

NEW YORK STATE MEDICAID PREFERRED DRUG LIST

All non-preferred drugs in these classes require prior authorization (PA)
Preferred drugs that require prior authorization are indicated by footnote

I. ANALGESICS

Cyclooxygenase II (COX II) Inhibitors

PREFERRED AGENTS

Celebrex[®]

Narcotics – Long Acting

PREFERRED AGENTS

Duragesic [®]	morphine sulfate SR
fentanyl patch	Opana ER [®]
Kadian [®]	Oramorph SR [®]

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Prescription

PREFERRED AGENTS

diclofenac potassium	ketorolac
diclofenac sodium	meclofenamate
diclofenac sodium XR	mefenamic acid
diflunisal	meloxicam
etodolac	nabumetone
etodolac SA	naproxen
fenoprofen	naproxen sodium
flurbiprofen	naproxen EC
ibuprofen	oxaprozin
indomethacin	piroxicam
indomethacin SR	sulindac
ketoprofen	tolmetin
ketoprofen SA	

Cyclooxygenase II (COX II) Inhibitors

NON-PREFERRED AGENTS

None

Narcotics – Long Acting

NON-PREFERRED AGENTS

<i>Avinza[®]</i>	<i>MS Contin[®]</i>
<i>Embeda[®]</i>	<i>oxycodone HCL CR</i>
<i>Exalgo[™]</i>	<i>Oxycontin[®]</i>

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) – Prescription

NON-PREFERRED AGENTS

<i>Anaprox[®]</i>	<i>Nalfon[®]</i>
<i>Anaprox[®] DS</i>	<i>Naprelan[®]</i>
<i>Arthrotec[®]</i>	<i>Naprosyn[®]</i>
<i>Cambia[™]</i>	<i>Naprosyn[®] EC</i>
<i>Cataflam[®]</i>	<i>Pennsaid[®]</i>
<i>Clinoril[®]</i>	<i>Ponstel[®]</i>
<i>Daypro[®]</i>	<i>Vimovo[™]</i>
<i>Feldene[®]</i>	<i>Voltaren[®]</i>
<i>Flector[®] patch</i>	<i>Voltaren[®] Gel</i>
<i>Indocin[®]</i>	<i>Voltaren[®] XR</i>
<i>Mobic[®]</i>	<i>Zipsor[®]</i>

II. ANTI-INFECTIVES

Anti-Fungals

PREFERRED AGENTS

ciclopirox (lacquer)	griseofulvin (suspension)
Gris-PEG [®]	terbinafine (tablet)

Anti-Virals - Oral

PREFERRED AGENTS

acyclovir (capsule, suspension, tablet)
Valtrex [®]

Cephalosporins – Third Generation

PREFERRED AGENTS

cefdinir	Suprax [®]
cefepodoxime proxetil	

Anti-Fungals

NON-PREFERRED AGENTS

<i>Grifulvin V[®] (tablet)</i>	<i>Penlac[®]</i>
<i>itraconazole</i>	<i>Sporanox[®]</i>
<i>Lamisil[®] (tablet)</i>	

Anti-Virals - Oral

NON-PREFERRED AGENTS

<i>famciclovir</i>	<i>valacyclovir</i>
<i>Famvir[®]</i>	<i>Zovirax[®] (capsule, suspension, tablet)</i>

Cephalosporins – Third Generation

NON-PREFERRED AGENTS

<i>Cedax[®]</i>	<i>Spectracer[®]</i>
<i>cefditoren</i>	<i>Vantin[®]</i>
<i>Omnicef[®]</i>	

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NYS PREFERRED DRUG PROGRAM HTTP://NEWYORK.FHSC.COM

NYS MEDICAID PHARMACY CLINICAL CALL CENTER 877-309-9493

Fluoroquinolones – Oral

PREFERRED AGENTS

Avelox [®]	ciprofloxacin (tablet)
Avelox ABC Pack [®]	ofloxacin (tablet)
Cipro [®] (suspension)	

Pegylated Interferons

PREFERRED AGENTS

PegIntron [®]
PegIntron Redipen [®]
Pegasys [®]
Pegasys Convenience Pack [®]

