1%	Tier 1	
sf 5000 plus cre 1.1%	Tier 1	
sf gel 1.1%	Tier 1	
sodium fluor cre 5000 pls	Tier 1	
sodium fluoride gel 1.1% (0.5% f)	Tier 1	
STEROIDS - MOUTH/THROAT/DENTAL		
oralone dent pst 0.1%	Tier 1	
triamcinolone acetonide dental paste 0.1%	Tier 1	
THROAT PRODUCTS - MISC.		
pilocarpine hcl tab 5 mg (generic of SALAGEN)	Tier 1	
pilocarpine hcl tab 7.5 mg (generic of SALAGEN)	Tier 1	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	Tier 1	QL (50 mL / 30 days); AGE (Max age 5 years)
POLY-VI-FLOR CHW W/IRON	Tier 2	AGE (Max age 5 years)
POLY-VI-FLOR SUS /IRON	Tier 2	AGE (Max age 5 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day
GNDR - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
PED MV W/ FLUORIDE		
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 5 years)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 5 years)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Tier 1	QL (60 ea / 30 days); AGE (Max age 5 years)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	Tier 1	QL (50 mL / 30 days); AGE (Max age 5 years)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	Tier 1	QL (50 mL / 30 days); AGE (Max age 5 years)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	Tier 1	QL (50 mL / 30 days); AGE (Max age 5 years)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	Tier 1	QL (50 mL / 30 days); AGE (Max age 5 years)

PEDIATRIC VITAMINS

<i>bprotected sol tri-vite</i>	Tier 1	OTC, QL (50 mL / 25 days)
<i>tri-vite dro pediatri</i>	Tier 1	OTC, QL (50 mL / 25 days)

PRENATAL VITAMINS

COMPLETENATE CHW	Tier 2	QL (30 ea / 30 days)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	Tier 2	QL (30 ea / 30 days)
SE-NATAL 19 CHW	Tier 2	QL (30 ea / 30 days)
TRINATAL RX TAB 1	Tier 2	QL (30 ea / 30 days)
VINATE ONE TAB	Tier 2	QL (30 ea / 30 days)
VITAFOL-OB TAB 65-1MG	Tier 2	QL (30 ea / 30 days)

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 10 mg</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>baclofen tab 20 mg</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>methocarbamol tab 500 mg</i>	Tier 1	QL (180 ea / 30 days); AGE (Max age 64 years)
<i>methocarbamol tab 750 mg (generic of ROBAXIN-750)</i>	Tier 1	QL (300 ea / 30 days); AGE (Max age 64 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	QL (90 ea / 30 days); AGE (Max age 64 years)
<i>tizanidine hcl tab 4 mg (base equivalent)</i> (generic of ZANAFLEX)	Tier 1	QL (270 ea / 30 days); AGE (Max age 64 years)

VISCOSUPPLEMENTS

<i>EUFLEXXA INJ 10MG/ML</i>	Tier 2	SP, QL (6 mL / 180 days), PA
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NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	QL (30 mL / 25 days)
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NASAL ANTICHOLINERGICS

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (48 gm / 75 days); AGE (Min age 4 years); 90 day program
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SYMPATHOMIMETIC DECONGESTANTS

<i>pseudoephedrine hcl tab 30 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 1	OTC, QL (180 ea / 30 days)

OPHTHALMIC AGENTS

BETA-BLOCKERS - OPHTHALMIC

<i>carteolol hcl ophth soln 1%</i>	Tier 1	QL (15 mL / 25 days)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i>	Tier 1	QL (10 mL / 25 days)
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	QL (15 mL / 25 days)
<i>timolol maleate ophth soln 0.5% (generic of TIMOPTIC)</i>	Tier 1	
<i>timolol maleate ophth soln 0.25% (generic of TIMOPTIC)</i>	Tier 1	

