

Utah Medicaid Preferred Drug List - Effective April 1, 2023

Quinolones							
Preferred Drugs	Status	Type	Last Update	Limits	Mandatory 3-Month	Brand Required	Additional Note
Cipro suspension	Preferred	Brand	02/01/10			Cipro susp	
ciprofloxacin 250, 500, 750mg	Preferred	Generic	02/01/10				
levofloxacin	Preferred	Generic	02/01/16				
moxifloxacin	Preferred	Generic	01/01/21				
Non Preferred Drugs	Status	Type	Last Update	Limits	Required Prior Authorization Form	Brand Required	Additional Note
Baxdela	Non Preferred	Brand	10/01/17		Medication Coverage Exception		
Cipro tablet	Non Preferred	Brand	02/01/10		Medication Coverage Exception		
ciprofloxacin 100mg tablet	Non Preferred	Generic	01/01/22		Medication Coverage Exception		
ciprofloxacin suspension	Non Preferred	Generic	01/01/20		Medication Coverage Exception	Cipro susp	
ofloxacin tablet	Non Preferred	Generic	02/01/10		Medication Coverage Exception		
Tetracyclines							
Preferred Drugs	Status	Type	Last Update	Limits	Mandatory 3-Month	Brand Required	Additional Note
doxycycline monohydrate 50, 100mg capsule	Preferred	Generic	01/01/20				
doxycycline hyclate 50, 100mg	Preferred	Generic	01/01/20				
minocycline 50, 75, 100mg capsule	Preferred	Generic	01/01/20				
Non Preferred Drugs	Status	Type	Last Update	Limits	Required Prior Authorization Form	Brand Required	Additional Note
demeclocycline	Non Preferred	Generic	01/01/20		Medication Coverage Exception		
Doryx	Non Preferred	Brand	01/01/20		Medication Coverage Exception		
doxycycline (unless listed preferred)	Non Preferred	Generic	01/01/20		Medication Coverage Exception		
Minocin	Non Preferred	Brand	01/01/20		Medication Coverage Exception		
minocycline ER capsule	Non Preferred	Generic	12/01/22		Medication Coverage Exception		
minocycline tablet	Non Preferred	Generic	01/01/20		Medication Coverage Exception		
Minolira	Non Preferred	Brand	01/01/20		Medication Coverage Exception		
Nuzyra	Non Preferred	Brand	01/01/20		Medication Coverage Exception		
Solodyn	Non Preferred	Brand	01/01/20		Medication Coverage Exception		
tetracycline	Non Preferred	Generic	01/01/20		Medication Coverage Exception		
Vibramycin	Non Preferred	Brand	01/01/20		Medication Coverage Exception		
Ximino	Non Preferred	Brand	01/01/20		Medication Coverage Exception		