Fluoroquinolones – Oral

NON-PREFERRED AGENTS

<i>Cipro[®] (tablet)</i>	<i>Levaquin[®]</i>
<i>Cipro XR[®]</i>	<i>Noroxin[®]</i>
<i>ciprofloxacin ER</i>	<i>Proquin XR[®]</i>
<i>Factive[®]</i>	

Pegylated Interferons

NON-PREFERRED AGENTS

None

III. CARDIOVASCULAR

Angiotensin Converting Enzyme Inhibitors (ACEIs)

PREFERRED AGENTS

benazepril	moexipril
captopril	ramipril (capsule)
enalapril maleate	trandolapril
lisinopril	

ACEIs + Calcium Channel Blockers

PREFERRED AGENTS

benazepril/amlodipine	Tarka [®]
Lotrel [®]	trandolapril/verapamil ER

ACEIs + Diuretics

PREFERRED AGENTS

benazepril/HCTZ	lisinopril/HCTZ
captopril/HCTZ	moexipril/HCTZ
enalapril maleate/HCTZ	

Angiotensin Converting Enzyme Inhibitors (ACEIs)

NON-PREFERRED AGENTS

<i>Accupril[®]</i>	<i>Monopril[®]</i>
<i>Aceon[®]</i>	<i>perindopril</i>
<i>Altace[®] (capsule)</i>	<i>Prinivil[®]</i>
<i>Altace[®] (tablet)</i>	<i>quinapril</i>
<i>Capoten[®]</i>	<i>Univasc[®]</i>
<i>fosinopril sodium</i>	<i>Vasotec[®]</i>
<i>Lotensin[®]</i>	<i>Zestril[®]</i>
<i>Mavik[®]</i>	

ACEIs + Calcium Channel Blockers

NON-PREFERRED AGENTS

None

ACEIs + Diuretics

NON-PREFERRED AGENTS

<i>Accuretic[®]</i>	<i>quinapril/HCTZ</i>
<i>Capozide[®]</i>	<i>Quinaretic[®]</i>
<i>fosinopril/HCTZ</i>	<i>Uniretic[®]</i>
<i>Lotensin HCT[®]</i>	<i>Vaseretic[®]</i>
<i>Monopril HCT[®]</i>	<i>Zestoretic[®]</i>
<i>Prinzide[®]</i>	

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Angiotensin Receptor Blockers (ARBs)

PREFERRED AGENTS

Cozaar [®]	Micardis [®]
Diovan [®]	Valturna [®]
Exforge [®]	

ARBs + Diuretics

PREFERRED AGENTS

Diovan HCT [®]	Hyzaar [®]
Exforge HCT [®]	Micardis HCT [®]

Beta Blockers

PREFERRED AGENTS

acebutolol	metoprolol tartrate
atenolol	nadolol
betaxolol	pindolol
bisoprolol fumarate	propranolol
carvedilol	propranolol ER/SA
labetalol	timolol maleate

Beta Blockers + Diuretics

PREFERRED AGENTS

atenolol/chlorthalidone
bisoprolol fumarate/HCTZ
metoprolol tartrate/HCTZ
nadolol/bendroflumethiazide
propranolol/HCTZ

Calcium Channel Blockers (Dihydropyridine)

PREFERRED AGENTS

Afedtab CR [®]	nicardipine HCl
amlodipine	Nifediac CC [®]
DynaCirc CR [®]	Nifedical XL [®]
felodipine ER	nifedipine
isradipine	nifedipine ER/SA

Cholesterol Absorption Inhibitors

PREFERRED AGENTS

Zetia [®]

Angiotensin Receptor Blockers (ARBs)

NON-PREFERRED AGENTS

<i>Atacand[®]</i>	<i>losartan</i>
<i>Avapro[®]</i>	<i>Teveten[®]</i>
<i>Azor[®]</i>	<i>Twynsta[®]</i>
<i>Benicar[®]</i>	

ARBs + Diuretics

NON-PREFERRED AGENTS

<i>Atacand HCT[®]</i>	<i>losartan/HCTZ</i>
<i>Avalide[®]</i>	<i>Teveten HCT[®]</i>
<i>Benicar HCT[®]</i>	