CYCLOPLEGIC MYDRIATICS

<i>atropine sul sol 1% op</i>	Tier 2	QL (15 mL / 25 days)
<i>cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)</i>	Tier 1	QL (15 mL / 25 days)
<i>isopto atrop sol 1% op</i>	Tier 2	QL (15 mL / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
MIOTICS		
<i>pilocarpine hcl ophth soln 1% (generic of ISOPTO CARPINE)</i>	Tier 1	
<i>pilocarpine hcl ophth soln 2% (generic of ISOPTO CARPINE)</i>	Tier 1	
<i>pilocarpine hcl ophth soln 4% (generic of ISOPTO CARPINE)</i>	Tier 1	
OPHTHALMIC ADRENERGIC AGENTS		
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (generic of CILOXAN)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gentak oin 0.3% op</i>	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	Tier 1	QL (3 mL / 25 days)
<i>neo-polycin oin op</i>	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3% (generic of OCUFLOX)</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	Tier 1	
<i>sulfacetamide sodium ophth soln 10% (generic of BLEPH-10)</i>	Tier 1	
<i>tobramycin ophth soln 0.3% (generic of TOBREX)</i>	Tier 1	
<i>trifluridine ophth soln 1%</i>	Tier 1	QL (7.5 mL / 25 days)
OPHTHALMIC INTEGRIN ANTAGONISTS		
<i>XIIDRA DRO 5%</i>	Tier 2	ST; Requires trial of OTC lubricant and ointment
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5% (generic of ALCaine)</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	QL (15 mL / 25 days)
<i>neo-polycin oin hc 1%op</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	Tier 1	
<i>prednisolone acetate ophth susp 1% (generic of PRED FORTE)</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	Tier 1	
OPHTHALMICS - MISC.		
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	QL (6 mL / 25 days), PA
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2% (generic of TRUSOPT)</i>	Tier 1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)</i>	Tier 1	QL (10 mL / 25 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 1	OTC, QL (10 mL / 25 days)
<i>sodium chloride hypertonic ophth soln 5%</i>	Tier 1	OTC
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	ST; Requires trial of latanoprost
<i>latanoprost ophth soln 0.005% (generic of XALATAN)</i>	Tier 1	QL (5 mL / 25 days)
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	Tier 1	QL (20 mL / 25 days)
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	QL (14 ea / 25 days)
<i>ofloxacin otic soln 0.3%</i>	Tier 1	QL (5 mL / 25 days)

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Drug Name	Drug Tier	Requirements/Limits
OTIC COMBINATIONS		
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
OTIC STEROIDS		
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
OXYTOCICS		
OXYTOCICS		
<i>methergine tab 0.2mg</i>	Tier 1	QL (210 ea / 30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	QL (210 ea / 30 days)
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
<i>HYPERRHO S/D INJ 50MCG</i>	Tier 2	SP
<i>HYPERRHO S/D INJ 300MCG</i>	Tier 2	SP
<i>MICRHOGAM PL INJ 50MCG</i>	Tier 2	SP
<i>RHOGAM PLUS INJ 300MCG</i>	Tier 2	SP
<i>RHOPHYLAC INJ 1500/2ML</i>	Tier 2	SP
MONOCLONAL ANTIBODIES		
<i>SYNAGIS INJ 50MG</i>	Tier 2	SP, PA
<i>SYNAGIS INJ 100MG/ML</i>	Tier 2	SP, PA
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	QL (180 ea / 30 days)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1	QL (150 ea / 30 days)
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>ampicillin cap 500 mg</i>	Tier 1	QL (240 ea / 30 days)
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)

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GNDR - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>penicillin v potassium tab 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>penicillin v potassium tab 500 mg</i>	Tier 1	QL (240 ea / 30 days)

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 1	QL (90 ea / 30 days); AGE (Max age 12 years)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE (Max age 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	Tier 1	QL (2 ea / day, max 10 day supply)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (2 ea / day, max 10 day supply)

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	QL (240 ea / 30 days)
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	QL (180 ea / 30 days)

