



Changes to the Medicaid Pharmacy Program Hybrid Unified Preferred Drug List (PDL)

frequently asked questions for providers

What is the Hybrid Unified PDL?

During the 2025 General Legislative Session, the Utah Legislature passed [SB 2, New Fiscal Year Supplemental Appropriations Act](#). Intent language in the bill requires the Utah Department of Health and Human Services (DHHS) and Utah Medicaid managed care plans (plans) to complete the following, no later than January 1, 2026:

1. Establish a Hybrid Unified Preferred Drug List (PDL) for identified drug classes that will be used by Utah Medicaid and Utah Medicaid managed care plans.
2. Select the drug classes based on their potential savings to the state.
3. Require the plans to align coverage with the Hybrid Unified PDL for select classes, including brand or generic preferred status.
4. Require the plans to align utilization management, prior authorization, and clinical criteria for the drugs on the Hybrid Unified PDL for select classes.
5. Require that the plans reimburse Medicaid retail pharmacy providers at the same reimbursement rates and using the same methodologies approved in the Medicaid State Plan for all pharmacy point-of-sale claims.

DHHS and the plans will continue to maintain their own PDLs, which will include drugs from the Hybrid Unified PDL.

Who are the Utah Medicaid managed care plans?

Utah Medicaid's managed care plans are Health Choice Utah, Healthy U, Molina, and Select Health. If your patient is enrolled in one of these plans for their health care, this change may impact you and your patient.



What drug classes are included on Utah Medicaid's Hybrid Unified PDL?

The following drug classes are included on the Hybrid Unified PDL. The providers can find specific drugs under these classes on the PDL.

Utah Medicaid Hybrid Unified PDL drug classes
Immunomodulators
CGM/Diabetic supply <ul style="list-style-type: none">• Diabetic continuous glucose monitors• Diabetic test strips/lancets/monitors
Atopic Dermatitis (non-steroidal)
Hepatitis C - direct-acting antivirals (DAAs)
Antidiabetic (non-insulin) <ul style="list-style-type: none">• DPP-4 Inhibitors• DPP-4 Inhibitor combinations• GLP-1 Agonists• SGLT2 - Inhibitors• SGLT2 - Inhibitor combinations• Sulfonylurea combinations
HIV <ul style="list-style-type: none">• Antiretrovirals - combination products• Antiretrovirals - entry, fusion inhibitors• Antiretrovirals - integrase inhibitors• Antiretrovirals - non-nucleoside reverse transcriptase inhibitors (NNRTIs)• Nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs)• Protease inhibitors
Asthma and bronchodilator inhaled <ul style="list-style-type: none">• Asthma & COPD - anticholinergics• Asthma & COPD - combination products• Asthma & COPD - corticosteroids• Asthma & COPD - LABA/LAMA combinations• Asthma & COPD - long-acting beta-agonists (LABA)• Asthma & COPD - short-acting beta-agonists (SABA)
Antidiabetic (insulin) <ul style="list-style-type: none">• Insulin mixtures• Intermediate-acting insulin• Long-acting insulin• Short-acting insulin



How will this change impact my patients?

The plans will contact members and their prescribing providers who are using non-preferred products before January 1, 2026 to inform members and providers about the change and discuss any impact.

Will the Hybrid Unified PDL changes impact fee for service (FFS) processes and procedures?

There will be no impact to current FFS processes and procedures.

Will DHHS allow grandfathering of non-preferred drugs?

DHHS will allow plan members who have been stabilized on the non-preferred products before January 1, 2026 for the following hybrid classes to stay on the non-preferred products:

- HIV medications
- Immunomodulators
- Atopic dermatitis
- Hepatitis C agents

The grandfathering policy does not apply to interchangeable brand and generic drugs.

What if a grandfathering request is denied?

If the plan denies the medication grandfathering request, then:

1. The providers or members may file a grievance or appeal with the plan.
2. If the appeal is unsuccessful, providers or members may request a State Fair Hearing at <https://medicaid.utah.gov/hearings/>.

Who can pharmacy providers contact for questions or disputes on the Utah Maximum Allowable Cost (UMAC) pricing?

Pharmacy providers can contact the Myers and Stauffer helpdesk for questions or disputes.

- **Phone number:** 1-800-591-1183
- **Fax number:** 1-317-571-8481
- **Email:** UTpharmacy@mslc.com



What are the reimbursement methodologies for retail pharmacy ?

Covered outpatient drugs will be reimbursed based on an established product cost plus a professional dispensing fee. Providers can find more information in the [Utah Pharmacy Provider Manual](#).

Where can providers find the PDL for each plan and for Utah Medicaid?

Providers can find the Hybrid Unified PDL for the plans and FFS at the following links:

Medicaid FFS PDL:

<https://medicaid.utah.gov/pharmacy-program/preferred-drug-list/>

Healthy U:

<https://cbg.adaptiverx.com/web/pdf?key=8F02B26A288102C27BAC82D14C006C6FC54D480F80409B68DD08C5D6AFC07EE2>

Health Choice PDL:

<https://cbg.adaptiverx.com/web/pdf?key=8F02B26A288102C27BAC82D14C006C6FC54D480F80409B6872E9A8AAA274F8DE>

Molina PDL:

<https://www.molinahealthcare.com/providers/ut/medicaid/drug/formulary.aspx>

Select Health PDL:

<https://selecthealth.org/content/dam/selecthealth/Medicaid/PDFs/traditional-pdl-druglist.pdf>