Beta Blockers

NON-PREFERRED AGENTS

<i>Bystolic[®]</i>	<i>Lopressor[®]</i>
<i>Coreg[®]</i>	<i>metoprolol succinate XL</i>
<i>Coreg CR[®]</i>	<i>Sectral[®]</i>
<i>Corgard[®]</i>	<i>Tenormin[®]</i>
<i>Inderal LA[®]</i>	<i>Toprol XL[®]</i>
<i>InnoPran XL[®]</i>	<i>Trandate[®]</i>
<i>Kerlone[®]</i>	<i>Zebeta[®]</i>
<i>Levato[®]</i>	

Beta Blockers + Diuretics

NON-PREFERRED AGENTS

<i>Corzide[®]</i>	<i>Tenoretic[®]</i>
<i>Lopressor HCT[®]</i>	<i>Ziac[®]</i>

Calcium Channel Blockers (Dihydropyridine)

NON-PREFERRED AGENTS

<i>Adalat CC[®]</i>	<i>Plendil[®]</i>
<i>Cardene SR[®]</i>	<i>Procardia[®]</i>
<i>nisoldipine</i>	<i>Procardia XL[®]</i>
<i>Norvasc[®]</i>	<i>Sular[®]</i>

Cholesterol Absorption Inhibitors

NON-PREFERRED AGENTS

<i>None</i>

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Central Nervous System (CNS) Stimulants

PREFERRED AGENTS

Adderall XR [®]	Focalin XR [®]
amphetamine salt combo immediate release	Metadate ER [®]
Concerta [®]	Methylin [®]
dexamethylphenidate	Methylin ER [®]
dextroamphetamine	methylphenidate
dextroamphetamine SR	methylphenidate ER/SA
Focalin [®]	Vyvanse [®]

Multiple Sclerosis Agents

PREFERRED AGENTS

Avonex [®]	Copaxone [®]
Betaseron [®]	Rebif [®]

Non-Ergot Dopamine Receptor Agonists

PREFERRED AGENTS

Mirapex [®]	ropinirole
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Sedative Hypnotics/Sleep Agents

PREFERRED AGENTS

chloral hydrate	temazepam
estazolam	triazolam
flurazepam	zolpidem

Serotonin Receptor Agonists (Triptans)

PREFERRED AGENTS

Maxalt-MLT [®]	sumatriptan
Relpax [®]	

V. DERMATOLOGIC AGENTS

Antibiotics – Topical

PREFERRED AGENTS

Altanax [®]	mupirocin ointment
Bactroban [®] cream	

Central Nervous System (CNS) Stimulants

NON-PREFERRED AGENTS

<i>Adderall[®]</i>	<i>methamphetamine</i>
<i>amphetamine salt combo extended release</i>	<i>Nuvigil[™]CC</i>
<i>Daytrana[®]</i>	<i>Procentra[®]</i>
<i>Desoxyn[®]</i>	<i>Provigil[™]CC</i>
<i>Dexedrine Spansule[®]</i>	<i>Ritalin[®]</i>
<i>Metadate CD[®]</i>	<i>Ritalin LA[®]</i>
	<i>Ritalin SR[®]</i>

Multiple Sclerosis Agents

NON-PREFERRED AGENTS

Extavia[®]

Non-Ergot Dopamine Receptor Agonists

NON-PREFERRED AGENTS

<i>Mirapex ER</i>	<i>Requip[®]</i>
<i>pramipexole</i>	<i>Requip[®] XL[™]</i>

Sedative Hypnotics/Sleep Agents

NON-PREFERRED AGENTS

<i>Ambien[®]</i>	<i>Restoril[®]</i>
<i>Ambien CR[®]</i>	<i>Rozerem[®]</i>
<i>Doral[®]</i>	<i>Somnote[®]</i>
<i>Edluar[™]</i>	<i>Sonata[®]</i>
<i>Halcion[®]</i>	<i>zaleplon</i>
<i>Lunesta[®]</i>	

Serotonin Receptor Agonists (Triptans)

NON-PREFERRED AGENTS

<i>Amerge[®]</i>	<i>Maxalt^{®2}</i>
<i>Axert[®]</i>	<i>Treximet^{®2}</i>
<i>Frova[®]</i>	<i>Zomig[®]</i>
<i>Imitrex^{®2}</i>	