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>hydroxyprogesterone caproate im in oil 250 mg/ml (generic of MAKENA)</i>	Tier 1	SP, PA
<i>medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>medroxyprogesterone acetate tab 5 mg (generic of PROVERA)</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>medroxyprogesterone acetate tab 10 mg (generic of PROVERA)</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>norethindrone acetate tab 5 mg (generic of AYGESTIN)</i>	Tier 1	QL (30 ea / 30 days)
<i>progesterone micronized cap 100 mg (generic of PROMETRIUM)</i>	Tier 1	QL (30 ea / 30 days)
<i>progesterone micronized cap 200 mg (generic of PROMETRIUM)</i>	Tier 1	QL (60 ea / 30 days)

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

ANTI-CATAPLECTIC AGENTS

<i>XYREM SOL 500MG/ML</i>	Tier 2	SP, PA
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Drug Name	Drug Tier	Requirements/Limits
ANTIDEMENTIA AGENTS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>galantamine hydrobromide cap er 24hr 8 mg (generic of RAZADYNE ER)</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg (generic of RAZADYNE ER)</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 24 mg (generic of RAZADYNE ER)</i>	Tier 1	
<i>galantamine hydrobromide tab 4 mg (generic of RAZADYNE)</i>	Tier 1	
<i>galantamine hydrobromide tab 8 mg (generic of RAZADYNE)</i>	Tier 1	
<i>galantamine hydrobromide tab 12 mg (generic of RAZADYNE)</i>	Tier 1	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl tab 5 mg (generic of NAMENDA)</i>	Tier 1	90 day program
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak (generic of NAMENDA TITRATION PAK)</i>	Tier 1	90 day program
<i>memantine hcl tab 10 mg (generic of NAMENDA)</i>	Tier 1	90 day program
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON)</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON)</i>	Tier 1	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON)</i>	Tier 1	PA

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Drug Name	Drug Tier	Requirements/Limits
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MOVEMENT DISORDER DRUG THERAPY

<i>tetrabenazine tab 12.5 mg</i> (generic of XENAZINE)	Tier 1	SP, PA
<i>tetrabenazine tab 25 mg</i> (generic of XENAZINE)	Tier 1	SP, PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

AMPYRA TAB 10MG	Tier 2	SP, PA
AUBAGIO TAB 7MG	Tier 2	SP, PA
AUBAGIO TAB 14MG	Tier 2	SP, PA
AVONEX PEN KIT 30MCG	Tier 2	SP, PA
AVONEX PREFL KIT 30MCG	Tier 2	SP, PA
<i>dalfampridine tab er 12hr 10 mg</i> (generic of AMPYRA)	Tier 1	SP, PA
EXTAVIA INJ 0.3MG	Tier 2	SP, PA
GILENYA CAP 0.5MG	Tier 2	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (generic of COPAXONE)	Tier 1	SP, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> (generic of COPAXONE)	Tier 1	SP, PA
<i>glatopa inj 20mg/ml</i> (generic of COPAXONE)	Tier 1	SP, PA
<i>glatopa inj 40mg/ml</i> (generic of COPAXONE)	Tier 1	SP, PA
PLEGRIDY INJ	Tier 2	SP, PA
PLEGRIDY INJ PEN	Tier 2	SP, PA
PLEGRIDY INJ STARTER	Tier 2	SP, PA
PLEGRIDY PEN INJ STARTER	Tier 2	SP, PA
TECFIDERA CAP 120MG	Tier 2	SP, QL (60 ea / 30 days), PA
TECFIDERA CAP 240MG	Tier 2	SP, QL (60 ea / 30 days), PA

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 1	QL (60 ea / 30 days, max 90 day supply per year); 90 day program
CHANTIX PAK 0.5& 1MG	Tier 2	PA
CHANTIX PAK 1MG	Tier 2	PA
CHANTIX TAB 0.5MG	Tier 2	PA
CHANTIX TAB 1MG	Tier 2	PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine polacrilex gum 2 mg</i>	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex gum 4 mg</i>	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 2 mg</i>	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine polacrilex lozenge 4 mg</i>	Tier 1	OTC, QL (240 ea / 30 days, max 3 fills per 365 days)
<i>nicotine td patch 24hr 7 mg/24hr</i>	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 1	OTC, QL (30 ea / 30 days, max 90 day supply per year)