Antibiotics – Topical

NON-PREFERRED AGENTS

<i>Bactroban[®] ointment</i>	<i>Centany[™] ointment</i>
<i>Bactroban Nasal[®] ointment^{CC}</i>	

² Non-Preferred as of 07/28/2010

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VII. GASTROINTESTINAL

Anti-Emetics

PREFERRED AGENTS

ondansetron (ODT, solution, tablet)

Proton Pump Inhibitors (PPIs)

PREFERRED AGENTS

Nexium[®] (capsule)
omeprazole OTC
omeprazole Rx
Prilosec[®] OTC

Sulfasalazine Derivatives

PREFERRED AGENTS

Apriso ^{®1}	Pentasa [®]
Asacol [®]	sulfasalazine IR
Dipentum [®]	sulfasalazine DR/EC

Anti-Emetics

NON-PREFERRED AGENTS

<i>Anzemet[®]</i>	<i>Sancuso[®]</i>
<i>granisetron (tablet)</i>	<i>Zofran[®] (ODT, solution, tablet)</i>
<i>Granisol[®]</i>	
<i>Kytril[®] (tablet)</i>	

Proton Pump Inhibitors (PPIs)

NON-PREFERRED AGENTS

<i>Aciphex[®]</i>	<i>Prevacid[®] OTC</i>
<i>Dexilant[™]</i>	<i>Prevacid[®] Rx</i>
<i>lansoprazole Rx</i>	<i>Prilosec[®] Rx</i>
<i>Nexium Packet[®]</i>	<i>Protonix[®]</i>
<i>pantoprazole</i>	

Sulfasalazine Derivatives

NON-PREFERRED AGENTS

<i>Asacol HD[®]</i>	<i>balsalazide</i>
<i>Azulfidine[®]</i>	<i>Colazal[®]</i>
<i>Azulfidine Entab[®]</i>	<i>Lialda[®]</i>

VIII. HEMATOLOGICAL AGENTS

Anticoagulants – Injectable

PREFERRED AGENTS

Arixtra [®]	Lovenox [®]
Fragmin [®]	

Erythropoiesis Stimulating Agents (ESAs)

PREFERRED AGENTS

Aranesp [®]	Procrit [®]
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Platelet Inhibitors

PREFERRED AGENTS

Aggrenox [®]	Effient [®]
dipyridamole	Plavix [®]

Anticoagulants – Injectable

NON-PREFERRED AGENTS

Innohep^{®2}

Erythropoiesis Stimulating Agents (ESAs)

NON-PREFERRED AGENTS

Epogen[®]

Platelet Inhibitors

NON-PREFERRED AGENTS (PA REQUIRED AS OF 7/28/2010)

<i>Persantine[®]</i>	<i>ticlopidine</i>
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IX. IMMUNOLOGIC AGENTS

Immunomodulators – Injectable

PREFERRED AGENTS

Enbrel [®]	Humira [®]
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Immunomodulators – Injectable

NON-PREFERRED AGENTS

<i>Cimzia[®]</i>	<i>Simponi[™]</i>
<i>Kineret[®]</i>	

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X. MISCELLANEOUS

Progestins (for Cachexia)

PREFERRED AGENTS

megestrol acetate (suspension)

Progestins (for Cachexia)

NON-PREFERRED AGENTS

Megace[®] (suspension) *Megace ES*[®]

XI. MUSCULOSKELETAL AGENTS

Skeletal Muscle Relaxants

PREFERRED AGENTS

baclofen	orphenadrine
chlorzoxazone	orphenadrine compound
cyclobenzaprine	orphenadrine comp. forte
dantrolene	tizanidine
methocarbamol	

Skeletal Muscle Relaxants

NON-PREFERRED AGENTS

<i>Amrix</i> [®]	<i>metaxalone</i>
<i>Carisoprodol</i>	<i>Parafon Forte</i> [®] DSC
<i>carisoprodol compound</i>	<i>Robaxin</i> [®]
<i>carisoprodol compound-</i>	<i>Skelaxin</i> [®]
<i>codeine</i>	<i>Soma</i> [®]
<i>Dantrium</i> [®]	<i>Soma</i> [®] 250
<i>Fexmid</i> [®]	<i>Zanaflex</i> [®]