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

<i>PULMOZYME SOL 1MG/ML</i>	Tier 2	SP, QL (75 mL / 30 days), PA
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TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>minocycline hcl cap 50 mg</i> (generic of MINOCIN)	Tier 1	QL (60 ea / 30 days)
<i>minocycline hcl cap 100 mg</i> (generic of MINOCIN)	Tier 1	QL (60 ea / 30 days)

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i> (generic of TAPAZOLE)	Tier 1	QL (180 ea / 30 days)
<i>methimazole tab 10 mg</i> (generic of TAPAZOLE)	Tier 1	QL (180 ea / 30 days)
<i>propylthiouracil tab 50 mg</i>	Tier 1	QL (600 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
THYROID HORMONES		
ARMOUR THYRO TAB 15MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 30MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 60MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 90MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 120MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 180MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 240MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
ARMOUR THYRO TAB 300MG	Tier 2	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>levothyroxine sodium tab 25 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 50 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 50 MCG)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 75 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 75 MCG)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 88 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 88 MCG)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 100 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 100 MCG)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 112 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 112 MCG)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 125 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 125 MCG)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 137 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 137 MCG)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 150 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 150 MCG)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 175 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 175 MCG)	Tier 1	QL (60 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 200 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 200 MCG)	Tier 1	QL (60 ea / 30 days)
<i>levothyroxine sodium tab 300 mcg</i> (generic of LEVOTHYROXINE SODIUM TAB 300 MCG)	Tier 1	QL (60 ea / 30 days)
<i>np thyroid tab 15mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 30mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 60mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 90mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>np thyroid tab 120mg</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
SYNTHROID TAB 25MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 50MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 75MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 88MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 100MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 112MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 125MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 137MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 150MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 175MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 200MCG	Tier 2	QL (60 ea / 30 days)
SYNTHROID TAB 300MCG	Tier 2	QL (60 ea / 30 days)
<i>thyroid tab 15 mg (1/4 grain)</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>thyroid tab 30 mg (1/2 grain)</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>thyroid tab 60 mg (1 grain)</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>thyroid tab 90 mg (1 1/2 grain)</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)
<i>thyroid tab 120 mg (2 grain)</i>	Tier 1	QL (30 ea / 30 days); AGE (Max age 64 years)

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ	Tier 1	AGE (Min age 19 years)
BOOSTRIX INJ	Tier 1	AGE (Min age 19 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
TDVAX INJ 2-2 LF	Tier 1	AGE (Min age 19 years)
TENIVAC INJ 5-2LF	Tier 1	AGE (Min age 19 years)

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

CUVPOSA SOL 1MG/5ML	Tier 2	PA
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	QL (2400 mL / 30 days); AGE (Max age 64 years)
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	QL (240 ea / 30 days); AGE (Max age 64 years); 90 day program
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	QL (1800 mL / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>oscimin tab 0.125mg</i>	Tier 1	QL (360 ea / 30 days); AGE (Max age 64 years)

H-2 ANTAGONISTS

<i>cimetidine hcl soln 300 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>cimetidine tab 200 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>cimetidine tab 200 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>cimetidine tab 300 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>cimetidine tab 400 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>cimetidine tab 800 mg</i>	Tier 1	QL (60 ea / 30 days)
<i>famotidine tab 10 mg</i>	Tier 1	OTC, QL (60 ea / 30 days); 90 day program