XII. OPHTHALMICS

Alpha-2 Adrenergic Agonists (for Glaucoma) – Ophthalmic

PREFERRED AGENTS

Alphagan P[®] brimonidine

Alpha-2 Adrenergic Agonists (for Glaucoma) – Ophthalmic

NON-PREFERRED AGENTS

apraclonidine *lopidine*[®]

Antihistamines – Ophthalmic

PREFERRED AGENTS

Pataday[®] Patanol[®]

Antihistamines – Ophthalmic

NON-PREFERRED AGENTS

azelastine *Emadine*[®]
Bepreve[®] *Optivar*[®]
Elestat[®]

Beta Blockers – Ophthalmics

PREFERRED AGENTS

betaxolol	Istalol [®]
Betimol [®]	levobunolol
Betoptic S [®]	metipranolol
carteolol	timolol maleate (gel,
Combigan [®]	solution)

Beta Blockers – Ophthalmics

NON-PREFERRED AGENTS (PA REQUIRED AS OF 7/28/2010)

Betagan[®] *Timoptic*[®] in Ocusol[®]
Optipranolol[®] *Timoptic-XE*[®]
Timoptic[®]

Fluoroquinolones – Ophthalmic

PREFERRED AGENTS

ciprofloxacin Vigamox[®]
ofloxacin

Fluoroquinolones – Ophthalmic

NON-PREFERRED AGENTS

Besivance[™] *Quixin*[®]
Ciloxan[®] *Zymar*[®]
IQUIX[®] *Zymaxid*[™]
Ocuflox[®]

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XV. RESPIRATORY

Anticholinergics – Inhaled

PREFERRED AGENTS

Atrovent HFA [®]	ipratropium/albuterol
Combivent [®]	Spiriva [®]
ipratropium	

Antihistamines – Intranasal

PREFERRED AGENTS

Astelin [®]	Patanase [®] ¹
Astepro [™]	

Antihistamines – Second Generation

PREFERRED AGENTS

OTC cetirizine
OTC cetirizine-D
OTC loratadine
OTC loratadine-D

Beta₂ Adrenergic Agents – Inhaled Long Acting

PREFERRED AGENTS

Foradil [®]	Serevent Diskus [®]
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Beta₂ Adrenergic Agents – Inhaled Short Acting

PREFERRED AGENTS

albuterol	Proventil HFA [®]
Maxair Autohaler [®]	Ventolin HFA [®]

Corticosteroids – Inhaled

PREFERRED AGENTS

Advair Diskus [®]	Flovent Diskus [®]
Advair HFA [®]	Flovent HFA [®]
Asmanex [®]	QVAR [®]
Azmacort [®]	Symbicort [®]

Anticholinergics – Inhaled

NON-PREFERRED AGENTS

Duoneb[®]

Antihistamines – Intranasal

NON-PREFERRED AGENTS

None

Antihistamines – Second Generation

NON-PREFERRED AGENTS

<i>Allegra[®] ^{CC}</i>	<i>fexofenadine</i>
<i>Allegra-D[®]</i>	<i>fexofenadine-D</i>
<i>cetirizine Rx (syrup)</i>	<i>Semprex-D[®]</i>
<i>Clarinex[®] ^{CC}</i>	<i>Xyzal[®] ^{CC}</i>
<i>Clarinex-D[®]</i>	

Beta₂ Adrenergic Agents – Inhaled Long Acting

NON-PREFERRED AGENTS

<i>Brovana[®]</i>	<i>Perforomist[®]</i>
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Beta₂ Adrenergic Agents – Inhaled Short Acting

NON-PREFERRED AGENTS

<i>Accuneb[®]</i>	<i>Xopenex[®] (solution)</i>
<i>levalbuterol (solution)</i>	<i>Xopenex HFA[®]</i>
<i>ProAir HFA[®]</i>	

Corticosteroids – Inhaled

NON-PREFERRED AGENTS

Aerobid[®]
Aerobid-M[®]
Alvesco[®]
Pulmicort[®] (Flexhaler)^{CC}

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