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine tab 20 mg</i>	Tier 1	OTC, QL (60 ea / 30 days); 90 day program
<i>famotidine tab 20 mg (generic of PEPCID)</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>famotidine tab 40 mg (generic of PEPCID)</i>	Tier 1	QL (60 ea / 30 days); 90 day program
<i>nizatidine cap 150 mg</i>	Tier 1	QL (120 ea / 30 days), ST; Requires trial of famotidine and ranitidine
<i>nizatidine oral soln 15 mg/ml</i>	Tier 1	ST; Requires trial of famotidine and ranitidine
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	Tier 1	QL (600 mL / 30 days); AGE (Max age 12 years); 90 day program
<i>ranitidine hcl tab 75 mg</i>	Tier 1	OTC, QL (120 ea / 30 days)
<i>ranitidine hcl tab 150 mg</i>	Tier 1	OTC, QL (120 ea / 30 days); 90 day program
<i>ranitidine hcl tab 150 mg (generic of ZANTAC)</i>	Tier 1	QL (120 ea / 30 days); 90 day program
<i>ranitidine hcl tab 300 mg</i>	Tier 1	QL (60 ea / 30 days); 90 day program

MISC. ANTI-ULCER

CARAFATE SUS 1GM/10ML	Tier 2	QL (1200 mL / 30 days); AGE (Max age 18 years)
<i>sucralfate tab 1 gm (generic of CARAFATE)</i>	Tier 1	QL (120 ea / 30 days)

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid reducer cap 20.6mgdr</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq) (generic of NEXIUM)</i>	Tier 1	QL (60 ea / 30 days)
<i>heartburn tr cap 15mg</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	OTC, QL (60 ea / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day **GNDR** - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90 day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply program).

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cap 20.6mgdr</i>	Tier 1	OTC, QL (30 ea / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (90 ea / 30 days); 90 day program
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>omeprazole delayed release tab 20 mg</i>	Tier 1	OTC, QL (90 ea / 30 days); 90 day program
<i>pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)</i>	Tier 1	QL (30 ea / 30 days); 90 day program
<i>pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)</i>	Tier 1	QL (90 ea / 30 days); 90 day program

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol tab 100 mcg (generic of CYTOTEC)</i>	Tier 1	QL (120 ea / 30 days)
<i>misoprostol tab 200 mcg (generic of CYTOTEC)</i>	Tier 1	QL (120 ea / 30 days)

URINARY ANTI-INFECTIVES

URINARY ANTI-INFECTIVES

<i>nitrofurantoin macrocrystalline cap 50 mg (generic of MACRODANTIN)</i>	Tier 1	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg (generic of MACRODANTIN)</i>	Tier 1	QL (120 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg (generic of MACROBID)</i>	Tier 1	QL (60 ea / 30 days); AGE (Max age 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	QL (40 mL / day, max 10 day supply); AGE (Max age 12 years)

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days)
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>oxybutynin chloride tab er 24hr 5 mg (generic of DITROPAN XL)</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tab er 24hr 10 mg</i> (generic of DITROPAN XL)	Tier 1	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 ea / 30 days), ST; Requires trial of oxybutynin IR
<i>tolterodine tartrate tab 1 mg</i> (generic of DETROL)	Tier 1	QL (60 ea / 30 days), ST; Requires trial of oxybutynin
<i>tolterodine tartrate tab 2 mg</i> (generic of DETROL)	Tier 1	QL (60 ea / 30 days), ST; Requires trial of oxybutynin
<i>trospium chloride tab 20 mg</i>	Tier 1	QL (60 ea / 30 days), ST; Requires trial of oxybutynin

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (120 ea / 30 days)
<i>bethanechol chloride tab 25 mg</i> (generic of URECHOLINE)	Tier 1	QL (120 ea / 30 days)
<i>bethanechol chloride tab 50 mg</i> (generic of URECHOLINE)	Tier 1	QL (120 ea / 30 days)

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 ea / 30 days)
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VACCINES

BACTERIAL VACCINES

PNEUMOVAX 23 INJ 25/0.5	Tier 1	QL (max 2 fills per lifetime); AGE (Min age 19 years)
PREVNAR 13 INJ	Tier 1	QL (max 4 fills per lifetime); AGE (Min age 19 years)

VIRAL VACCINES

AFLURIA QUAD INJ 2019-20	Tier 1	AGE (Min age 19 years)
ENGRIX-B INJ 10/0.5ML	Tier 1	AGE (Min age 19 years)
ENGRIX-B INJ 20MCG/ML	Tier 1	AGE (Min age 19 years)
FLUARIX QUAD INJ 2019-20	Tier 1	AGE (Min age 19 years)
FLUBLOK QUAD INJ 2019-20	Tier 1	AGE (Min age 19 years)
FLUCLVX QUAD INJ 2019-20	Tier 1	AGE (Min age 19 years)
FLULAVAL QUA INJ 2019-20	Tier 1	AGE (Min age 19 years)
FLUZONE QUAD INJ 2019-20	Tier 1	AGE (Min age 19 years)
HAVRIX INJ 720UNIT	Tier 1	AGE (Min age 19 years)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **SP** - Specialty **OTC** - 110
Over the counter **AGE** - Age Limit **MED** - Max 90 mg Morphine EQ Dose Per Day
GNDR - Gender Edit **90 day program** - After two fills of 30 day supply within 75 days, 90
day supply is required thereafter (following Utah Medicaid Mandatory 90 Day supply
program).

Drug Name	Drug Tier	Requirements/Limits
HAVRIX INJ 1440UNIT	Tier 1	AGE (Min age 19 years)
HEPLISAV-B INJ 20/0.5ML	Tier 1	AGE (Min age 19 years)
RECOMBIVA HB INJ 5MCG/0.5	Tier 1	AGE (Min age 19 years)
RECOMBIVA HB INJ 10MCG/ML	Tier 1	AGE (Min age 19 years)
SHINGRIX INJ 50MCG	Tier 1	AGE (Min age 50 years)
TWINRIX INJ	Tier 1	AGE (Min age 19 years)
VAQTA INJ 25/0.5ML	Tier 1	AGE (Min age 19 years)
VAQTA INJ 50UNT/ML	Tier 1	AGE (Min age 19 years)
ZOSTAVAX INJ	Tier 1	QL (max 1 fill per lifetime); AGE (Min age 50 years)

VAGINAL PRODUCTS

SPERMICIDES

TODAY SPONGE MIS	Tier 2	OTC
VCF VAGINAL AER CONTRACP	Tier 2	OTC
VCF VAGINAL MIS CONTRACP	Tier 2	OTC

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2% (generic of CLEOCIN)</i>	Tier 1	
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2%</i>	Tier 1	OTC
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 5 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	Tier 1	OTC
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	QL (30 ea / 30 days)
<i>tioconazole vaginal oint 6.5%</i>	Tier 1	OTC
<i>vandazole gel 0.75%</i>	Tier 1	QL (70 gm / 5 days)

VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm (generic of ESTRACE)</i>	Tier 1	QL (42.5 gm / 30 days)
<i>estradiol vaginal tab 10 mcg (generic of ESTRADIOL VAGINAL TAB 10 MCG)</i>	Tier 1	
VAGIFEM TAB 10MCG	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
SYMJEPI INJ 0.3MG	Tier 2	QL (2 ea / 25 days)
SYMJEPI INJ 0.15MG	Tier 2	QL (2 ea / 25 days)
VASOPRESSORS		
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>midodrine hcl tab 5 mg</i>	Tier 1	QL (90 ea / 30 days)
<i>midodrine hcl tab 10 mg</i>	Tier 1	QL (90 ea / 30 days)
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> (generic of DRISDOL)	Tier 1	QL (180 ea / 30 days)
<i>phytonadione tab 5 mg</i> (generic of MEPHYTON)	Tier 1	QL (150 ea / 30 days)

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<i>pilocarpine hcl ophth soln 4%</i>	99	<i>potassium chloride tab er 10 meq</i>	95
<i>pilocarpine hcl tab 5 mg</i>	96	<i>potassium chloride tab er 20 meq (1500 mg)</i>	95
<i>pilocarpine hcl tab 7.5 mg</i>	96	<i>potassium chloride tab er 8 meq (600 mg)</i>	95
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<i>pimtrea tab</i>	71	<i>potassium citrate tab er 10 meq (1080 mg)</i>	87
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POLY-VI-FLOR SUS /IRON	96	<i>see prednisolone acetate ophth susp 1%</i>	100
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